

# INCIDENT REPORT

<b>SC0100000</b>		DISPATCH NUMBER <b>2015-016931</b>		ORIGINAL CASE NUMBER		PAGE 1 OF 2 PAGES		NCIC ENTRY#		INQ.		ENT.			
<b>EVENT</b>	1. Information			INCIDENT CODE		COMPLETED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		FORCED ENTRY <input type="checkbox"/> YES <input type="checkbox"/> NO		PREMISE TYPE <b>Private Boat Dock</b>		TYPE VICTIM <input 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. N/A					<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		N/A					
	3. N/A					<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		N/A					
	INCIDENT LOCATION: <b>2223 Folly Rd, Charleston, SC</b>						ZIP CODE <b>29412</b>		WEAPON TYPE <b>None</b>						
BEGINNING INCIDENT DATE <b>10/28/15</b>		24 HR. CLOCK <b>1825</b>		ENDING INCIDENT DATE <b>10/28/15</b>		24 HR. CLOCK <b>1830</b>		DISP. DATE <b>10/28/15</b>		DISP. TIME <b>1830</b>		TIME ARRIVED <b>1838</b>			
										DEPART TIME <b>2155</b>		TRACY # <b>1830</b>			
<b>COMPLAINANT</b>	NAME: (LAST, FIRST, MIDDLE) <b>Cooksey, Joan</b>			RELATIONSHIP TO SUBJECT #1 <b>Accua</b> #2 <b>Accua</b> #3 <b>N/A</b>		RESIDENT <b>J</b>		RACE <b>W</b>		SEX <b>F</b>		AGE <b>47</b>			
	HEIGHT <b>506</b>		WEIGHT <b>155</b>		HAIR <b>BRO</b>		EYES <b>BLU</b>		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. <b>None Noted</b>		DRIVERS LIC / ID & STATE <b>Refused</b>		SOCIAL SECURITY # <b>Refused</b>		
	ADDRESS # <b>926</b>		STREET NAME <b>W. Ocean View Rd</b>		CITY <b>Charleston</b>		STATE <b>SC</b>		ZIP CODE <b>29412</b>		DAY PHONE <b>843-795-4049</b>		EVENING PHONE <b>Same</b>		
	OCCUPATION <b>Owner / Operator</b>		EMPLOYER <b>Crosby's Seafood</b>		ALIAS <b>None Noted</b>		NIC # <b>N/A</b>								
<b>VICTIM #1</b>	NAME: (LAST, FIRST, MIDDLE) <b>Unknown (Multiple)</b>			RELATIONSHIP TO SUBJECT #1 #2 #3		RESIDENT <b>J</b>		RACE		SEX		AGE			
	HEIGHT		WEIGHT		HAIR		EYES		FACIAL HAIR, SCARS, TATOOS, 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		<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> 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 SPLASHT <input type="checkbox"/> ALONE		<input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED					
EXPLAIN OCCUPATION		EMPLOYER		ALIAS		NIC #									
<b>SUBJ. I.D.</b>	<input checked="" 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>Berry, Allene</b>		RELATIONSHIP TO SUBJECT #1 <b>Accua</b> #2 <b>Accua</b> #3 <b>N/A</b>		RESIDENT <b>J</b>		RACE <b>W</b>		SEX <b>F</b>			
	HEIGHT <b>506</b>		WEIGHT <b>155</b>		HAIR <b>BRO</b>		EYES <b>BLU</b>		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. <b>None Noted</b>		DRIVERS LIC / ID & STATE <b>Refused</b>		SOCIAL SECURITY # <b>Refused</b>		
	ADDRESS # <b>940</b>		STREET NAME <b>W Ocean View Rd</b>		CITY <b>Charleston</b>		STATE <b>SC</b>		ZIP CODE <b>29412</b>		DAY PHONE <b>843-795-4049</b>		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"/> NO <input type="checkbox"/> YES		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 SPLASHT <input type="checkbox"/> ALONE		<input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED				
EXPLAIN OCCUPATION <b>Owner / Operator</b>		EMPLOYER <b>Crosby's Seafood</b>		ALIAS <b>None Noted</b>		NIC # <b>N/A</b>									
<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>(Folly Beach)I was dispatched to the above incident location in reference to a boat dock that had collapsed and people in the water. Upon arrival Fire and EMS were on scene and had removed all people from the water. There were multiple individuals that had fallen into the water and I was not able to get any names due to them being treated by EMS and the number of people on the scene. No people were trapped under the water and this was verified by subject1(Crites) and subject2(Harrison), who were the event coordinators. Crites advised that she had made contact with all parties in the event and they were all accounted for. Dive personnel were on scene but did not enter the water. Both Complainants and both subjects were given the case number and advised where to obtain a copy of this report.</p>														
<b>PROPERTY EST.</b>	TYPE (GROUP)		<b>N/A</b>										TOTAL VALUE		
	STOLEN				<b>N/A</b>										
	DAMAGED				<b>N/A</b>										
	BURNED						<b>N/A</b>								
	RECOVERED								<b>N/A</b>						
SEIZED										<b>N/A</b>					
<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 checked="" 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) <b>Dep. L.C. Albrook</b>		DATE <b>10/28/15</b>		BADGE NUMBER <b>10561</b>		APPROVING OFFICER <b>Sgt. C. Smith</b>		DATE <b>10/28/15</b>		BADGE NUMBER <b>9030</b>				
							FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO								

PERSON SUPPLEMENT

<b>SC0100000</b>		DISPATCH NUMBER <b>2015-016931</b>		ORIGINAL CASE NUMBER		PAGE 2 OF 2 PAGES		NOIC ENTRY#		ING.		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 # <b>1</b> <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>Crites, Casey</b>		RELATIONSHIP TO SUBJECT #1 N/A #2 Co-worker #3 N/A		RESIDENT	RACE	SEX	AGE	DOB	ETH		
	HEIGHT WEIGHT HAIR EYES <b>508 150 BRO BLU</b>		FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. <b>None Noted</b>		DRIVERS LIC / ID & STATE <b>[REDACTED]</b>		SOCIAL SECURITY # <b>Refused</b>							
	ADDRESS # <b>1367</b>		STREET NAME <b>Parkshore Circle</b>		CITY <b>Charleston</b>	STATE <b>SC</b>	ZIP CODE <b>29407</b>	DAY PHONE <b>8438849606</b>		EVENING PHONE <b>Same</b>		H		
	<input type="checkbox"/> VISIBLE INJURY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<input type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		USING ALCOHOL UNK <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/>		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> ONE-MAN VEHICLE ASSISTED <input type="checkbox"/>		<input type="checkbox"/> DETECTIVE SPLASHT <input type="checkbox"/> OTHER <input type="checkbox"/>		<input type="checkbox"/> ALONE <input type="checkbox"/>			
	OCCUPATION <b>Event Coordinator</b>		EMPLOYER <b>Absolute Charleston</b>		ALIAS <b>None Noted</b>		NIC # <b>N/A</b>							
ARREST	(A) CHARGE <b>N/A</b>				(C) CHARGE <b>N/A</b>									
	(B) CHARGE <b>N/A</b>				(D) CHARGE <b>N/A</b>									
SUBJ. I.D.	<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # <input type="checkbox"/> SUSPECT # <input checked="" type="checkbox"/> SUBJECT # <b>2</b> <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>Harrison, Kelly</b>		RELATIONSHIP TO SUBJECT #1 Co-worker #2 N/A #3 N/A		RESIDENT	RACE	SEX	AGE	DOB	ETH		
	HEIGHT WEIGHT HAIR EYES <b>503 160 BLN BRO</b>		FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. <b>None Noted</b>		DRIVERS LIC / ID & STATE <b>[REDACTED]</b>		SOCIAL SECURITY # <b>Refused</b>							
	ADDRESS # <b>1484</b>		STREET NAME <b>Cooper Hawk Dr</b>		CITY <b>Hanahan</b>	STATE <b>SC</b>	ZIP CODE <b>29410</b>	DAY PHONE <b>8439011459</b>		EVENING PHONE <b>Same</b>		H		
	<input type="checkbox"/> VISIBLE INJURY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<input type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		USING ALCOHOL UNK <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/>		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> ONE-MAN VEHICLE ASSISTED <input type="checkbox"/>		<input type="checkbox"/> DETECTIVE SPLASHT <input type="checkbox"/> OTHER <input type="checkbox"/>		<input type="checkbox"/> ALONE <input type="checkbox"/>			
	OCCUPATION <b>Event Coordinator</b>		EMPLOYER <b>Absolute Charleston</b>		ALIAS <b>None Noted</b>		NIC # <b>N/A</b>							
ARREST	(A) CHARGE <b>N/A</b>				(C) CHARGE <b>N/A</b>									
	(B) CHARGE <b>N/A</b>				(D) CHARGE <b>N/A</b>									
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	RACE	SEX	AGE	DOB	ETH		
	HEIGHT WEIGHT HAIR EYES <b>BLD BLK</b>		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		H		
	<input type="checkbox"/> VISIBLE INJURY YES <input type="checkbox"/> NO <input type="checkbox"/>		<input type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES YES <input type="checkbox"/> NO <input type="checkbox"/>		USING ALCOHOL UNK <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/>		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> ONE-MAN VEHICLE ASSISTED <input type="checkbox"/>		<input type="checkbox"/> DETECTIVE SPLASHT <input type="checkbox"/> OTHER <input type="checkbox"/>		<input type="checkbox"/> ALONE <input type="checkbox"/>			
	OCCUPATION		EMPLOYER		ALIAS		NIC #							
ARREST	(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 type="checkbox"/> ACTIVE <input checked="" type="checkbox"/> ADM. CLOSED <input type="checkbox"/> UNFOUNDED													
	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>Dep. L.C. Alsbrook</b>			DATE <b>10/28/2015</b>		BADGE NUMBER <b>10561</b>		APPROVING OFFICER <b>Sgt. C. Smith</b>			DATE <b>10/28/2015</b>		BADGE NUMBER <b>9030</b>	
	FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO													