

INCIDENT REPORT

SC0100000		DISPATCH NUMBER 2015-020187	ORIGINAL CASE NUMBER	PAGE 1 OF 5 PAGES	NCIC ENTRY	SHERIFF INQ.	ENT.	
EVENT	INCIDENT TYPE 1. Disturbance		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 Business	UNITS ENTERED	
	2. Assault			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Business		
	3.			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			TYPE VICTIM <input checked="" 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.
INCIDENT LOCATION: 10305 Highway 78 Ladson, SC				ZIP CODE 29456	WEAPON TYPE Knife			
BEGINNING INCIDENT DATE 12/25/15	24 HR. CLOCK 2230	ENDING INCIDENT DATE 12/25/15	24 HR. CLOCK 2246	DISP. DATE 12/25/15	DISP. TIME 2247	TIME ARRIVED 2250	DEPART TIME 0320	
NAME: (LAST, FIRST, MIDDLE) Concerned Citizen		RELATIONSHIP TO SUBJECT #1 Stranger #2 Stranger #3 Stranger		RESIDENT U	RACE U	SEX U	AGE U	
HEIGHT	WEIGHT	HAIR N/A	EYES N/A	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		DRIVERS LIC / ID & STATE		
ADDRESS #		STREET NAME		CITY	STATE	ZIP CODE	DAY PHONE	
OCCUPATION		EMPLOYER		ALIAS		NIC #		
NAME: (LAST, FIRST, MIDDLE) Brown III, Gregory Allen		RELATIONSHIP TO SUBJECT #1 Stranger #2 Stranger #3 Stranger		RESIDENT J	RACE B	SEX M	AGE 25	
HEIGHT 601	WEIGHT 230	HAIR BLK	EYES BRO	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		DRIVERS LIC / ID & STATE		
ADDRESS # 1408		STREET NAME Shorepines Road		CITY Ladson	STATE SC	ZIP CODE 29456	DAY PHONE 843-568-2766	
OCCUPATION Unemployed		EMPLOYER N/A		ALIAS N/A		NIC #		
COMPLAINANT <input type="checkbox"/> VICTIM #		NAME: (LAST, FIRST, MIDDLE) Magliano, Colin Thomas		RELATIONSHIP TO SUBJECT #1 Boyfriend #2 Stranger #3 Stranger		RESIDENT O	RACE W	
<input checked="" type="checkbox"/> SUSPECT # 1		HEIGHT 511	WEIGHT 150	HAIR BRO	EYES BRO	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
<input type="checkbox"/> SUBJECT #		ADDRESS # 255		STREET NAME Old Hickory Boulevard		CITY Nashville	STATE TN	
<input type="checkbox"/> WITNESS #		OCCUPATION Unemployed		EMPLOYER N/A		ALIAS N/A		
<input type="checkbox"/> WANTED		COMPLAINANT OF NON-VISIBLE INJURIES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES		USING ALCOHOL <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> UNK		TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE SPLASMT <input type="checkbox"/> ALONE		
<input type="checkbox"/> WARRANT		EXPLAIN Puncture Wounds right rib area		DRUGS <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE <input checked="" type="checkbox"/> UNK		ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED		
<input type="checkbox"/> ARREST		OCCUPATION Unemployed		EMPLOYER N/A		ALIAS N/A		
<input type="checkbox"/> RUNAWAY		OCCUPATION Unemployed		EMPLOYER N/A		ALIAS N/A		
<input type="checkbox"/> MISSING PERSON		OCCUPATION Unemployed		EMPLOYER N/A		ALIAS N/A		
(A) CHARGE				(C) CHARGE				
(B) CHARGE				(D) CHARGE				
NARRATIVE	(Scotchman Gas Station) On the above date and time I, Deputy N. Ragos responded to the incident location in reference to an assault. Upon my arrival I gathered the following information: that at approximately 2230 hours suspect 1 (Magliano, Colin) and his girlfriend subject 1 (Roberts, Amanda) began an argument with subject 2 (Rhodes, Cynthia) about music blaring from her vehicle. The argument was intense but later discontinued when Cynthia departed the gas station momentarily. Colin then entered the convenience store to purchase items. Cynthia returned shortly with subject 3 (Turner, Darnell). As Colin purchased his items, Darnell entered the convenience store, picked Colin up, and slammed him on the ground. Victim 1 (Brown III, Gregory) saw the altercation and immediately pushed Darnell away from Colin towards the exit.							
	TYPE (GROUP)						TOTAL VALUE	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY
	STOLEN							
	DAMAGED							
	BURNED							
RECOVERED								
SEIZED								
SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SUBJECT LOCATED <input checked="" type="checkbox"/> YES <input 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		
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 N.F.Ragos		DATE 12/25/2015	BADGE NUMBER 10258	APPROVING OFFICER LT J.Plunkett	DATE 12/25/2015	
FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO		BADGE NUMBER 9371		OFFICER				

INCIDENT SUPPLEMENT

SC0100000	DISPATCH NUMBER 2015-020187	ORIGINAL CASE NUMBER	PAGE 2 OF 5 PAGES	NCIC ENTRY	INO.	ENT.
<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		

NARRATIVE

(Continued) Colin then stood up, retrieved a black knife from his pocket, and stabbed Gregory. When I arrived on scene I observed Darnell on the ground with Colin. I also observed Gregory inside the store with blood on his person and on the floor. All parties were detained. Lieutenant J. Plunkett was advised of the situation and he later notified C.I.D. Detective M. Thompson responded and took over the situation. All parties provided signed written statements. Pictures were taken and later submitted to evidence. The knife was siezed and also entered into evidence. Subject 4 (Legnard, Sharon), the convenience store manager responded and provided a copy of the video from the surveillance cameras which was also entered into evidence. EMS responded to the scene to evaluate Gregory for his injuries he sustained. Gregory was shortly transported to M.U.S.C to be further evaluated. A case number was assigned to document the entire incident. All paperwork was forwarded to C.I.D for further investigation. Nothing further to report.

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

ADMINISTRATIVE	SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SUBJECT LOCATED <input checked="" type="checkbox"/> YES <input 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 N.F.Ragos	DATE 12/25/2015	BADGE NUMBER 10258	APPROVING OFFICER LT J.Plunkett	DATE 12/25/2015
			FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER	

PERSON SUPPLEMENT

SC0100000	DISPATCH NUMBER 2015-020187	ORIGINAL CASE NUMBER	PAGE 3 of 5 PAGES	NGIC ENTRY	INQ.	ENT.
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<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 REPORT	<input type="checkbox"/> CASE STATUS CHANGE	<input type="checkbox"/> ADDITIONAL OFFENDERS	<input type="checkbox"/> ADDITIONAL SUBJECTS	<input type="checkbox"/> ADDITIONAL RECOVERED PROPERTY

SUBJ. I.D. <input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # <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 type="checkbox"/> MISSING PERSON	NAME: (LAST, FIRST, MIDDLE) Roberts, Amanda Charette	RELATIONSHIP TO SUBJECT #1 #2 Stranger #3 Stranger	RESIDENT J	RACE W	SEX F	AGE 35	DOB 3/3/80	ETH W	
	HEIGHT WEIGHT HAIR EYES FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. 502 168 BLN BLU	DRIVERS LIC / ID & STATE [REDACTED]			SOCIAL SECURITY # [REDACTED]				
	ADDRESS # 4473	STREET NAME Outwood Drive	CITY Ladson	STATE SC	ZIP CODE 29456	DAY PHONE [REDACTED]	EVENING PHONE [REDACTED]	H H	
	<input type="checkbox"/> VISIBLE INJURY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	<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"/>	DRUGS <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE <input checked="" type="checkbox"/> UNK	<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> ONE-MAN VEHICLE ASSISTED	<input type="checkbox"/> DETECTIVE SPLASMT <input type="checkbox"/> OTHER	<input type="checkbox"/> ALONE <input type="checkbox"/>		

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

SUBJ. I.D. <input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # <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) Rhodes, Cynthia Leash	RELATIONSHIP TO SUBJECT #1 #2 Stranger #3 Girlfriend	RESIDENT S	RACE B	SEX F	AGE 45	DOB 12/30/70	ETH B	
	HEIGHT WEIGHT HAIR EYES FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. 506 150 BLK BRO	DRIVERS LIC / ID & STATE [REDACTED]			SOCIAL SECURITY # [REDACTED]				
	ADDRESS # 3066	STREET NAME Tree Canopy Drive	CITY Summerville	STATE SC	ZIP CODE 29483	DAY PHONE Unknown	EVENING PHONE Unknown	H H	
	<input type="checkbox"/> VISIBLE INJURY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	<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"/>	DRUGS <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE <input checked="" type="checkbox"/> UNK	<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> ONE-MAN VEHICLE ASSISTED	<input type="checkbox"/> DETECTIVE SPLASMT <input type="checkbox"/> OTHER	<input type="checkbox"/> ALONE <input type="checkbox"/>		

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

SUBJ. I.D. <input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # <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) Turner, Darnell Maurice	RELATIONSHIP TO SUBJECT #1 #2 Stranger #3 Boyfriend	RESIDENT J	RACE B	SEX M	AGE 37	DOB 12/13/78	ETH B	
	HEIGHT WEIGHT HAIR EYES FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. 505 150 BLN BLU Glasses	DRIVERS LIC / ID & STATE [REDACTED]			SOCIAL SECURITY # [REDACTED]				
	ADDRESS # 4436	STREET NAME Clovewood Street	CITY Ladson	STATE SC	ZIP CODE 29456	DAY PHONE [REDACTED]	EVENING PHONE [REDACTED]	H H	
	<input type="checkbox"/> VISIBLE INJURY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	<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"/>	DRUGS <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE <input checked="" type="checkbox"/> UNK	<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> ONE-MAN VEHICLE ASSISTED	<input type="checkbox"/> DETECTIVE SPLASMT <input type="checkbox"/> OTHER	<input type="checkbox"/> ALONE <input type="checkbox"/>		

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

REMARKS

SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SUBJECT LOCATED <input checked="" type="checkbox"/> YES <input 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 N.F. Ragos	DATE 12/25/2015	BADGE NUMBER 10258	APPROVING OFFICER LT J.Plunkett	DATE 12/25/2015	BADGE NUMBER 9371
FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO					

PERSON SUPPLEMENT

SC010000	DISPATCH NUMBER 2015-020187	ORIGINAL CASE NUMBER	PAGE 4 OF 5 PAGES	NIC ENTRY	INQ.	ENT.
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<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 REPORT	<input type="checkbox"/> CASE STATUS CHANGE	<input type="checkbox"/> ADDITIONAL OFFENDERS	<input type="checkbox"/> ADDITIONAL SUBJECTS	<input type="checkbox"/> ADDITIONAL RECOVERED PROPERTY

<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # _____ <input type="checkbox"/> SUSPECT # _____ <input checked="" type="checkbox"/> SUBJECT # 4 <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) Legnard, Sharon Williams	RELATIONSHIP TO SUBJECT #1 _____ #2 _____ #3 _____	RESIDENT S	RACE W	SEX F	AGE 61	DOB 8/27/54	ETH W		
	HEIGHT 505	WEIGHT 150	HAIR BLN	EYES BLU	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. Glasses				DRIVERS LIC / ID & STATE 904712089 SCD	SOCIAL SECURITY # 336 67 3896
	ADDRESS # 1161	STREET NAME Barnyard Road	CITY Bonneau	STATE SC	ZIP CODE 29431	DAY PHONE 8435092832	EVENING PHONE 8435092832			
	<input type="checkbox"/> VISIBLE INJURY YES EXPLAIN _____	<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 UNK	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK	<input type="checkbox"/> TWO-MAN VEHICLE ASSISTED <input type="checkbox"/> ONE-MAN VEHICLE	<input type="checkbox"/> DETECTIVE SPLASMT <input type="checkbox"/> OTHER	<input type="checkbox"/> ALONE <input type="checkbox"/>			
	OCCUPATION Store Manager	EMPLOYER Scotchman	ALIAS _____	NIC # _____						

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

<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 J	RACE _____	SEX _____	AGE _____	DOB _____	ETH _____		
	HEIGHT _____	WEIGHT _____	HAIR N/A	EYES N/A	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 YES EXPLAIN _____	<input type="checkbox"/> NO <input type="checkbox"/> YES 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 ASSISTED <input type="checkbox"/> ONE-MAN VEHICLE	<input type="checkbox"/> DETECTIVE SPLASMT <input type="checkbox"/> OTHER	<input type="checkbox"/> ALONE <input type="checkbox"/>			
	OCCUPATION _____	EMPLOYER _____	ALIAS _____	NIC # _____						

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

<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 J	RACE _____	SEX _____	AGE _____	DOB _____	ETH _____		
	HEIGHT _____	WEIGHT _____	HAIR N/A	EYES N/A	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 YES EXPLAIN _____	<input type="checkbox"/> NO <input type="checkbox"/> YES 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 ASSISTED <input type="checkbox"/> ONE-MAN VEHICLE	<input type="checkbox"/> DETECTIVE SPLASMT <input type="checkbox"/> OTHER	<input type="checkbox"/> ALONE <input type="checkbox"/>			
	OCCUPATION _____	EMPLOYER _____	ALIAS _____	NIC # _____						

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

REMARKS

<input checked="" type="checkbox"/> SUBJECT IDENTIFIED YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> SUBJECT LOCATED YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ADM. CLOSED	<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 N.F.Ragos	DATE 12/25/2015	BADGE NUMBER 10258	APPROVING OFFICER LT J.Plunkett	DATE 12/25/2015	BADGE NUMBER 9371
FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO					

ARTICLE SUPPLEMENT

SC0100000	DISPATCH NUMBER 2015-020187	ORIGINAL CASE NUMBER N/A	PAGE 5 OF 5 PAGES	NCIC ENTRY	INQ.	ENT.
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<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 STOLEN PROPERTY	<input type="checkbox"/> ADDITIONAL RECOVERED PROPERTY
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VEH. / GUN / ETC.	STATUS <input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/> FOUND <input type="checkbox"/> VICTIM <input checked="" type="checkbox"/> SUSPECT <input type="checkbox"/> TOWED	TYPE <input checked="" type="checkbox"/> VEHICLE <input type="checkbox"/> GUN <input type="checkbox"/> BOAT <input type="checkbox"/> LICENSE PLATE <input type="checkbox"/> SECURITIES/BONDS, STOCKS <input type="checkbox"/> ARTICLE	LICENSE/REGISTRATION NO. HCP807 - SC	BOAT HULL NO. OR VIN NO. 3C4PDCAB4ET281024	OWNER APPLIED # N/A	
			SERIAL # N/A			
			YEAR OF REGISTRATION 2015	YEAR OF EXPIRATION 2016	YEAR 2014	MAKE Dodge
			MODEL Journey	STYLE SU	BRAND NAME Dodge	COLOR Black
			NIC NO. N/A	DENOMINATION N/A	ISSUER N/A	SECURITIES DATE N/A
				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY N/A	JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY N/A	

VEH. / GUN / ETC.	STATUS <input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/> FOUND <input type="checkbox"/> VICTIM <input checked="" type="checkbox"/> SUSPECT <input type="checkbox"/> TOWED	TYPE <input checked="" type="checkbox"/> VEHICLE <input type="checkbox"/> GUN <input type="checkbox"/> BOAT <input type="checkbox"/> LICENSE PLATE <input type="checkbox"/> SECURITIES/BONDS, STOCKS <input type="checkbox"/> ARTICLE	LICENSE/REGISTRATION NO. LMT714 - SC	BOAT HULL NO. OR VIN NO. 1D7HA18N86J178883	OWNER APPLIED # N/A	
			SERIAL # N/A			
			YEAR OF REGISTRATION 2015	YEAR OF EXPIRATION 2016	YEAR 2006	MAKE Dodge
			MODEL Ram	STYLE PK	BRAND NAME Dodge	COLOR Gray
			NIC NO. N/A	DENOMINATION N/A	ISSUER N/A	SECURITIES DATE N/A
				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY N/A	JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY N/A	

VEH. / GUN / ETC.	STATUS <input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/> FOUND <input type="checkbox"/> VICTIM <input checked="" type="checkbox"/> SUSPECT <input type="checkbox"/> TOWED	TYPE <input checked="" type="checkbox"/> VEHICLE <input type="checkbox"/> GUN <input type="checkbox"/> BOAT <input type="checkbox"/> LICENSE PLATE <input type="checkbox"/> SECURITIES/BONDS, STOCKS <input type="checkbox"/> ARTICLE	LICENSE/REGISTRATION NO. LCG884 - SC	BOAT HULL NO. OR VIN NO. 2HNYD18826H519945	OWNER APPLIED # N/A	
			SERIAL # N/A			
			YEAR OF REGISTRATION 2015	YEAR OF EXPIRATION 2016	YEAR 2006	MAKE Acura
			MODEL MDX	STYLE SU	BRAND NAME Acura	COLOR Gold
			NIC NO. N/A	DENOMINATION N/A	ISSUER N/A	SECURITIES DATE N/A
				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY N/A	JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY N/A	

VEH. / GUN / ETC.	STATUS <input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/> FOUND <input type="checkbox"/> VICTIM <input checked="" type="checkbox"/> SUSPECT <input type="checkbox"/> TOWED	TYPE <input checked="" type="checkbox"/> VEHICLE <input type="checkbox"/> GUN <input type="checkbox"/> BOAT <input type="checkbox"/> LICENSE PLATE <input type="checkbox"/> SECURITIES/BONDS, STOCKS <input type="checkbox"/> ARTICLE	LICENSE/REGISTRATION NO. FVB363 - SC	BOAT HULL NO. OR VIN NO. 1FTBR10A3JUC43339	OWNER APPLIED # N/A	
			SERIAL # N/A			
			YEAR OF REGISTRATION 2015	YEAR OF EXPIRATION 2016	YEAR 1988	MAKE Ford
			MODEL Ranger	STYLE PK	BRAND NAME Ford	COLOR Gray
			NIC NO. N/A	DENOMINATION N/A	ISSUER N/A	SECURITIES DATE N/A
				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY N/A	JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY N/A	

VEH. / GUN / ETC.	STATUS <input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/> FOUND <input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT <input type="checkbox"/> TOWED	TYPE <input type="checkbox"/> VEHICLE <input type="checkbox"/> GUN <input type="checkbox"/> BOAT <input type="checkbox"/> LICENSE PLATE <input type="checkbox"/> SECURITIES/BONDS, STOCKS <input type="checkbox"/> ARTICLE	LICENSE/REGISTRATION NO. N/A	BOAT HULL NO. OR VIN NO. N/A	OWNER APPLIED # N/A	
			SERIAL # N/A			
			YEAR OF REGISTRATION	YEAR OF EXPIRATION	YEAR	MAKE
			MODEL	STYLE	BRAND NAME	COLOR
			NIC NO.	DENOMINATION	ISSUER	SECURITIES DATE
				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY	JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	

REMARKS	N/A
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ADMINISTRATIVE	SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SUBJECT LOCATED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ADM. CLOSED <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 N. Ragos		DATE 12/25/2015	BADGE NUMBER 10258	APPROVING OFFICER LT J.Plunket	
				DATE 12/25/2015	
				BADGE NUMBER 9371	
FOLLOW-UP INVESTIGATION <input type="checkbox"/> NO <input type="checkbox"/> YES					

ARREST WARRANT

2015A1010900804

STATE OF SOUTH CAROLINA

County/ Municipality of

Charleston

THE STATE against

Colin Thomas Magliano

Address: 325 Marymeade Dr Apt 1009

Summerville, SC 29483-5260

Phone: [redacted] SSN: [redacted]

Sex: M Race: W Height: 5 10 Weight: 150

DL State: SC DL #: [redacted]

DOB: 8/25/1981 Agency ORI #: SC0100000

Prosecuting Agency: Charleston County Sheriff

Prosecuting Officer: Michael E. Thompson - 0268

Offense: Assault / Assault & Battery 1st degree

Offense Code: 3412

Code/Ordinance Sec: 16-03-0600(C)(1)

This warrant is CERTIFIED FOR SERVICE in the

County/ Municipality of

is to be arrested and brought before me to be dealt with according to the law. The accused

(L.S.)

Signature of Judge

Date:

RETURN

A copy of this arrest warrant was delivered to defendant on 12-29-15

Signature of Constable/Law Enforcement Officer

RETURN WARRANT TO:

General Sessions

Charleston County Judicial Center

100 Broad Street, Suite 106

Charleston, SC 29401

ORIGINAL

ORIGINAL

ORIGINAL

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ORIGINAL

STATE OF SOUTH CAROLINA

AFFIDAVIT

ORIGINAL

Form Approved by SC Judiciary Sheriff April 2, 2009 SCCA 518

County/ Municipality of

Charleston

Personally appeared before me the affiant

Michael E. Thompson

who

being duly sworn deposes and says that defendant

Colin Thomas Magliano

did within this county and state on or about

12/25/2015

violate the criminal laws of the

State of South Carolina (or ordinance of

County/

Municipality of

Charleston

in the following particulars:

DESCRIPTION OF OFFENSE: Assault / Assault & Battery 1st degree

I further state that there is probable cause to believe that the defendant named above did commit the crime set forth and that probable cause is based on the following facts: PLEASE SEE ATTACHED AFFIDAVIT

Signature of Affiant

STATE OF SOUTH CAROLINA

County/ Municipality of

Charleston

Affiant's Address 3691 Leeds Avenue

North Charleston, SC 29405-

Affiant's Telephone (843)202-1700

ARREST WARRANT

TO ANY LAW ENFORCEMENT OFFICER OF THIS STATE OR MUNICIPALITY OR ANY CONSTABLE OF THIS COUNTY:

on or about 12/25/2015 I appearing from the above affidavit that there are reasonable grounds to believe that did violate the criminal laws of the State of South Carolina (or ordinance of County/ Municipality of Charleston) as set forth below:

defendant Colin Thomas Magliano

DESCRIPTION OF OFFENSE: Assault / Assault & Battery 1st degree

Having found probable cause and the above affiant having sworn before me, you are empowered and directed to arrest the said defendant and bring him or her before me forthwith to be dealt with according to law. A copy of this Arrest Warrant shall be delivered to the defendant at the time of its execution, or as soon thereafter as is practicable Sworn to and subscribed before me on 12/29/2015

Signature of Issuing Judge (L.S.)

Judge's Address 1720 Sam Rittenberg Blvd, Unit 11

Judge's Telephone (843)-76-6-65 x 31

Issuing Court: [X] Magistrate [] Municipal [] Circuit

Judge Code: 7280

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STATE OF SOUTH CAROLINA
COUNTY OF CHARLESTON

OCA # 2015-020187-B

AFFIDAVIT

Personally appeared before me, a magistrate of this county, one, Detective M. Thompson, who, first being duly sworn, deposes and says that

COLIN THOMAS MAGLIANO

did within this County and State on the 25TH day of December 2015, violate the criminal laws of the State of South Carolina in the following particulars:

**DESCRIPTION OF OFFENSE
ASSAULT AND BATTERY 1ST DEGREE
16-3-600 (D1)**

The affiant states that there is probable cause to believe that the defendant named above did commit the crime(s) set forth, and that such probable cause is based on the following facts:

That on 12-25-15 at 10:42 pm, while at 10305 Hwy. 78, Ladson SC, in the County and State aforesaid, the above named defendant, **COLIN THOMAS MAGLIANO**, did commit offense of violation section 16-3-600 of the South Carolina Code of Laws, 1976 as amended, **ASSAULT AND BATTERY 1ST DEGREE**, in that he did willfully, unlawfully, and feloniously, use a knife to cut the victim, Gregory Allen Brown, causing great bodily injury which required surgery.

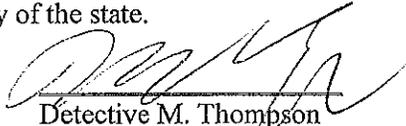
That on 12-25-15 a disturbance occurred at the gas station located at the before mentioned location in which the defendant was involved in; that he was actively engaged in a heated verbal exchange with a female subject in the parking lot. Once the disturbance had subsided the defendant was later attacked by an individual while he was at the checkout counter. The defendant was slammed to the floor by this individual and once he got back up the individual was retreating out of the store along with the victim, Gregory Allen Brown; who had attempted to break up the fight between the defendant and the individual that had just assaulted the defendant. The defendant pulled a knife from his pocket and stabbed the victim, Gregory Allen Brown on his right lower side. The stab wound was found to be not life threatening but did impose a severe bodily injury which required Brown to be transported by EMS to MUSC where he immediately underwent emergency surgery.

The defendant was interviewed on scene by Detective Thompson, in which he provided a post MIRANDA statement that was audio recorded. According to the defendant, he knowingly and willingly pulled his knife and stabbed the person who had just assaulted him. The video surveillance from the store security system shows the person who had just assaulted the defendant later identified as Darnell Turner retreating out of the store along with the victim, Gregory Brown as the defendant gets up from the floor after just being assaulted by Turner. It was found that Brown had actually attempted to break up the fight between the defendant and Turner, but got stabbed in the melee.

This information was revealed through the investigation of Det.M.Thompson of the Charleston County Sheriff's Office, and he along with the audio recorded statement of the defendant, the store security video, and an audio recorded statement from the victim, Brown, are all witnesses to prove the same against the form of the statute and the peace and dignity of the state.

Sworn to and Subscribed before me
This 29 day of Dec, 2015

Allen S. Steinberg
Signature of Judge


Detective M. Thompson
3691 Leeds Ave.
N. Charleston. SC 29405
843-529-6202

CHARLESTON COUNTY SHERIFF'S OFFICE

3505 PINEHAVEN DRIVE, CHARLESTON HEIGHTS, S.C. 29405-7789 • (843) 202-1700

J. Al Cannon, Jr.
Sheriff

ARREST AND **SUPPLEMENTAL BOOKING REPORT**

SC0100000		TIME 8:51 AM	CURRENT DATE 12/29/2015	DISPATCH NUMBER 2015-020187-B	ORIGINAL CASE NUMBER	TRACT #		
DEFENDANT NAME (LAST, FIRST, MIDDLE) MAGLIANO, COLIN THOMAS					RACE W	SEX M	DATE OF BIRTH 8/25/1981	
AGE 34	ETH.	HEIGHT 5-10	WEIGHT 150	HAIR BRN	EYES BRN	SOCIAL SECURITY NUMBER	VISIBLE SCARS AND MARKS	NCIC I.D. NUMBER
ADDRESS (NUMBER AND STREET) 325 MARY MEAD DR.				CITY SUMMERVILLE	STATE SC	ZIP CODE 29483	RESIDENT	PHONE NUMBER
ALIAS		PLACE OF BIRTH			DRIVERS LICENSE NUMBER/I.D. # & STATE			
EMPLOYER OR OCCUPATION SELF		NEXT OF KIN REFUSED TO GIVE INFO			ADDRESS (CITY AND STATE)		PHONE NUMBER	
TRANSPORTING OFFICERS NAME M. THOMPSON		NUMBER 9208	ARRESTING OFFICER M. THOMPSON		NUMBER 9208	AGENCY CCSO		
ARRESTEE ARMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WEAPON TYPE <input 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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO		VEHICLE TOWED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TOWED BY: N/A	
IF HOLDING FOR ANOTHER AGENCY, CIRCLE CHARGE A, B, C								
CHARGE	CHARGE I.D.	A		B		C		
	ADDITIONAL CASE NO.'S							
	CHARGE	AULT AND BATTERY 1ST DEGR						
	STATUTE	16-3-600 (D 1)						
	BOND AMOUNT	TBS						
	WARRANT/TICKET#	2015A1010900804						
	BOND/HEARING DATE	12-29-15 1000PM						
DATE & TIME OF TRIAL/MAGISTRATE	GSC	GSC	GSC					
REMARKS	SUBJECT TURNED HIMSELF IN UPON REQUEST OF LAW ENFORCEMENT WITHOUT INCIDENT							
	<p style="font-size: 2em; margin: 0;"># 1234687</p>							
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.								
I.D. OFF	DATE F.P.	TIME F.P.	I.D. TECHNICIAN		PHOTO ID #	DATE OF PHOTO		
	DATE 12-29-15	TIME 1112	SEARCHING OFFICER Davis		SUPERVISOR REVIEW AND SIGN			
BOOKING OFFICER	CONDITION AT TIME OF ADMISSION EXPLAIN fair		HOW LONG IN CHAS.		RELIGION	EDUCATION		
	LOCAL PRIOR ARREST <input type="checkbox"/> YES <input type="checkbox"/> NO		WANTED ON WARRANT <input type="checkbox"/> YES <input type="checkbox"/> NO		MISCELLANEOUS strip			
	ATTORNEY	PERSON TO CALL IN EMERGENCY		ADDRESS		PHONE NUMBER		
DISPOSITION	SENTENCE TO DAYS		AND/OR	FINE AMOUNT	COURT	EXPIRATION OF SENTENCE		
	A.							
	B.							
C.								
DUTY SGT	HOW INMATE RELEASED <input type="checkbox"/> BOND <input type="checkbox"/> FINE AMOUNTS		<input type="checkbox"/> SURETY BOND / COMPANY RECEIPT NO.		<input type="checkbox"/> EXPIRATION OF SENTENCE <input type="checkbox"/> BY CLERK OF COURT <input type="checkbox"/> REL. AT		DATE	TIME
	TRANSFERRED OR RELEASED TO:		OFFICER:		DATE		TIME	
	AGENCY:		RELEASING OFFICER		SUPERVISOR REVIEW AND SIGN			