

INCIDENT REPORT

SC010000	DISPATCH NUMBER 2015-016931	ORIGINAL CASE NUMBER	PAGE 1 OF 2 PAGES	NCIC ENTRY No	INC.	ENT.
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EVENT	1. Information	INCIDENT TYPE	INCIDENT CODE	COMPLETED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	FORCED ENTRY <input type="checkbox"/> YES <input type="checkbox"/> NO	PREMISE TYPE Private Boat Dock	UNITS ENTERED N/A	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: 2223 Folly Rd, Charleston, SC		ZIP CODE 29412	WEAPON TYPE None					
BEGINNING INCIDENT DATE 10/28/15	24 HR. CLOCK 1825	ENDING INCIDENT DATE 10/28/15	24 HR. CLOCK 1830	DISP. DATE 10/28/15	DISP. TIME 1830	TIME ARRIVED 1838	DEPARTY TIME 2155	TRACT # 1830

COMPLAINANT	NAME: (LAST, FIRST, MIDDLE) Cooksey, Joan		RELATIONSHIP TO SUBJECT #1 Aqqua #2 Aqqua #3 N/A			RESIDENT J	RACE W	SEX F	AGE 47	DOB 5/12/68	ETH N
	HEIGHT 606	WEIGHT 155	HAIR BRO	EYES BLU	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. None Noted		DRIVERS LIC / ID & STATE [REDACTED]		SOCIAL SECURITY # Refused		
	ADDRESS # 926		STREET NAME W. Ocean View Rd		CITY Charleston	STATE SC	ZIP CODE 29412	DAY PHONE 843-795-4049		EVENING PHONE Same	
OCCUPATION Owner / Operator		EMPLOYER Crosby's Seafood		ALIAS None Noted		NIC # N/A					

VICTIM #1	NAME: (LAST, FIRST, MIDDLE) Unknown (Multiple)		RELATIONSHIP TO SUBJECT #1 #2 #3			RESIDENT J	RACE	SEX	AGE	DOB	ETH
	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 SPLASHM <input type="checkbox"/> ALONE		<input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED	
EXPLAIN OCCUPATION		EMPLOYER		ALIAS		NIC #					

SUBJ. ID.	<input checked="" type="checkbox"/> COMPLAINANT	NAME: (LAST, FIRST, MIDDLE) Berry, Aliene		RELATIONSHIP TO SUBJECT #1 Aqqua #2 Aqqua #3 N/A			RESIDENT J	RACE W	SEX F	AGE 47	DOB 5/12/68	ETH N
	<input type="checkbox"/> VICTIM #	HEIGHT 506	WEIGHT 155	HAIR BRO	EYES BLU	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. None Noted		DRIVERS LIC / ID & STATE [REDACTED]		SOCIAL SECURITY # Refused		
	<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	ADDRESS # 940		STREET NAME W Ocean View Rd		CITY Charleston	STATE SC	ZIP CODE 29412	DAY PHONE 843-795-4049		EVENING PHONE Same	
<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 SPLASHM <input type="checkbox"/> ALONE		<input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED		
EXPLAIN OCCUPATION Owner / Operator		EMPLOYER Crosby's Seafood		ALIAS None Noted		NIC # N/A						

ARREST	(A) CHARGE N/A	(C) CHARGE N/A
	(B) CHARGE N/A	(D) CHARGE N/A

NARRATIVE

(Folly Beach) 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.

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

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"/> EX-CLEAR UNDER 18
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		<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR 18 AND OVER
REPORTING OFFICER(S) Dep. L.C. Alsbrook	DATE 10/28/15	BADGE NUMBER 10561	APPROVING OFFICER Sgt. C. Smith	DATE 10/28/15
FOLLOW UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO		BADGE NUMBER 9030		

PERSON SUPPLEMENT

SC0100000		DISPATCH NUMBER 2015-016931	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 # <u>1</u> <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) Crites, Casey		RELATIONSHIP TO SUBJECT #1 N/A #2 Co-worker #3 N/A		RESIDENT	RACE	SEX	AGE	DOB	ETH
	HEIGHT WEIGHT HAIR EYES FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. 508 150 BRO BLU None Noted		DRIVERS LIC / ID & STATE [REDACTED]		SOCIAL SECURITY # Refused						
	ADDRESS # STREET NAME CITY STATE ZIP CODE DAY PHONE EVENING PHONE 1367 Parkshore Circle Charleston SC 29407 8438849605 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 <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> DRUGS <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES TYPE <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				
	OCCUPATION		EMPLOYER		ALIAS		NIC #				
(A) CHARGE		(C) CHARGE		(B) CHARGE		(D) CHARGE					
N/A		N/A		N/A		N/A					
SUBJ. I.D.	<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # <input type="checkbox"/> SUSPECT # <input checked="" type="checkbox"/> SUBJECT # <u>2</u> <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) Harrison, Kelly		RELATIONSHIP TO SUBJECT #1 Co-worker #2 N/A #3 N/A		RESIDENT	RACE	SEX	AGE	DOB	ETH
	HEIGHT WEIGHT HAIR EYES FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. 503 160 BLN BRO None Noted		DRIVERS LIC / ID & STATE [REDACTED]		SOCIAL SECURITY # Refused						
	ADDRESS # STREET NAME CITY STATE ZIP CODE DAY PHONE EVENING PHONE 1484 Cooper Hawk Dr Hanahan SC 29410 8439011459 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 <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> DRUGS <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES TYPE <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				
	OCCUPATION		EMPLOYER		ALIAS		NIC #				
(A) CHARGE		(C) CHARGE		(B) CHARGE		(D) CHARGE					
N/A		N/A		N/A		N/A					
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) N/A		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. BLD BLK		DRIVERS LIC / ID & STATE		SOCIAL SECURITY #						
	ADDRESS # STREET NAME CITY STATE ZIP CODE DAY PHONE EVENING PHONE		<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 <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> DRUGS <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE <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				
	OCCUPATION		EMPLOYER		ALIAS		NIC #				
(A) CHARGE		(C) CHARGE		(B) CHARGE		(D) CHARGE					
REMARKS											
ADMINISTRATIVE											
SUBJECT IDENTIFIED		SUBJECT LOCATED		<input type="checkbox"/> ACTIVE <input checked="" type="checkbox"/> ADM. CLOSED <input type="checkbox"/> UNFOUNDED		<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)			DATE		BADGE NUMBER		APPROVING OFFICER			DATE	
Dep. L.C. Alsbrook			10/28/2015		10561		Sgt. C. Smith			10/28/2015	
							FOLLOW-UP INVESTIGATION			OFFICER	
							<input type="checkbox"/> YES <input type="checkbox"/> NO				