

# INCIDENT REPORT

<b>SC0100000</b>		DISPATCH NUMBER <b>2016-010903</b>		ORIGINAL CASE NUMBER <b>N/A</b>		PAGE 1 OF 1 PAGES		SHERIFF NCIC ENTRY		ING.		ENT.		
<b>EVENT</b>	1. AGENCY ASSIST			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 <b>ROADWAY</b>		<b>UNITS ENTERED</b>	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.				
	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: <b>1530 MACOMA RD., MT PLEASANT, SC</b>			ZIP CODE <b>29466</b>	WEAPON TYPE <b>NONE</b>									
BEGINNING INCIDENT DATE <b>7-11-16</b>		24 HR. CLOCK <b>0925</b>		ENDING INCIDENT DATE <b>7-11-16</b>		24 HR. CLOCK <b>0930</b>		DISP. DATE <b>7-11-16</b>	DISP. TIME <b>0933</b>	TIME ARRIVED <b>0940</b>	DEPART TIME <b>1015</b>	TRACT #		
<b>COMPLAINANT</b>	NAME: (LAST, FIRST, MIDDLE) <b>CONCERNED CITIZEN</b>			RELATIONSHIP TO SUBJECT			RESIDENT <b>J</b>	RACE <b>W</b>	SEX <b>M</b>	AGE <b>35</b>	DOB <b></b>	ETH <b>N</b>		
	HEIGHT <b>600</b>	WEIGHT <b>140</b>	HAIR <b>BLN</b>	EYES <b>GRN</b>	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. <b>BEARD</b>			DRIVERS LIC / ID & STATE <b>UNK</b>		SOCIAL SECURITY # <b>UNK</b>				
	ADDRESS # <b>UNK</b>		STREET NAME <b>UNK</b>		CITY <b>UNK</b>		STATE <b></b>	ZIP CODE <b></b>	DAY PHONE <b></b>		EVENING PHONE <b>H</b>			
	OCCUPATION <b>UNK</b>		EMPLOYER <b>UNK</b>		ALIAS <b>N/A</b>		NIC # <b>N/A</b>							
<b>VICTIM #1</b>	NAME: (LAST, FIRST, MIDDLE) <b>UPTON, BEJAMIN C</b>			RELATIONSHIP TO SUBJECT			RESIDENT <b>J</b>	RACE <b>W</b>	SEX <b>M</b>	AGE <b>42</b>	DOB <b>2-24-74</b>	ETH <b>N</b>		
	HEIGHT <b>600</b>	WEIGHT <b>175</b>	HAIR <b>GRY</b>	EYES <b>BRO</b>	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. <b>NONE</b>			DRIVERS LIC / ID & STATE <b></b>		SOCIAL SECURITY # <b></b>				
	ADDRESS # <b>1522</b>		STREET NAME <b>MACOMA RD</b>		CITY <b>MT PLEASANT</b>		STATE <b>SC</b>	ZIP CODE <b>29466</b>	DAY PHONE <b></b>		EVENING PHONE <b>H</b>			
	COMPLAINANT <input type="checkbox"/> VISIBLE INJURY <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		COMPLAINANT 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		TWO-MAN VEHICLE <input type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> UNK		DETECTIVE SPLASMT <input type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> UNK		ALONE <input type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> UNK			
<b>SUBJ. I.D.</b>	NAME: (LAST, FIRST, MIDDLE) <b>UNKNOWN</b>			RELATIONSHIP TO SUBJECT			RESIDENT <b>J</b>	RACE <b>W</b>	SEX <b>M</b>	AGE <b>30</b>	DOB <b>35</b>	ETH <b>N</b>		
	HEIGHT <b>600</b>	WEIGHT <b>140</b>	HAIR <b>BLK</b>	EYES <b>BRO</b>	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. <b>BEARD</b>			DRIVERS LIC / ID & STATE <b>UNK</b>		SOCIAL SECURITY # <b>UNK</b>				
	ADDRESS # <b>UNK</b>		STREET NAME <b>UNK</b>		CITY <b>UNK</b>		STATE <b>UNK</b>	ZIP CODE <b>UNK</b>	DAY PHONE <b>UNK</b>		EVENING PHONE <b>H</b>			
	COMPLAINANT <input type="checkbox"/> VISIBLE INJURY <input type="checkbox"/> NO <input type="checkbox"/> YES		COMPLAINANT 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		TWO-MAN VEHICLE <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK		DETECTIVE SPLASMT <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK		ALONE <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK			
<b>ARREST</b>	(A) CHARGE <b>N/A</b>			(C) CHARGE <b>N/A</b>										
	(B) CHARGE <b>N/A</b>			(D) CHARGE <b>N/A</b>										
<b>NARRATIVE</b>	<p>(MT PLEASANT) On above date, time and location, R/D was dispatched to assist EMS with a unresponsive male. Upon arrival, R/D observed an unknown male attempting CPR on the victim. R/D saw that the victim was not concious or breathing and had no pulse. R/D asked the unknown male if he would keep giving rescue breaths and then began chest compressions. R/D continued cycling chest compressions and rescue breathing until EMS arrived and could take over with CPR. EMS transported the victim to MUSC as a CAT1 patient. Nothing further to add at this time</p>													
<b>PROPERTY EST.</b>	TYPE (GROUP)										TOTAL VALUE		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY	
	STOLEN													
	DAMAGED													
	BURNED													
	RECOVERED													
<b>ADMINISTRATIVE</b>	SUBJECT IDENTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO      SUBJECT LOCATED <input type="checkbox"/> YES <input type="checkbox"/> NO <input 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"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER													
	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE NO CUSTODY													
	REPORTING OFFICER(S) <b>DFC. T. WADE</b>			DATE		BADGE NUMBER <b>10305</b>		APPROVING OFFICER			DATE		BADGE NUMBER	
								FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO						