

INCIDENT REPORT

SC0100000		DISPATCH NUMBER 2016-016274		ORIGINAL CASE NUMBER		PAGE 1 OF 3 PAGES		NCIC ENTRY		INQ.		ENT.		
EVENT	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 N/A N/A N/A		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							
	3.					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO							
	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.				DRIVERS LIC / ID & STATE		SOCIAL SECURITY #			
	ADDRESS # 5074 APT E		STREET NAME BUTLER STREET		CITY N. CHARLESTON		STATE SC	ZIP CODE 29406	DAY PHONE		EVENING PHONE			
	OCCUPATION CLEANING		EMPLOYER TRIDENT TECHNICAL COLLEGE		ALIAS		NIC #							
VICTIM #1	NAME: (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT #1 #2 #3		RESIDENT J	RACE B	SEX F	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			
	<input type="checkbox"/> VISIBLE INJURY		<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> 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			
SUBJ. I.D.	<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # <input checked="" type="checkbox"/> SUSPECT # <input checked="" type="checkbox"/> SUBJECT # 1 <input type="checkbox"/> WITNESS # <input type="checkbox"/> WANTED <input type="checkbox"/> WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/> RUNAWAY <input checked="" type="checkbox"/> MISSING PERSON		NAME: (LAST, FIRST, MIDDLE) ORLANDREA, WASHINGTON				RELATIONSHIP TO SUBJECT #1 #2 DAUGHTER #3 XMINLAW		RESIDENT J	RACE B	SEX F	AGE 21	DOB 10/7/95	ETH N
	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				DRIVERS LIC / ID & STATE		SOCIAL SECURITY #			
	ADDRESS # 5074 APT. E		STREET NAME BUTLER STREET		CITY CHARLESTON		STATE SC	ZIP CODE 29406	DAY PHONE NONE		EVENING PHONE			
	<input type="checkbox"/> VISIBLE INJURY		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> 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			
ARREST	(A) CHARGE				(C) CHARGE									
	(B) CHARGE				(D) CHARGE									
NARRATIVE	Narrative on pg.3													
PROPERTY EST.	TYPE (GROUP)									TOTAL VALUE		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		
	STOLEN													
	DAMAGED													
	BURNED													
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"/> UNFOUNDED		<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR UNDER 18 <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							

PERSON SUPPLEMENT

SC0100000 <input checked="" type="checkbox"/> ORIGINAL REPORT <input type="checkbox"/> MODIFIES REPORT		DISPATCH NUMBER 2016-016274		ORIGINAL CASE NUMBER		PAGE 2 OF 3 PAGES		NCIC ENTRY YES		ING. ENT. JC				
		<input type="checkbox"/> SUPPLEMENTAL REPORT <input type="checkbox"/> CASE STATUS CHANGE		<input type="checkbox"/> ADDITIONAL VICTIMS <input type="checkbox"/> ADDITIONAL OFFENDERS		<input type="checkbox"/> ADDITIONAL WITNESSES <input type="checkbox"/> ADDITIONAL SUBJECTS		<input type="checkbox"/> ADDITIONAL STOLEN PROPERTY <input type="checkbox"/> ADDITIONAL RECOVERED PROPERTY						
SUBJ. I.D.	<input type="checkbox"/> COMPLAINANT <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) <div style="background-color: black; width: 100px; height: 1.2em;"></div>		RELATIONSHIP TO SUBJECT #1 DAUGHTER #2 GRANDMA #3 NONE		RESIDENT RACE SEX AGE DOB J <div style="background-color: black; width: 40px; height: 1.2em;"></div> <div style="background-color: black; width: 40px; height: 1.2em;"></div> <div style="background-color: black; width: 40px; height: 1.2em;"></div> <div style="background-color: black; width: 40px; height: 1.2em;"></div>		HEIGHT WEIGHT HAIR EYES FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. 209 094 BLK BRO		DRIVERS LIC / ID & STATE SC 29406			
	ADDRESS # <div style="background-color: black; width: 100px; height: 1.2em;"></div>		STREET NAME <div style="background-color: black; width: 100px; height: 1.2em;"></div>		CITY <div style="background-color: black; width: 100px; height: 1.2em;"></div>		STATE SC		ZIP CODE 29406		DAY PHONE <div style="background-color: black; width: 100px; height: 1.2em;"></div>			
	<input type="checkbox"/> VISIBLE INJURY YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES <input type="checkbox"/> NO <input type="checkbox"/> YES		USING ALCOHOL UNK		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE SPLASMT <input type="checkbox"/> ALONE <input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED		EVENING PHONE <div style="background-color: black; width: 100px; height: 1.2em;"></div>			
	EXPLAIN NONE		EMPLOYER <div style="background-color: black; width: 100px; height: 1.2em;"></div>		ALIAS <div style="background-color: black; width: 100px; height: 1.2em;"></div>		NIC # <div style="background-color: black; width: 100px; height: 1.2em;"></div>							
	(A) CHARGE		(C) CHARGE											
	(B) CHARGE		(D) CHARGE											
	SUBJ. I.D.	<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # <input type="checkbox"/> SUSPECT # <input checked="" type="checkbox"/> SUBJECT # 3 <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) THOMPSON-JONES, HAZEL		RELATIONSHIP TO SUBJECT #1 EXBYFRND #2 DAUGHTER #3		RESIDENT RACE SEX AGE DOB ETH J B M <div style="background-color: black; width: 40px; height: 1.2em;"></div> <div style="background-color: black; width: 40px; height: 1.2em;"></div> <div style="background-color: black; width: 40px; height: 1.2em;"></div> <div style="background-color: black; width: 40px; height: 1.2em;"></div> <div style="background-color: black; width: 40px; height: 1.2em;"></div>		HEIGHT WEIGHT HAIR EYES FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. N/A N/A		DRIVERS LIC / ID & STATE SC 29459		
		ADDRESS # 662		STREET NAME SAPHIRE LN		CITY ST. STEPHENS		STATE SC		ZIP CODE 29459		DAY PHONE 8436376720		
		<input type="checkbox"/> VISIBLE INJURY YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES <input type="checkbox"/> NO <input type="checkbox"/> YES		USING ALCOHOL UNK		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE SPLASMT <input type="checkbox"/> ALONE <input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED		EVENING PHONE <div style="background-color: black; width: 100px; height: 1.2em;"></div>		
		EXPLAIN NONE		EMPLOYER <div style="background-color: black; width: 100px; height: 1.2em;"></div>		ALIAS <div style="background-color: black; width: 100px; height: 1.2em;"></div>		NIC # <div style="background-color: black; width: 100px; height: 1.2em;"></div>						
(A) CHARGE		(C) CHARGE												
(B) CHARGE		(D) CHARGE												
SUBJ. I.D.		<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # <input type="checkbox"/> SUSPECT # <input type="checkbox"/> SUBJECT # <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) N/A		RELATIONSHIP TO SUBJECT #1 #2 #3		RESIDENT RACE SEX AGE DOB ETH J <div style="background-color: black; width: 40px; height: 1.2em;"></div> <div style="background-color: black; width: 40px; height: 1.2em;"></div> <div style="background-color: black; width: 40px; height: 1.2em;"></div> <div style="background-color: black; width: 40px; height: 1.2em;"></div> <div style="background-color: black; width: 40px; height: 1.2em;"></div>		HEIGHT WEIGHT HAIR EYES FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. N/A N/A		DRIVERS LIC / ID & STATE SC 29459		
		ADDRESS # <div style="background-color: black; width: 100px; height: 1.2em;"></div>		STREET NAME <div style="background-color: black; width: 100px; height: 1.2em;"></div>		CITY <div style="background-color: black; width: 100px; height: 1.2em;"></div>		STATE <div style="background-color: black; width: 40px; height: 1.2em;"></div>		ZIP CODE <div style="background-color: black; width: 40px; height: 1.2em;"></div>		DAY PHONE <div style="background-color: black; width: 100px; height: 1.2em;"></div>		
		<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		<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE SPLASMT <input type="checkbox"/> ALONE <input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED		EVENING PHONE <div style="background-color: black; width: 100px; height: 1.2em;"></div>		
		EXPLAIN <div style="background-color: black; width: 100px; height: 1.2em;"></div>		EMPLOYER <div style="background-color: black; width: 100px; height: 1.2em;"></div>		ALIAS <div style="background-color: black; width: 100px; height: 1.2em;"></div>		NIC # <div style="background-color: black; width: 100px; height: 1.2em;"></div>						
	(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 <input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18 <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			10/17/2016		10564		Sgt Boyd			10/17/2016		8885		
							FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO							

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#	NO. <u>JC</u>
<input checked="" type="checkbox"/> ORIGINAL REPORT <input type="checkbox"/> MODIFIES ORIGINAL	<input type="checkbox"/> SUPPLEMENTAL REPORT <input type="checkbox"/> CASE STATUS CHANGE	<input type="checkbox"/> ADDITIONAL VICTIMS <input type="checkbox"/> ADDITIONAL OFFENDERS	<input type="checkbox"/> ADDITIONAL WITNESSES <input type="checkbox"/> ADDITIONAL SUBJECTS	<input type="checkbox"/> ADDITIONAL STOLEN PROPERTY <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							JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY
	RECOVERED							
ADMINISTRATIVE	SEIZED							
	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	<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR UNDER 18 <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 8885		
				FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER			