



3691 LEEDS AVENUE \* NORTH CHARLESTON, S.C. 29405-7437 \* (843) 202-1700

**Sheriff**

SC0100000		DISPATCH NUMBER 2015-019703		ORIGINAL CASE NUMBER N/A		PAGE 2 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													
<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # <input type="checkbox"/> SUSPECT # <input type="checkbox"/> SUBJECT # <input checked="" type="checkbox"/> WITNESS # 1 <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) Motsinger, Joel Nicholas				RELATIONSHIP TO SUBJECT #1 Neighbor #2 N/A #3 N/A		RESIDENT J		RACE W		SEX M		AGE 2/24/98		DOB N					
		HEIGHT 508		WEIGHT 160		HAIR RED		EYES BRO		FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. N/A				DRIVERS LIC / ID & STATE None				SOCIAL SECURITY # Unknown			
		ADDRESS # 1556		STREET NAME Traywick Ave				CITY Johns Island		STATE SC		ZIP CODE 29455		DAY PHONE [REDACTED]		EVENING PHONE H Same		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		USING ALCOHOL UNK		<input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES		<input type="checkbox"/> UNK			
		EXPLAIN																			
		OCCUPATION Unemployed		EMPLOYER N/A				ALIAS N/A				NIC # N/A									
(A) CHARGE N/A						(C) CHARGE N/A															
(B) CHARGE N/A						(D) CHARGE N/A															
<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		EYES		FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. XXX XXX				DRIVERS LIC / ID & STATE				SOCIAL SECURITY #			
		ADDRESS #		STREET NAME				CITY		STATE		ZIP CODE		DAY PHONE		EVENING PHONE H		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		USING ALCOHOL UNK		<input type="checkbox"/> NO		<input type="checkbox"/> YES		<input type="checkbox"/> UNK			
		EXPLAIN																			
		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		EYES		FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. XXX XXX				DRIVERS LIC / ID & STATE				SOCIAL SECURITY #			
		ADDRESS #		STREET NAME				CITY		STATE		ZIP CODE		DAY PHONE		EVENING PHONE H		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		USING ALCOHOL UNK		<input type="checkbox"/> NO		<input type="checkbox"/> YES		<input type="checkbox"/> UNK			
		EXPLAIN																			
		OCCUPATION		EMPLOYER				ALIAS				NIC #									
(A) CHARGE						(C) CHARGE															
(B) CHARGE						(D) CHARGE															
N/A																					
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) D. J. Wilcox				DATE 12/13/2015		BADGE NUMBER 9877		APPROVING OFFICER Sgt. J. Cain				DATE 12/13/2015		BADGE NUMBER 9106							
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.									
<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.	<b>STATUS</b> <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>		<b>TYPE</b> <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> SERIAL # <b>C338322M</b> YEAR OF REGISTRATION <b>N/A</b> MODEL <b>870</b> NIC NO. <b>N/A</b>			BOAT HULL NO. OR VIN NO. <b>N/A</b> OWNER APPLIED # <b>N/A</b> YEAR OF EXPIRATION <b>N/A</b> STYLE <b>Shotgun</b> DENOMINATION <b>N/A</b>		YEAR <b>N/A</b> BRAND NAME <b>Remington</b> ISSUER <b>N/A</b>		MAKE <b>N/A</b> COLOR <b>Blk/Cammo</b> SECURITIES DATE <b>N/A</b>		TYPE <b>Firearm</b> CALIBER <b>12 Gauge</b>		
	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY <b>N/A</b>				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY <b>N/A</b>											
	<b>STATUS</b> <input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/> FOUND <input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT <input type="checkbox"/> TOWED		<b>TYPE</b> <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> SERIAL # <b></b> YEAR OF REGISTRATION <b></b> MODEL <b></b> NIC NO. <b></b>			BOAT HULL NO. OR VIN NO. <b></b> OWNER APPLIED # <b></b> YEAR OF EXPIRATION <b></b> STYLE <b></b> DENOMINATION <b></b>			YEAR <b></b> BRAND NAME <b></b> ISSUER <b></b>		MAKE <b></b> COLOR <b></b> SECURITIES DATE <b></b>		TYPE <b></b> CALIBER <b></b>	
	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY											
	<b>STATUS</b> <input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/> FOUND <input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT <input type="checkbox"/> TOWED		<b>TYPE</b> <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> SERIAL # <b></b> YEAR OF REGISTRATION <b></b> MODEL <b></b> NIC NO. <b></b>			BOAT HULL NO. OR VIN NO. <b></b> OWNER APPLIED # <b></b> YEAR OF EXPIRATION <b></b> STYLE <b></b> DENOMINATION <b></b>			YEAR <b></b> BRAND NAME <b></b> ISSUER <b></b>		MAKE <b></b> COLOR <b></b> SECURITIES DATE <b></b>		TYPE <b></b> CALIBER <b></b>	
	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY											
	<b>STATUS</b> <input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/> FOUND <input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT <input type="checkbox"/> TOWED		<b>TYPE</b> <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> SERIAL # <b></b> YEAR OF REGISTRATION <b></b> MODEL <b></b> NIC NO. <b></b>			BOAT HULL NO. OR VIN NO. <b></b> OWNER APPLIED # <b></b> YEAR OF EXPIRATION <b></b> STYLE <b></b> DENOMINATION <b></b>			YEAR <b></b> BRAND NAME <b></b> ISSUER <b></b>		MAKE <b></b> COLOR <b></b> SECURITIES DATE <b></b>		TYPE <b></b> CALIBER <b></b>	
	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY											
	<b>STATUS</b> <input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/> FOUND <input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT <input type="checkbox"/> TOWED		<b>TYPE</b> <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> SERIAL # <b></b> YEAR OF REGISTRATION <b></b> MODEL <b></b> NIC NO. <b></b>			BOAT HULL NO. OR VIN NO. <b></b> OWNER APPLIED # <b></b> YEAR OF EXPIRATION <b></b> STYLE <b></b> DENOMINATION <b></b>			YEAR <b></b> BRAND NAME <b></b> ISSUER <b></b>		MAKE <b></b> COLOR <b></b> SECURITIES DATE <b></b>		TYPE <b></b> CALIBER <b></b>	
	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY											
REMARKS	N/A															
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"/> 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)			DATE		BADGE NUMBER		APPROVING OFFICER			DATE		BADGE NUMBER			
	<b>D. J. Wilcox</b>			<b>12/13/15</b>		<b>9877</b>		<b>Sgt. J. Cain</b>			<b>12/13/15</b>		<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	INQ.	EXT.
<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		

(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 III treatment to animals. I advised Arthur he was under arrest for III 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.

PROPERTY EST.	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>							
	BURNED			<b>N/A</b>						
	RECOVERED				<b>N/A</b>					
SEIZED					<b>N/A</b>	JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY				
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"/> 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)		DATE	BADGE NUMBER	APPROVING OFFICER		DATE	BADGE NUMBER		
	<b>D. J. Wilcox</b>		<b>12/13/15</b>	<b>9877</b>	<b>Sgt. J. Cain</b>		<b>12/13/15</b>	<b>9106</b>		
					FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO		OFFICER			

# 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

CHARGE	SC0100000	TIME 1311	CURRENT DATE 12/13/15	DISPATCH NO. 2015-019703	ORIGINAL CASE NO. N/A	TRACT #	
	DEFENDANT NAME (LAST, FIRST, MIDDLE) Glover, Arthur Allan III					RACE W	SEX M
	AGE 43	ETH. N	HEIGHT 510	WEIGHT 220	HAIR BRO	EYES BLU	SOCIAL SECURITY NUMBER [REDACTED]
	ADDRESS (NUMBER AND STREET) 1557 Brunswick Drive			CITY Johns Island	STATE SC	ZIP CODE 29455	NCIC I.D. NUMBER N/A
	ALIAS "Trey"		PLACE OF BIRTH Charleston, SC.		DRIVERS LICENSE NUMBER/I.D. # & STATE 004138476 SCDL		
	EMPLOYER OR OCCUPATION AYAK LLC		NEXT OF KIN Elizabeth Dorsey		ADDRESS (CITY AND STATE) [REDACTED]		
	TRANSPORTING OFFICERS NAME D. J. Wilcox		NUMBER 9877	ARRESTING OFFICER D. J. Wilcox	NUMBER 9877	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						
	JUVENILE DISPOSITION 1. <input type="checkbox"/> HANDLED, RELEASED 2. <input type="checkbox"/> REFERRED TO OTHER AUTHORITY						
	REMARKS	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF HOLDING FOR ANOTHER AGENCY, CIRCLE CHARGE A, B, C <input type="checkbox"/> ON VIEW ARREST <input type="checkbox"/> SUMMONED <input type="checkbox"/> CUSTODY <input type="checkbox"/> VEHICLE TOWED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO TOWED BY: N/A					
CHARGE I.D.		A		B		C	
ADDITIONAL CASE NO.'S							
CHARGE		III Treatment to Animals		N/A		N/A	
STATUTE		47-1-40 (B)					
BOND AMOUNT		TBS					
WARRANT/TICKET #		Warrant Pending					
BOND/HEARING DATE		12/14/15	1000	Duty			
DATE & TIME OF TRIAL/MAGISTRATE		G	S	C			
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.							
I.D. OFF	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.						
DISPOSITION	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		
	TRANSFERRED OR RELEASED TO:		OFFICER:		DATE	TIME	
	AGENCY:				DATE	TIME	
DUTY SGT.	RELEASING OFFICER				SUPERVISOR REVIEW AND SIGN		

CCSO-104

10/1/15