

INCIDENT REPORT

SC0100000		DISPATCH NUMBER 2015-020187		ORIGINAL CASE NUMBER		PAGE 1 OF 5 PAGES		NCIC ENTRY		SHERIFF INQ. ENT.	

EVENT	INCIDENT TYPE				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	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.			
	1. Disturbance						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Business						
	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								
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		TRACT #	

COMPLAINANT	NAME: (LAST, FIRST, MIDDLE) Concerned Citizen				RELATIONSHIP TO SUBJECT #1 Stranger #2 Stranger #3 Stranger				RESIDENT U		RACE B		SEX M		AGE 25		DOB 08/09/90		ETH B	
	HEIGHT 601		WEIGHT 230		HAIR BLK		EYES BRO		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				DRIVERS LIC / ID & STATE				SOCIAL SECURITY #			
	ADDRESS # 1408				STREET NAME Shorepines Road				CITY Ladson				STATE SC		ZIP CODE 29456		DAY PHONE 843-568-2766		EVENING PHONE 843-568-2766	
	OCCUPATION Unemployed				EMPLOYER N/A				ALIAS N/A				NIC #							

VICTIM #1	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		DOB 08/09/90		ETH B	
	HEIGHT 601		WEIGHT 230		HAIR BLK		EYES BRO		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				DRIVERS LIC / ID & STATE				SOCIAL SECURITY #			
	ADDRESS # 1408				STREET NAME Shorepines Road				CITY Ladson				STATE SC		ZIP CODE 29456		DAY PHONE 843-568-2766		EVENING PHONE 843-568-2766	
	OCCUPATION Unemployed				EMPLOYER N/A				ALIAS N/A				NIC #							

SUBJ. I.D.	NAME: (LAST, FIRST, MIDDLE) Magliano, Colin Thomas				RELATIONSHIP TO SUBJECT #1 Boyfriend #2 Stranger #3 Stranger				RESIDENT O		RACE W		SEX M		AGE 34		DOB 08/25/81		ETH B	
	HEIGHT 511		WEIGHT 150		HAIR BRO		EYES BRO		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				DRIVERS LIC / ID & STATE				SOCIAL SECURITY #			
	ADDRESS # 255				STREET NAME Old Hickory Boulevard				CITY Nashville				STATE TN		ZIP CODE 37221		DAY PHONE Unknown		EVENING PHONE Unknown	
	OCCUPATION Unemployed				EMPLOYER N/A				ALIAS N/A				NIC #							

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

NARRATIVE	<p>(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.</p>											

PROPERTY EST.	TYPE (GROUP)				TOTAL VALUE				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY			
	STOLEN											
	DAMAGED											
	BURNED											
	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		BADGE NUMBER 9371	
							FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO					

INCIDENT SUPPLEMENT

J. Al Cannon, Jr.
Sheriff

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"/> MODIFIES <input type="checkbox"/> ORIGINAL	<input type="checkbox"/> SUPPLEMENTAL REPORT <input type="checkbox"/> CASE STATUS <input type="checkbox"/> 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		

(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.

NARRATIVE

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)		DATE		BADGE NUMBER		APPROVING OFFICER		DATE		BADGE NUMBER		
	Deputy N.F.Ragos		12/25/2015		10258		LT J.Plunkett		12/25/2015		9371		
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		NCIC ENTRY		INQ.		ENT.	
<input checked="" type="checkbox"/> ORIGINAL REPORT <input type="checkbox"/> MODIFIES REPORT		<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 # 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 Stranger #2 Stranger #3 Stranger		RESIDENT	RACE	SEX	AGE	DOB	ETH
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		DRIVERS LIC / ID & STATE		SOCIAL SECURITY #		
	502	168	BLN	BLU							
	ADDRESS # 4473		STREET NAME Outwood Drive		CITY Ladson	STATE SC	ZIP CODE 29456	DAY PHONE	EVENING PHONE		
	<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 <input type="checkbox"/> UNK		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> ASSISTED		<input type="checkbox"/> DETECTIVE SPLASMT <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE		
	OCCUPATION Groomer		EMPLOYER Dog Gone Good		ALIAS N/A		NIC #				
	(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 # 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 Stranger #2 Girlfriend #3 Girlfriend		RESIDENT	RACE	SEX	AGE	DOB	ETH
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		DRIVERS LIC / ID & STATE		SOCIAL SECURITY #		
	506	150	BLK	BRO							
	ADDRESS # 3066		STREET NAME Tree Canopy Drive		CITY Summerville	STATE SC	ZIP CODE 29483	DAY PHONE	EVENING PHONE		
	<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 <input type="checkbox"/> UNK		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> ASSISTED		<input type="checkbox"/> DETECTIVE SPLASMT <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE		
	OCCUPATION Unemployed		EMPLOYER N/A		ALIAS N/A		NIC #				
	(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) Turner, Darnell Maurice		RELATIONSHIP TO SUBJECT #1 Stranger #2 Boyfriend #3 Boyfriend		RESIDENT	RACE	SEX	AGE	DOB	ETH
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		DRIVERS LIC / ID & STATE		SOCIAL SECURITY #		
	505	150	BLN	BLU	Glasses						
	ADDRESS # 4436		STREET NAME Clovewood Street		CITY Ladson	STATE SC	ZIP CODE 29456	DAY PHONE	EVENING PHONE		
	<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 <input type="checkbox"/> UNK		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> ASSISTED		<input type="checkbox"/> DETECTIVE SPLASMT <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE		
	OCCUPATION Construction Worker		EMPLOYER Brand Scaffolding		ALIAS N/A		NIC #				
	(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	
							FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO			BADGE NUMBER 9371	

PERSON SUPPLEMENT

Sheriff

SC0100000		DISPATCH NUMBER 2015-020187		ORIGINAL CASE NUMBER		PAGE 4 OF 5 PAGES		NIC ENTRY		INQ.		ENT.			
<input checked="" type="checkbox"/> ORIGINAL REPORT <input type="checkbox"/> MODIFIES REPORT		<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 # 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	RACE	SEX	AGE	DOB	ETH	
	HEIGHT		WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.			DRIVERS LIC / ID & STATE 004712069 SCD		SOCIAL SECURITY # 306-62-3896				
	ADDRESS # 1161		STREET NAME Barneyard Road			CITY Bonneau		STATE SC	ZIP CODE 29431	DAY PHONE 8435092832		EVENING PHONE 8435092832			
	<input type="checkbox"/> VISIBLE INJURY YES		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES YES		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES USING ALCOHOL 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"/>				
	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	RACE	SEX	AGE	DOB	ETH	
	HEIGHT		WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, 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		<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES YES		<input type="checkbox"/> NO <input type="checkbox"/> YES USING ALCOHOL 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"/>					
OCCUPATION			EMPLOYER			ALIAS			NIC #						
(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	
	HEIGHT		WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, 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		<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES YES		<input type="checkbox"/> NO <input type="checkbox"/> YES USING ALCOHOL 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"/>				
	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	RACE	SEX	AGE	DOB	ETH	
	HEIGHT		WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, 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		<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES YES		<input type="checkbox"/> NO <input type="checkbox"/> YES USING ALCOHOL 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"/>					
OCCUPATION			EMPLOYER			ALIAS			NIC #						
(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	
	HEIGHT		WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, 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		<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES YES		<input type="checkbox"/> NO <input type="checkbox"/> YES USING ALCOHOL 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"/>				
	OCCUPATION			EMPLOYER			ALIAS			NIC #					
	(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"/> 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		SHERIFF NCIC ENTRY <input type="checkbox"/> INQ. <input type="checkbox"/> ENT. <input type="checkbox"/>			
<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	

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 SERIAL # N/A YEAR OF REGISTRATION 2015 MODEL Journey NIC NO. N/A		BOAT HULL NO. OR VIN NO. 3C4PDCAB4ET281024 YEAR OF EXPIRATION 2016 STYLE SU DENOMINATION N/A		OWNER APPLIED # N/A YEAR 2014 BRAND NAME Dodge ISSUER N/A		MAKE Dodge COLOR Black SECURITIES DATE N/A		TYPE Auto CALIBER 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 SERIAL # N/A YEAR OF REGISTRATION 2015 MODEL Ram NIC NO. N/A		BOAT HULL NO. OR VIN NO. 1D7HA18N86J178883 YEAR OF EXPIRATION 2016 STYLE PK DENOMINATION N/A		OWNER APPLIED # N/A YEAR 2006 BRAND NAME Dodge ISSUER N/A		MAKE Dodge COLOR Gray SECURITIES DATE N/A		TYPE Auto CALIBER 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 SERIAL # N/A YEAR OF REGISTRATION 2015 MODEL MDX NIC NO. N/A		BOAT HULL NO. OR VIN NO. 2HNYD18826H519945 YEAR OF EXPIRATION 2016 STYLE SU DENOMINATION N/A		OWNER APPLIED # N/A YEAR 2006 BRAND NAME Acura ISSUER N/A		MAKE Acura COLOR Gold SECURITIES DATE N/A		TYPE Auto CALIBER 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 SERIAL # N/A YEAR OF REGISTRATION 2015 MODEL Ranger NIC NO. N/A		BOAT HULL NO. OR VIN NO. 1FTBR10A3JUC43339 YEAR OF EXPIRATION 2016 STYLE PK DENOMINATION N/A		OWNER APPLIED # N/A YEAR 1988 BRAND NAME Ford ISSUER N/A		MAKE Ford COLOR Gray SECURITIES DATE N/A		TYPE Auto CALIBER 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 SERIAL # N/A YEAR OF REGISTRATION N/A MODEL N/A NIC NO. N/A		BOAT HULL NO. OR VIN NO. N/A YEAR OF EXPIRATION N/A STYLE N/A DENOMINATION N/A		OWNER APPLIED # N/A YEAR N/A BRAND NAME N/A ISSUER N/A		MAKE N/A COLOR N/A SECURITIES DATE N/A		TYPE N/A CALIBER N/A	
					JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY N/A				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY N/A					
REMARKS	N/A													

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

Signature of Judge

(L.S.)

Date:

RETURN

A copy of this arrest warrant was delivered to
defendant Michael E. Thompson
on 12-23-15

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

ORIGINAL

ORIGINAL

ORIGINAL

ORIGINAL

STATE OF SOUTH CAROLINA

☒ County/ ☐ Municipality of

Charleston

Personally appeared before me the affiant Michael E. Thompsonbeing duly sworn deposes and says that defendant Colin Thomas Maglianodid within this county and state on or about 12/23/2015State of South Carolina (or ordinance of ☒ County/ ☐ Municipality of

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:

it appearing from the above affidavit that there are reasonable grounds to believe that

on or about 12/23/2015defendant Colin Thomas Maglianodid violate the criminal laws of the State of South Carolina (or ordinance of Charleston) as set forth below:

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

Ellen Soffer Steinberg Charleston, SC 29417-

Judge Code: 7280 Judge's Telephone (843)-76-6-65 x 31

Issuing Court: ☒ Magistrate ☐ Municipal ☐ Circuit

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ORIGINAL

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.

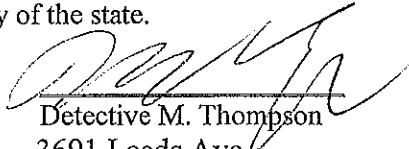
That on 12-25-15 a disturbance occurred at the gas station located at the before mentioned location in which the defendant was involved in; that he was actively engaged in a heated verbal exchange with a female subject in the parking lot. Once the disturbance had subsided the defendant was later attacked 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
ADDRESS (NUMBER AND STREET) 325 MARY MEAD DR.				CITY SUMMERVILLE	STATE SC	ZIP CODE 29483
ALIASES		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				
REMARKS	DATE & TIME OF TRIAL/MAGISTRATE GSC GSC GSC					
	<p>SUBJECT TURNED HIMSELF IN UPON REQUEST OF LAW ENFORCEMENT WITHOUT INCIDENT</p> <p style="font-size: 2em; text-align: center;"># 1234687</p> <p style="text-align: center;">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.</p> <p style="text-align: center;">SIGNATURE <i>[Signature]</i></p>					
ID 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.					
DUTY SGT.	C.					
	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	
	TRANSFERRED OR RELEASED TO: AGENCY:		OFFICER:		DATE	TIME
RELEASING OFFICER				SUPERVISOR REVIEW AND SIGN		