

Goldstein

INCIDENT REPORT

DISPATCH NUMBER SC0100000	ORIGINAL CASE NUMBER 2016-016274	PAGE 1 OF 3 PAGES	NCIC ENTRY	INQ.	ENT.
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EVENT	INCIDENT TYPE 1. MISSING PERSON	INCIDENT CODE	COMPLETED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	FORCED ENTRY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PREMISE TYPE RESIDENCE	UNITS ENTERED	TYPE VICTIM <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS <input type="checkbox"/> FINANCIAL INST. <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> RELIG. ORG. <input type="checkbox"/> SOC. PUB. <input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN <input type="checkbox"/> POLICE OFF.	
	2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				N/A
	3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				N/A
INCIDENT LOCATION: 5074 BUTLER STREET APT. E, NORTH CHARLESTON, SC		ZIP CODE 29406	WEAPON TYPE					
BEGINNING INCIDENT DATE 10/04/16	24 HR. CLOCK 1200	ENDING INCIDENT DATE 10/17/16	24 HR. CLOCK 1530	DISP. DATE 10/17/16	DISP. TIME 1433	TIME ARRIVED 1447	DEPART TIME 1530	TRACT #

COMPLAINANT	NAME: (LAST, FIRST, MIDDLE) SIMMONS, JANON LUQUETTE		RELATIONSHIP TO SUBJECT #1 MOM #2 GRANDMA #3 ACQ			RESIDENT J	RACE B	SEX F	AGE 42	DOB 06/23/74	ETH N
	HEIGHT 506	WEIGHT 250	HAIR BLK	EYES BRO	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.			SOCIAL SECURITY #			
	ADDRESS # 5074 APT E	STREET NAME BUTLER STREET	CITY N. CHARLESTON	STATE SC	ZIP CODE 29406	DAY PHONE	EVENING PHONE		H		
	OCCUPATION CLEANING	EMPLOYER TRIDENT TECHNICAL COLLEGE	ALIAS		NIC #						

VICTIM #1	NAME: (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT			RESIDENT J	RACE	SEX	AGE	DOB	ETH
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.			DRIVERS LIC / ID & STATE		SOCIAL SECURITY #	
	ADDRESS #	STREET NAME	CITY	STATE	ZIP CODE	DAY PHONE	EVENING PHONE		H		
	<input type="checkbox"/> VISIBLE INJURY		<input type="checkbox"/> NO <input type="checkbox"/> YES		COMPLAINT OF NON-VISIBLE INJURIES <input type="checkbox"/> NO <input type="checkbox"/> YES		USING ALCOHOL <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE SPLASHT <input type="checkbox"/> ALONE		<input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED
EXPLAIN OCCUPATION		EMPLOYER		ALIAS		NIC #					

SUBJ. I.D.	<input type="checkbox"/> COMPLAINANT	NAME: (LAST, FIRST, MIDDLE) ORLANDREA, WASHINGTON		RELATIONSHIP TO SUBJECT			RESIDENT J	RACE B	SEX F	AGE 21	DOB 10/7/95	ETH N
	<input type="checkbox"/> VICTIM #	HEIGHT 506	WEIGHT 180	HAIR BRO	EYES BRO	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. DARK SKIN, SCAR ON R WRIST FROM BREAK			SOCIAL SECURITY #			
	<input checked="" type="checkbox"/> SUBJECT # 1	ADDRESS # 5074 APT. E	STREET NAME BUTLER STREET	CITY CHARLESTON	STATE SC	ZIP CODE 29406	DAY PHONE NONE	EVENING PHONE		H		
	<input type="checkbox"/> WITNESS #	<input type="checkbox"/> VISIBLE INJURY		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		COMPLAINT OF NON-VISIBLE INJURIES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		USING ALCOHOL <input type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> UNK		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE SPLASHT <input type="checkbox"/> ALONE		<input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED
<input type="checkbox"/> WANTED	EXPLAIN OCCUPATION NONE		EMPLOYER		ALIAS		NIC # M593546597					

ARREST	(A) CHARGE	(C) CHARGE
	(B) CHARGE	(D) CHARGE

NARRATIVE	Narrative on pg.3										
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PROPERTY EST.	TYPE (GROUP)	TOTAL VALUE	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY
	STOLEN		
	DAMAGED		
	BURNED		
	RECOVERED		
SEIZED			JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY

ADMINISTRATIVE	SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SUBJECT LOCATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18	<input type="checkbox"/> EX-CLEAR UNDER 18	
	<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR 18 AND OVER		
	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE NO CUSTODY					
	REPORTING OFFICER(S) DEPUTY A. ENGLER	DATE 10/17/16	BADGE NUMBER 10564	APPROVING OFFICER Sgt. Boyd	DATE 10/17/16	BADGE NUMBER 8886
			FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER		

PERSON SUPPLEMENT

SC0100000 DISPATCH NUMBER 2016-016274 ORIGINAL CASE NUMBER PAGE 2 OF 3 PAGES NCIC ENTRY YES INQ. ENT. JC		RELATIONSHIP TO SUBJECT #1 DAUGHTER #2 GRANDMA #3		RESIDENT RACE SEX AGE DOB J [REDACTED]	
		#1 DAUGHTER #2 GRANDMA #3		RESIDENT RACE SEX AGE DOB J [REDACTED]	
<input checked="" type="checkbox"/> ORIGINAL REPORT <input type="checkbox"/> SUPPLEMENTAL REPORT <input type="checkbox"/> ADDITIONAL VICTIMS <input type="checkbox"/> ADDITIONAL WITNESSES <input type="checkbox"/> ADDITIONAL STOLEN PROPERTY <input type="checkbox"/> ADDITIONAL RECOVERED PROPERTY		<input type="checkbox"/> MODIFIES REPORT <input type="checkbox"/> CASE STATUS CHANGE <input type="checkbox"/> ADDITIONAL OFFENDERS <input type="checkbox"/> ADDITIONAL SUBJECTS		<input type="checkbox"/> COMPLAINT <input type="checkbox"/> VICTIM # <input type="checkbox"/> SUSPECT # <input checked="" type="checkbox"/> SUBJECT # 2 <input type="checkbox"/> WITNESS # <input type="checkbox"/> WANTED <input type="checkbox"/> WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/> RUNAWAY <input type="checkbox"/> MISSING PERSON	
NAME: (LAST, FIRST, MIDDLE) [REDACTED]		HEIGHT WEIGHT HAIR EYES FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. 209 034 BLK BRO		DRIVERS LIC / ID & STATE NONE	
ADDRESS # STREET NAME CITY STATE ZIP CODE DAY PHONE EVENING PHONE [REDACTED] [REDACTED] [REDACTED] SC 29406 [REDACTED] H H		<input type="checkbox"/> VISIBLE INJURY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		USING ALCOHOL UNK DRUGS <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES TYPE <input type="checkbox"/> UNK	
OCCUPATION NONE EMPLOYER ALIAS NIC #		(A) CHARGE (C) CHARGE (B) CHARGE (D) CHARGE		(A) CHARGE (C) CHARGE (B) CHARGE (D) CHARGE	
NAME: (LAST, FIRST, MIDDLE) THOMPSON-JONES, HAZEL		HEIGHT WEIGHT HAIR EYES FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. N/A N/A		DRIVERS LIC / ID & STATE NONE	
ADDRESS # STREET NAME CITY STATE ZIP CODE DAY PHONE EVENING PHONE 662 SAPHIRE LN ST. STEPHENS SC 29459 8436376720 H H		<input type="checkbox"/> VISIBLE INJURY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		USING ALCOHOL UNK DRUGS <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES TYPE <input type="checkbox"/> UNK	
OCCUPATION NONE EMPLOYER ALIAS NIC #		(A) CHARGE (C) CHARGE (B) CHARGE (D) CHARGE		(A) CHARGE (C) CHARGE (B) CHARGE (D) CHARGE	
NAME: (LAST, FIRST, MIDDLE) N/A		HEIGHT WEIGHT HAIR EYES FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. N/A N/A		DRIVERS LIC / ID & STATE NONE	
ADDRESS # STREET NAME CITY STATE ZIP CODE DAY PHONE EVENING PHONE [REDACTED] [REDACTED] [REDACTED] H H		<input type="checkbox"/> VISIBLE INJURY YES <input type="checkbox"/> NO <input type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES <input type="checkbox"/> NO <input type="checkbox"/> YES		USING ALCOHOL UNK DRUGS <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE <input type="checkbox"/> UNK	
OCCUPATION EMPLOYER ALIAS NIC #		(A) CHARGE (C) CHARGE (B) CHARGE (D) CHARGE		(A) CHARGE (C) CHARGE (B) CHARGE (D) CHARGE	
REMARKS					
SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SUBJECT LOCATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED <input type="checkbox"/> UNFOUNDED	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE NO CUSTODY		REPORTING OFFICER(S) DATE BADGE NUMBER Deputy A. Engler 10/17/2016 10564		APPROVING OFFICER DATE BADGE NUMBER Sgt Boyd 10/17/2016 8885	
FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO		OFFICER			

INCIDENT SUPPLEMENT

J. AJ Cannon, Jr.
 Sheriff

SC0100000	DISPATCH NUMBER 2016-016274	ORIGINAL CASE NUMBER	PAGE <u>3</u> OF <u>3</u> PAGES	NCIC ENTRY#	REC. #	ENT. # JC
<input checked="" type="checkbox"/> ORIGINAL REPORT	<input type="checkbox"/> SUPPLEMENTAL REPORT	<input type="checkbox"/> ADDITIONAL VICTIMS	<input type="checkbox"/> ADDITIONAL WITNESSES	<input type="checkbox"/> ADDITIONAL STOLEN PROPERTY		
<input type="checkbox"/> MODIFIES ORIGINAL	<input type="checkbox"/> CASE STATUS CHANGE	<input type="checkbox"/> ADDITIONAL OFFENDERS	<input type="checkbox"/> ADDITIONAL SUBJECTS	<input type="checkbox"/> ADDITIONAL RECOVERED PROPERTY		

(Eastside) On the above date and time I responded to the incident location in regards to assisting North Charleston with a missing person. I activated my body camera and met with the complainant (Janon) who advised that on 10/4/16 she and her daughter/subject#1(Orlandrea) were in a disturbance and that Orlandrea hit her in the mouth and Janon put Orlandrea out the residence. Janon stated that Orlandrea returned on 10/07/16 long enough to wipe all of her personal information off of Janon's phone and left again, further adding that Orlandrea did not have a cell phone when she left. Janon reported that before Orlandrea left she mentioned that she was going to stay at her "boyfriends" house, but could not provide any further information as to who he was or where he lived. Janon advised that she has not seen or heard from her since. Janon stated that Orlandrea left on foot, and she was wearing black spandex and a black tank top when she last seen her and did not take any belongings with her. Janon reported that Orlandrea dropped off her daughter [REDACTED] with her other grandmother/subject#3 (HAZEL), who Janon contacted via cell phone who also advised that they haven't seen or heard from her since as well. Janon was able to locate Orlandrea under the facebook username of "Alandrea Simmons". The last post she made was on 10/07/16 where she updated her profile by putting "Doing my own thing" in for the place of employment. Janon advised that she has never left her Akiah for such an extended period of time and that longest she has ever left for was "a couple of days". Janon stated that she does not know any of her friends and that she has no way of contacting her.

Based on the above information provided by the complainant, I had her complete a missing person affidavit and contacted records and had her entered into NCIC. Nothing further.

NARRATIVE

PROPERTY EST.	TYPE (GROUP)	TOTAL VALUE	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY
	STOLEN		
DAMAGED			
BURNED			
RECOVERED			JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY
SEIZED			

<input checked="" type="checkbox"/> SUBJECT IDENTIFIED YES	<input type="checkbox"/> SUBJECT IDENTIFIED NO	<input type="checkbox"/> SUBJECT LOCATED YES	<input checked="" type="checkbox"/> SUBJECT LOCATED NO	<input checked="" type="checkbox"/> ACTIVE	<input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18	<input type="checkbox"/> EX-CLEAR UNDER 18
				<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR 18 AND OVER
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE NO CUSTODY							
REPORTING OFFICER(S)	DATE	BADGE NUMBER	APPROVING OFFICER	DATE	BADGE NUMBER		
Deputy A. Engler	10/17/16	10564	Sgt. Boyd	10/17/16	8885		
				FOLLOW-UP INVESTIGATION	<input type="checkbox"/> YES <input type="checkbox"/> NO		