

# CHARLESTON COUNTY SHERIFF'S OFFICE

3691 LEEDS AVENUE, NORTH CHARLESTON, S.C. 29405-7437 (843) 202-1700

☒ ARREST AND ☐ SUPPLEMENTAL BOOKING REPORT

J.Al Cannon, Jr.  
Sheriff

CHARGE	SC0100000		TIME 2112		CURRENT DATE 10/23/15		DISPATCH NO. 2015-016714		ORIGINAL CASE NO. N/A		TRACT # N/A	
	DEFENDANT NAME (LAST, FIRST, MIDDLE) Greene David								RACE B		SEX M	
	AGE 71		ETH. N		HEIGHT 506		WEIGHT 170		HAIR GRY		EYES BRO	
	SOCIAL SECURITY NUMBER 0		VISIBLE SCARS AND MARKS N/A		NCIC I.D. NUMBER N/A							
	ADDRESS (NUMBER AND STREET) 4836 Oak Willie Road				CITY Hollywood		STATE SC		ZIP CODE 29449		PHONE NUMBER 8436191783	
	ALIASES N/A		PLACE OF BIRTH South Carolina				DRIVERS LICENSE NUMBER/I.D. # & STATE					
	EMPLOYER OR OCCUPATION Retired		NEXT OF KIN Benjamin Greene				ADDRESS (CITY AND STATE) 4837 Oak Willie Road				PHONE NUMBER 8438898142	
	TRANSPORTING OFFICERS NAME C. Gillard		NUMBER 10752		ARRESTING OFFICER J. Alexander		NUMBER 10254		AGENCY CCSO			
	ARRESTEE ARMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO WEAPON TYPE <input checked="" type="checkbox"/> SEMI-AUTO <input type="checkbox"/> FULL-AUTO								<input checked="" type="checkbox"/> ON VIEW ARREST <input type="checkbox"/> SUMMONED <input type="checkbox"/> CUSTODY			
	JUVENILE DISPOSITION 1. <input type="checkbox"/> HANDLED, RELEASED 2. <input type="checkbox"/> REFERRED TO OTHER AUTHORITY								EXAMINED BY HOSPITAL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		VEHICLE TOWED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IF HOLDING FOR ANOTHER AGENCY, CIRCLE CHARGE A, B, C												
REMARKS	CHARGE I.D.		A				B				C	
	ADDITIONAL CASE NO.'S											
	CHARGE		Murder				Poss. of weapon vio. crim					
	STATUTE		16-3-10				16-23490					
	BOND AMOUNT		TBD				TBD					
	WARRANT/TICKET #		TBD				TBD					
	BOND/HEARING DATE		10		24		2015		10		24	
	DATE & TIME OF TRIAL/MAGISTRATE		G		S		C		G		S	
I.D. OFF	THE UNDERSIGNED HEREBY COMMITS TO YOUR CUSTODY THE ABOVE INDIVIDUAL AND SWEARS THAT THE INFORMATION CONTAINED IN THIS SUPPLEMENTAL ARREST & BOOKING REPORT IS TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE. SIGNATURE _____											
	DATE F.P.		TIME F.P.		I.D. TECHNICIAN				PHOTO ID #		DATE OF PHOTO	
	DATE		TIME		SEARCHING OFFICER				SUPERVISOR REVIEW AND SIGN			
	CONDITION AT TIME OF ADMISSION				HOW LONG IN CHAS.				RELIGION		EDUCATION	
	EXPLAIN LOCAL PRIOR ARREST <input type="checkbox"/> YES <input type="checkbox"/> NO				WANTED ON WARRANT <input type="checkbox"/> YES <input type="checkbox"/> NO				MISCELLANEOUS			
	ATTORNEY		PERSON TO CALL IN EMERGENCY				ADDRESS				PHONE NUMBER	
	SENTENCE TO DAYS		AND/OR		FINE AMOUNT		COURT		EXPIRATION OF SENTENCE			
	A.											
	B.											
	C.											
DISPOSITION	HOW INMATE RELEASED: <input type="checkbox"/> SURETY BOND / COMPANY <input type="checkbox"/> EXPIRATION OF SENTENCE <input type="checkbox"/> BOND <input type="checkbox"/> FINE AMOUNTS <input type="checkbox"/> BY CLERK OF COURT <input type="checkbox"/> REL. AT											
	TRANSFERRED OR RELEASED TO:								DATE		TIME	
	AGENCY:				OFFICER:				DATE		TIME	
	RELEASING OFFICER								SUPERVISOR REVIEW AND SIGN			
DUTY SGT.												