

INCIDENT REPORT

<b>SC010000</b>	DISPATCH NUMBER <b>2015-019703</b>	ORIGINAL CASE NUMBER <b>N/A</b>	PAGE 1 OF 4 PAGES	NCIC ENTRY	INQ.	ENT.
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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 <b>Residence</b>	UNITS ENTERED N/A N/A N/A	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. <b>Disturbance</b>							
	2. <b>Ill Treatment to Animals</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Residence</b>			
	3. <b>GSC Arrest X1</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>N/A</b>			
INCIDENT LOCATION: <b>1557 Brunswick Drive Johns Island, SC.</b>		ZIP CODE <b>29455</b>	WEAPON TYPE <b>Shotgun</b>					
BEGINNING INCIDENT DATE <b>12/13/15</b>	24 HR. CLOCK <b>1100</b>	ENDING INCIDENT DATE <b>12/13/15</b>	24 HR. CLOCK <b>1445</b>	DISP. DATE <b>12/13/15</b>	DISP. TIME <b>1149</b>	TIME ARRIVED <b>1202</b>	DEPART TIME <b>1445</b>	TRACT #

COMPLAINANT	NAME: (LAST, FIRST, MIDDLE) <b>Same as victim</b>		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			
	OCCUPATION	EMPLOYER		ALIAS		NIC #					

VICTIM #1	NAME: (LAST, FIRST, MIDDLE) <b>Motsinger, Timothy Dale</b>		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 # <b>1556</b>	STREET NAME <b>Traywick Ave</b>		CITY <b>Johns Island</b>	STATE <b>SC</b>	ZIP CODE <b>29455</b>	DAY PHONE	EVENING PHONE <b>Same</b>			
	<input type="checkbox"/> VISIBLE INJURY		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		<input checked="" type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES		<input type="checkbox"/> USING ALCOHOL		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE SPLASMIT <input type="checkbox"/> ALONE

SUBJ. I.D.	NAME: (LAST, FIRST, MIDDLE) <b>Glover, Arthur Allan III</b>		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 # <b>1557</b>	STREET NAME <b>Brunswick Drive</b>		CITY <b>Johns Island</b>	STATE <b>SC</b>	ZIP CODE <b>29455</b>	DAY PHONE	EVENING PHONE <b>Same</b>			
	<input type="checkbox"/> VISIBLE INJURY		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		<input checked="" type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES		<input type="checkbox"/> USING ALCOHOL		<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE SPLASMIT <input type="checkbox"/> ALONE

ARREST	(A) CHARGE <b>ILL. Treatment to Animals</b>	(C) CHARGE <b>N/A</b>
	(B) CHARGE <b>N/A</b>	(D) CHARGE <b>N/A</b>

(Fenwick Hills) On the above date and time, Deputies C. Arrington, Spires, Sansom and I responded to the incident location in regards to the victim reporting his neighbor shot his cat. While en route, we were advised that the victim (Motsinger, Timothy) was standing by at his residence located at 1556 Traywick Drive. We then responded to 1556 Traywick Drive and spoke with Timothy. Timothy advised he was inside of his room at his residence when the witness (Motsinger, Joel) came in and advised him that the suspect (Glover, Arthur III) shot their gray domestic cat "Teddy" with a shotgun. Timothy advised he went to the Arthur's residence located at 1557 Brunswick Drive and confronted him regarding the incident. Timothy advised me he told Arthur that Arthur had shot his cat and that he was calling the Sheriff's Office. (Cont)

PROPERTY EST.	TYPE (GROUP)	<b>Shotgun</b>					TOTAL VALUE	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY
	STOLEN							<b>N/A</b>
	DAMAGED							
	BURNED							
	RECOVERED							JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY
SEIZED	<b>350</b>							<b>N/A</b>

ADMINISTRATIVE	SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SUBJECT LOCATED <input checked="" 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 checked="" 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>D. J. Wilcox</b>	DATE <b>12/13/15</b>	BADGE NUMBER <b>9877</b>	APPROVING OFFICER <b>Sgt. J. Cain</b>	DATE <b>12/13/15</b>

PERSON SUPPLEMENT

Sheriff

<b>SC010000</b>	DISPATCH NUMBER <b>2015-019703</b>	ORIGINAL CASE NUMBER <b>N/A</b>	PAGE <b>2</b> OF 4 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 type="checkbox"/> SUBJECT # _____ <input checked="" type="checkbox"/> WITNESS # <b>1</b> <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) <b>Motsinger, Joel Nicholas</b>			RELATIONSHIP TO SUBJECT #1 <b>Neighbor</b> #2 <b>N/A</b> #3 <b>N/A</b>		RESIDENT <b>J</b>	RACE <b>W</b>	SEX <b>M</b>	AGE <b>2/24/98</b>	DOB <b>2/24/98</b>	ETH <b>N</b>				
	HEIGHT <b>508</b> WEIGHT <b>160</b> HAIR <b>RED</b> EYES <b>BRO</b>		FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. <b>N/A</b>			DRIVERS LIC / ID & STATE <b>None</b>		SOCIAL SECURITY # <b>Unknown</b>									
	ADDRESS # <b>1556</b>		STREET NAME <b>Traywick Ave</b>		CITY <b>Johns Island</b>	STATE <b>SC</b>	ZIP CODE <b>29455</b>	DAY PHONE [REDACTED]		EVENING PHONE <b>Same</b>		H					
	<input type="checkbox"/> VISIBLE INJURY YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> 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				
	EXPLAIN		OCCUPATION <b>Unemployed</b>		EMPLOYER <b>N/A</b>		ALIAS <b>N/A</b>		NIC # <b>N/A</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>										
	ARREST	<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) <b>N/A</b>			RELATIONSHIP TO SUBJECT #1 _____ #2 _____ #3 _____		RESIDENT <b>J</b>	RACE <b>J</b>	SEX <b>J</b>	AGE <b>J</b>	DOB <b>J</b>	ETH <b>J</b>			
		HEIGHT _____ WEIGHT _____ HAIR _____ EYES _____		FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. <b>XXX XXX</b>			DRIVERS LIC / ID & STATE		SOCIAL SECURITY #								
		ADDRESS # _____		STREET NAME _____		CITY _____	STATE _____	ZIP CODE _____	DAY PHONE _____		EVENING PHONE _____		H				
<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		<input type="checkbox"/> 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					
EXPLAIN		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) <b>N/A</b>			RELATIONSHIP TO SUBJECT #1 _____ #2 _____ #3 _____		RESIDENT <b>J</b>	RACE <b>J</b>	SEX <b>J</b>	AGE <b>J</b>	DOB <b>J</b>	ETH <b>J</b>			
		HEIGHT _____ WEIGHT _____ HAIR _____ EYES _____		FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. <b>XXX XXX</b>			DRIVERS LIC / ID & STATE		SOCIAL SECURITY #								
		ADDRESS # _____		STREET NAME _____		CITY _____	STATE _____	ZIP CODE _____	DAY PHONE _____		EVENING PHONE _____		H				
	<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		<input type="checkbox"/> 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				
	EXPLAIN		OCCUPATION _____		EMPLOYER _____		ALIAS _____		NIC # _____								
	(A) CHARGE						(C) CHARGE										
	(B) CHARGE						(D) CHARGE										
	ARREST	<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) <b>N/A</b>			RELATIONSHIP TO SUBJECT #1 _____ #2 _____ #3 _____		RESIDENT <b>J</b>	RACE <b>J</b>	SEX <b>J</b>	AGE <b>J</b>	DOB <b>J</b>	ETH <b>J</b>			
		HEIGHT _____ WEIGHT _____ HAIR _____ EYES _____		FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. <b>XXX XXX</b>			DRIVERS LIC / ID & STATE		SOCIAL SECURITY #								
		ADDRESS # _____		STREET NAME _____		CITY _____	STATE _____	ZIP CODE _____	DAY PHONE _____		EVENING PHONE _____		H				
<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		<input type="checkbox"/> 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					
EXPLAIN		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) <b>N/A</b>			RELATIONSHIP TO SUBJECT #1 _____ #2 _____ #3 _____		RESIDENT <b>J</b>	RACE <b>J</b>	SEX <b>J</b>	AGE <b>J</b>	DOB <b>J</b>	ETH <b>J</b>			
		HEIGHT _____ WEIGHT _____ HAIR _____ EYES _____		FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. <b>XXX XXX</b>			DRIVERS LIC / ID & STATE		SOCIAL SECURITY #								
		ADDRESS # _____		STREET NAME _____		CITY _____	STATE _____	ZIP CODE _____	DAY PHONE _____		EVENING PHONE _____		H				
	<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		<input type="checkbox"/> 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				
	EXPLAIN		OCCUPATION _____		EMPLOYER _____		ALIAS _____		NIC # _____								
	(A) CHARGE						(C) CHARGE										
	(B) CHARGE						(D) CHARGE										
	REMARKS	<b>N/A</b>															
		<input checked="" type="checkbox"/> SUBJECT IDENTIFIED YES		<input type="checkbox"/> SUBJECT IDENTIFIED NO		<input checked="" type="checkbox"/> SUBJECT LOCATED YES		<input type="checkbox"/> SUBJECT LOCATED 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"/> UNFOUNDED		<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> UNFOUNDED		<input checked="" type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR 16 AND OVER		<input type="checkbox"/> EX-CLEAR 16 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>D. J. Wilcox</b>				DATE <b>12/13/2015</b>		BADGE NUMBER <b>9877</b>		APPROVING OFFICER <b>Sgt. J. Cain</b>				DATE <b>12/13/2015</b>		BADGE NUMBER <b>9106</b>			
FOLLOW-UP INVESTIGATION						<input type="checkbox"/> YES <input type="checkbox"/> NO											
OFFICER																	

ARTICLE SUPPLEMENT

SHERIFF

<b>SC0100000</b>	DISPATCH NUMBER <b>2015-019703</b>	ORIGINAL CASE NUMBER <b>N/A</b>	PAGE <b>3</b> OF 4 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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<b>VEH. / GUN / ETC.</b>	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 <b>N/A</b>	TYPE <input type="checkbox"/> VEHICLE <input checked="" 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. <b>N/A</b>	BOAT HULL NO. OR VIN NO. <b>N/A</b>	OWNER APPLIED # <b>N/A</b>	
			SERIAL # <b>C338322M</b>			
			YEAR OF REGISTRATION <b>N/A</b>	YEAR OF EXPIRATION <b>N/A</b>	YEAR <b>N/A</b>	MAKE <b>N/A</b>
			MODEL <b>870</b>	STYLE <b>Shotgun</b>	BRAND NAME <b>Remington</b>	COLOR <b>Blk/Cammo</b>
			NIC NO. <b>N/A</b>	DENOMINATION <b>N/A</b>	ISSUER <b>N/A</b>	SECURITIES DATE <b>N/A</b>
				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY <b>N/A</b>	JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY <b>N/A</b>	

<b>VEH. / GUN / ETC.</b>	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. <b>N/A</b>	BOAT HULL NO. OR VIN NO.	OWNER APPLIED #	
			SERIAL #			
			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	

<b>VEH. / GUN / ETC.</b>	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. <b>N/A</b>	BOAT HULL NO. OR VIN NO.	OWNER APPLIED #	
			SERIAL #			
			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	

<b>VEH. / GUN / ETC.</b>	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. <b>N/A</b>	BOAT HULL NO. OR VIN NO.	OWNER APPLIED #	
			SERIAL #			
			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	

<b>VEH. / GUN / ETC.</b>	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. <b>N/A</b>	BOAT HULL NO. OR VIN NO.	OWNER APPLIED #	
			SERIAL #			
			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	

<b>REMARKS</b>	<b>N/A</b>
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<b>ADMINISTRATIVE</b>	SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SUBJECT LOCATED <input checked="" 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 checked="" 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) <b>D. J. Wilcox</b>		DATE <b>12/13/15</b>	BADGE NUMBER <b>9877</b>	APPROVING OFFICER <b>Sgt. J. Cain</b>	
				DATE <b>12/13/15</b>	BADGE NUMBER <b>9106</b>
FOLLOW-UP INVESTIGATION <input type="checkbox"/> NO <input type="checkbox"/> YES					

INCIDENT SUPPLEMENT

J. Al Cannon, Jr.  
 Sheriff

<b>SC0100000</b>	DISPATCH NUMBER <b>2015-019703</b>	ORIGINAL CASE NUMBER <b>N/A</b>	PAGE <b>4</b> OF <b>4</b> PAGES	ICIC ENTRY	INO.	EXIT.
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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 ORIGINAL	<input type="checkbox"/> CASE STATUS CHANGE	<input type="checkbox"/> ADDITIONAL OFFENDERS	<input type="checkbox"/> ADDITIONAL SUBJECTS	<input type="checkbox"/> ADDITIONAL RECOVERED PROPERTY

**(Cont) Timothy then returned to his residence and called the Sheriff's Office. I also spoke with Joel; he stated he was standing in his back yard approximately five yards away from Arthur when he heard a gunshot; they were separated by a privacy fence. Joel advised he looked in the direction where the gunshot came from and observed Arthur walking back into his residence laughing. Joel further advised he observed "Teddy" jump their fence in their backyard and collapse on the ground motionless. Joel stated that it appeared "Teddy" was coming from the direction of Arthur's residence. Deputies C. Arrington; Spires and I walked into Timothy's back yard and observed a gray domestic cat lying on the ground, motionless with signs of trauma being consistent with shotgun pellets. The cat didn't have a collar or tags around his neck for identification, but Timmy identified the cat as "Teddy". Deputy Spires obtained written statements from Timothy and Joel. Deputy Spires also obtained photographs of the scene to be submitted into evidence.**

**Deputy C. Arrington and I responded to 1557 Brunswick Drive and made contact with Arthur. I asked Arthur what took place earlier with the cat; he stated he believed that the cat was feral and wasn't aware it was a pet. Arthur further advised that the cat was believed to be responsible for getting all the other stray cats in the area pregnant. Arthur further advised that he shot the cat with a 12 gauge Remington shotgun that was secured in his gun cabinet inside of his residence. Arthur allowed me to enter his residence and retrieve a black and camouflage Remington 870 12 gauge shotgun with serial number of C338322M. I escorted Arthur out of the residence and requested dispatch to conduct a warrants check on both Arthur and the Remington shotgun, which they both came back clear.**

**Deputy C. Arrington contacted Sergeant Cain in reference to the situation, who contacted Sergeant Willis. I then activated my in car video and advised Arthur of his Miranda Rights, which he understood, exercised them, and refused to make any other statements. While waiting for call back from Sergeant Cain, I engaged in normal conversation with Arthur and didn't ask any further questions in reference to the case. During normal conversation, Arthur made the verbal statement of "If I knew this was going to become a shit storm, I would have just shot the cat with a BB gun", this statement was also captured on my in car video and audio. Sergeant Cain then called Deputy C. Arrington and advised to arrest and charge Arthur with Ill treatment to animals. I advised Arthur he was under arrest for Ill treatment to animals, placed handcuffs on him to the rear, checked for fit and double locked security and took him into custody. Arthur was then transported to the Sheriff Al Cannon Detention Center. While in the secured area of the sally port at the detention center, I completed a gunshot residue kit (GSR) for evidence. Arthur was then processed and lodged at the detention center. I later secured the photographs, shotgun and GSR kit into evidence. Captain Burnsed (CDO) and Major Watson (PIO) were notified of the incident. Nothing further.**

**NARRATIVE**

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

SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SUBJECT LOCATED <input checked="" 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 checked="" 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>D. J. Wilcox</b>		DATE <b>12/13/15</b>	BADGE NUMBER <b>9877</b>	APPROVING OFFICER <b>Sgt. J. Cain</b>		DATE <b>12/13/15</b>	BADGE NUMBER <b>9106</b>
				FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO			

**CHARLESTON COUNTY SHERIFF'S OFFICE**  
3691 LEEDS AVENUE, NORTH CHARLESTON, S.C. 29405-7437 (843) 202-1700

**ARREST AND**  **SUPPLEMENTAL BOOKING REPORT**

J. Al Cannon, Jr.  
Sheriff

<b>SC0100000</b>	TIME <b>1311</b>	CURRENT DATE <b>12/13/15</b>	DISPATCH NO. <b>2015-019703</b>	ORIGINAL CASE NO. <b>N/A</b>	TRACT #
DEFENDANT NAME (LAST, FIRST, MIDDLE) <b>Glover, Arthur Allan III</b>				RACE <b>W</b>	SEX <b>M</b>
				DATE OF BIRTH <b>9/13/72</b>	
AGE <b>43</b>	ETH. <b>N</b>	HEIGHT <b>510</b>	WEIGHT <b>220</b>	HAIR <b>BRO</b>	EYES <b>BLU</b>
ADDRESS (NUMBER AND STREET) <b>1557 Brunswick Drive</b>			CITY <b>Johns Island</b>	VISIBLE SCARS AND MARKS <b>N/A</b>	NCIC I.D. NUMBER <b>N/A</b>
ALIAS <b>"Trey"</b>		PLACE OF BIRTH <b>Charleston, SC.</b>	DRIVERS LICENSE NUMBER, I.D. # & STATE <b>004138476 SCDL</b>		
EMPLOYER OR OCCUPATION <b>AYAK LLC</b>		NEXT OF KIN <b>Elizabeth Dorsey</b>	ADDRESS (CITY AND STATE)		PHONE NUMBER
TRANSPORTING OFFICERS NAME <b>D. J. Wilcox</b>		NUMBER <b>9877</b>	ARRESTING OFFICER <b>D. J. Wilcox</b>	NUMBER <b>9877</b>	AGENCY <b>CCSO</b>
ARRESTEE ARMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			WEAPON TYPE <input type="checkbox"/> SEMI-AUTO <input type="checkbox"/> FULL-AUTO		
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: <b>N/A</b>		
IF HOLDING FOR ANOTHER AGENCY, CIRCLE CHARGE A, B, C					
CHARGE I.D.	A		B		C
ADDITIONAL CASE NO.'S					
CHARGE	<b>III Treatment to Animals</b>		<b>N/A</b>		<b>N/A</b>
STATUTE	<b>47-1-40 (B)</b>				
BOND AMOUNT	<b>TBS</b>				
WARRANT/TICKET #	<b>Warrant Pending</b>				
BOND/HEARING DATE	<b>12/14/15</b>	<b>1000</b>	<b>Duty</b>		
DATE & TIME OF TRIAL/MAGISTRATE	<b>G</b>	<b>S</b>	<b>C</b>		
REMARKS <b>Subject was arrest on the above charge. Subject and rear of patrol vehicle were searched prior to transport. Subject was transported to the Sheriff Al Cannon Detention Center where he was processed and lodged. Rear of patrol vehicle was searched after transport with negative findings of contraband.</b>					
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. SIGNATURE _____					
DATE F.P.	TIME F.P.	I.D. TECHNICIAN		PHOTO ID #	DATE OF PHOTO
DATE	TIME	SEARCHING OFFICER		SUPERVISOR REVIEW AND SIGN	
CONDITION AT TIME OF ADMISSION		HOW LONG IN CHAS.		RELIGION	EDUCATION
EXPLAIN LOCAL PRIOR ARREST <input type="checkbox"/> YES <input type="checkbox"/> NO		WANTED ON WARRANT <input type="checkbox"/> YES <input type="checkbox"/> NO		MISCELLANEOUS	
ATTORNEY	PERSON TO CALL IN EMERGENCY		ADDRESS		PHONE NUMBER
SENTENCE TO DAYS	AND/OR	FINE AMOUNT	COURT	EXPIRATION OF SENTENCE	
A.					
B.					
C.					
HOW INMATE RELEASED: <input type="checkbox"/> BOND <input type="checkbox"/> FINE AMOUNTS		<input type="checkbox"/> SURETY BOND / COMPANY		<input type="checkbox"/> EXPIRATION OF SENTENCE	
RECEIPT NO.		<input type="checkbox"/> BY CLERK OF COURT		<input type="checkbox"/> REL. AT	DATE
TRANSFERRED OR RELEASED TO:		OFFICER:		DATE	TIME
AGENCY:					
RELEASING OFFICER				SUPERVISOR REVIEW AND SIGN	

CHARGE

REMARKS

I.D. OFF  
BOOKING OFFICER

DISPOSITION

DUTY SGT.