

INCIDENT REPORT

<b>SC010000</b>	DISPATCH NUMBER <b>2016-010903</b>	ORIGINAL CASE NUMBER <b>N/A</b>	PAGE 1 OF 1 PAGES	NCIC ENTRY	INQ.	ENT.
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<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>	<b>TYPE VICTIM</b>
	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 #

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	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	ZIP CODE	DAY PHONE	EVENING PHONE		
OCCUPATION <b>UNK</b>			EMPLOYER <b>UNK</b>		ALIAS <b>N/A</b>	NIC # <b>N/A</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		SOCIAL SECURITY #			
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	EVENING PHONE		
<input type="checkbox"/> VISIBLE INJURY		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		COMPLAINT OF NON-VISIBLE INJURIES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		USING ALCOHOL <input type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> UNK		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE SPLASMT <input type="checkbox"/> ALONE		
EXPLAIN OCCUPATION <b>UNK</b>		EMPLOYER <b>UNK</b>		DRUGS <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE		<input checked="" type="checkbox"/> UNK		<input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED		
OCCUPATION <b>UNK</b>			EMPLOYER <b>UNK</b>		ALIAS <b>N/A</b>	NIC # <b>N/A</b>				

<b>SUBJ. I.D.</b>	<input type="checkbox"/> COMPLAINANT	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>
	<input type="checkbox"/> VICTIM #	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>			
	<input checked="" type="checkbox"/> SUSPECT # <b>1</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		
	<input type="checkbox"/> WITNESS #	<input type="checkbox"/> VISIBLE INJURY		<input type="checkbox"/> NO <input type="checkbox"/> YES		COMPLAINT OF NON-VISIBLE INJURIES <input type="checkbox"/> NO <input type="checkbox"/> YES		USING ALCOHOL <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE SPLASMT <input type="checkbox"/> ALONE		
	<input type="checkbox"/> WANTED	EXPLAIN OCCUPATION <b>UNK</b>		EMPLOYER <b>UNK</b>		DRUGS <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE		<input type="checkbox"/> UNK		<input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED		
	<input type="checkbox"/> ARREST	OCCUPATION <b>UNK</b>			EMPLOYER <b>UNK</b>		ALIAS <b>N/A</b>	NIC # <b>Na</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>

**(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**

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

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"/> ARRESTED UNDER 18	<input type="checkbox"/> EX-CLEAR UNDER 18
				<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR 18 AND OVER
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE NO CUSTODY							
REPORTING OFFICER(S) <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			