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PAGES
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FROM : TIME WELL SPENT

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Fax - Cover & 8 Pages
original letter mailed 3/10/15

3/10/15

To - Governor Haley's Office, Ombudsman
From - Mary Armstrong

Subj. - Ombudsman help for Victim of an
Assault

Print

Page 1 of 2

Subject: Subj: Ombudsman help for a Victim of an Assault

From: Mary Armstrong (timenazi59@yahoo.com)

To: timenazi77@yahoo.com;

Date: Monday, March 9, 2015 2:59 PM

The Honorable Nikki R. Haley
Office of the Governor
1205 Pendleton Street
Columbia, S.C. 29201

Dear Honorable Haley,

I am writing to get some help from the Ombudsman for Victims. My daughter and I were assaulted February 13, 2015 inside the Northwoods movie theater in North Charleston, South Carolina. Two off duty North Charleston Police Officers were working inside the theater in the lobby that night.

My daughter and I were watching a movie when this girl (Shanea Richardson) sitting near us was talking loudly. My daughter got her attention and asked her nicely to please be quite we're trying to watch the movie. The girl jumped up and said some things and then sat back down. About an hour and half later the movie ended. As we were leaving the theater we saw the girl waiting for us halfway down the stairs. I told my daughter to lets cut across the seats. We were trying to avoid this girl. When we got near the bottom of the stairs this girl was waiting on us and started attacking my daughter. She had thrown my daughter to the concrete floor and was holding her down by her hair to the scalp. I was forcefully kicked down, when I asked the girl to please let her go, that she was my daughter. As I was trying to get up off the concrete floor, I saw the girl start violently kicking and boxing my daughter, while holding her by the hair. I started screaming for someone to and get the police. I strongly feel that if the policeman hadn't came in the theater, my daughter would be dead or severally injured. The officer was in the lobby, so luckily he was nearby, when someone went for help. The girl was arrested and charged with Assault and Battery 3rd Degree. We've been trying to get the charges upgraded to 2nd Degree or at the least High and Aggravated 3rd Degree. My daughter sustained a severe concussion due to the girl beating her head in the concrete floor. She has post concussion syndrome. She has been out of work for three weeks under doctors orders. She has been going back to the doctor on a weekly basis to see how she's improving. I've talked to the Solicitor's Office, several detectives, the arresting officer, and the North Charleston Victim's Advocate to no avail. We're being told that since she didn't have any broken bones and because of how the law is written that they can't upgrade the charges for a concussion. They're acting like it was just a simple assault, when it wasn't. The arresting officer never got statements from me, my daughter, or the other witnesses that night. We're being told that since the officer seen the girl hitting my daughter and pulling her hair, and arrested her, he didn't need our statements. The problem with this is that he didn't see the girl beating my daughter's head in the concrete or her viciously kicking her. We were supposed to go to court on March 4,

Print

Page 2 of 2

2015. I got a continuance on going to court until March 18, 2015. The doctor wrote that my daughter shouldn't be dealing with legal decisions right now.

I would appreciate any help you can give me in this matter.

Sincerely,



Mary Armstrong
(2nd Victim)
241 Picard Drive
Ladson, S.C, 29456
843-345-0027

Case #2015005330 - City of North Charleston

P.S. I've attached a copy of the Incident Report and Victim's Motion for Continuance. I sent an email for help on March 8, 2015 on the Governor's website. I didn't know if you received it, so I'm sending this letter.

2015005330

ONLY

Yes No

INCIDENT REPORT

INCIDENT TYPE

ASSAULT & BATTERY 3RD

COMPLETED

YES NO

FORCED ENTRY

YES NO

PREMISE TYPE

COMMERCIAL/OFFICE BUILDING

UNITS ENTERED

 TYPE: VICTIM
☐ Individual
☐ Business
☐ Financial Inst.
☐ Government
☐ Relig. Organ.
☐ Soc. Public
☐ Other
☐ Unknown
☐ Police Off.
ZIP CODE
29408WEAPON TYPE
PERSONAL WEAPON

LOCATION NO.

008

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)
2181 Northwoods BLVD, NORTH CHARLESTON, SC

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME
02/13/2015	23:35		02/13/2015	23:45	02/13/2015	23:35	23:35	23:55

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE
	#1 #2 #3							

VICTIM'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE
LAWTER, TAMARA, ARMSTRONG	#1 ST #2 #3	O	W	F	31	N	843-224-6612	

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
511	135	BRO	BRO	

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
14054 STEELCHASE Lane	HANAHAN	SC	29410-	

VISIBLE INJURY (VICT. 1)	EXPLAIN-	Minor	COMPLAINT OF ANY NON-VISIBLE INJURIES
YES NO			YES NO

VICTIM (NO. 1) USING:	ALCOHOL	YES NO UNK.	DRUGS:	YES NO UNK.	TYPE:

TWO MAN VEH.	ONE MAN VEH.	DETECTIVE/PLASMT.	OTHER	ALONE	ASSISTED	*J-This Jurisdiction.	S-State.	O-Out of State.	U-Unknown.

SUSPECT	NAME (LAST, FIRST, MIDDLE)	RACE	SEX	AGE	ETH	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
	RICHARDSON, SHANEA, SHANTE ELIZABET	B	F	24	N	04/18/1990	505	160	BLK	BR

DAY OF THE WEEK	HOW REPORTED	A= OFFICER DISPATCHED ON CALL	D= COMPLAINT WRITTEN IN	DIFF. FACTOR	A= RESISTANCE/HOSTILITY	E= COMPLAINANT FRE-
S M T W T F S UNK						

On the date and time above, R/O was working in an off duty status at the Northwoods Movie Theatre. R/O was flagged down by some citizens that stated there was a fight in theatre 3. R/O approached the theatre and witnessed the suspect on top of the victim, pulling hair. R/O separated the parties and began the investigation. It was determined that the suspect was talking loudly during the movie and the victim told her to be quiet. Some words were exchanged during the movie and threats were mentioned. After the movie, the suspect confronted the victim and more words were exchanged. The suspect then struck the victim with multiple closed fist strikes to the face. The victim suffered facial lacerations and bruising to the head area. The victim declined EMS at this time, but wanted to press charges. Witness Doyle stated that the suspect attacked the victim after the movie and the victim did not do anything to the suspect. Suspect

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY	JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY

TYPE (GROUP)	TOTAL VALUE
STOLEN	
DAMAGED	
BURNED	
RECOVERED	
SEIZED	

SUBJECT IDENTIFIED	SUBJECT LOCATED	S. F.	ACTIVE	ADM. CLOSED	ARRESTED UNDER 18	EX-CLEAR UNDER 18
YES NO	YES NO		YES NO	YES NO	YES NO	YES NO

REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
TERRELL, RYAN KRISTOFER	2/13/2015 11:44:41 PM	198	LAWRENCE, MICHAEL		58
KUECHLER, ALFRED	2/13/2015 11:35:00 PM	49	FOLLOWUP INVESTIGATION		

ADDITIONAL NARRATIVE

Agency Name: NORTH CHARLESTON POLICE DEPARTMENT	ORI #: SC0100800	Report Date/Time: 02/13/2015 23:35	OCA #: 2015005330
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Richardson was placed under arrest and handcuffed. The suspect's handcuffs were double locked and checked for tightness for safety. The suspect was transported to the CCDC, where she will be lodged to await a bond hearing for Assault and Battery 3rd. There is no further information at this time.

INCIDENT REPORT
ADDITIONAL OTHERS

SCC100800
23:35
Time: 02/13/2015
4444005330

Incident #: **UNK**

PERSON TYPE WITNESS	NAME (LAST, FIRST, MIDDLE) DOYLE, MADISON, PAIGE				RELATIONSHIP SUBJECT #1 #2 #3			RESIDENT S	RACE W	SEX F	AGE 18	D.O.B. 03/26/1996	ETH N
	HEIGHT 000	WEIGHT 0	HAIR UNK	EYES UNK	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.								
ADDRESS 102 RAINW88B Drive				CITY SIMPSONVILLE	STATE SC	ZIP CODE 29381-	LOCATION NO.	DAYTIME PHONE 804-881-7027		EVENING PHONE			
VISIBLE INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN- COMPLAINT OF ANY NON-VISIBLE INJURES <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>													
USING: ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> TYPE:													

PERSON TYPE VICTIM	NAME (LAST, FIRST, MIDDLE) ARMSTRONG, MARY, ALICE				RELATIONSHIP SUBJECT #1 #2 #3			RESIDENT S	RACE W	SEX F	AGE 56	D.O.B. 02/02/1959	ETH N
	HEIGHT 000	WEIGHT 0	HAIR UNK	EYES UNK	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.								
ADDRESS 241 PICARD Drive				CITY LADSON	STATE SC	ZIP CODE 29456-	LOCATION NO.	DAYTIME PHONE 843-345-0029		EVENING PHONE			
VISIBLE INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN- COMPLAINT OF ANY NON-VISIBLE INJURES <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>													
USING: ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> TYPE:													

PERSON TYPE	NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP SUBJECT #1 #2 #3			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.								
ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.	DAYTIME PHONE		EVENING PHONE			
VISIBLE INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN- COMPLAINT OF ANY NON-VISIBLE INJURES <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>													
USING: ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> TYPE:													

PERSON TYPE	NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP SUBJECT #1 #2 #3			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.								
ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.	DAYTIME PHONE		EVENING PHONE			
VISIBLE INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN- COMPLAINT OF ANY NON-VISIBLE INJURES <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>													
USING: ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> TYPE:													

PERSON TYPE	NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP SUBJECT #1 #2 #3			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.								
ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.	DAYTIME PHONE		EVENING PHONE			
VISIBLE INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN- COMPLAINT OF ANY NON-VISIBLE INJURES <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>													
USING: ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> TYPE:													

PERSON TYPE	NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP SUBJECT #1 #2 #3			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.								
ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.	DAYTIME PHONE		EVENING PHONE			
VISIBLE INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN- COMPLAINT OF ANY NON-VISIBLE INJURES <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>													
USING: ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> TYPE:													

ADDITIONAL NARRATIVE

Agency Name: NORTH CHARLESTON POLICE DEPARTMENT	ORI #: SC0100800	Report Date/Time: 02/13/2015 23:35	OCA #: 2015005330
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SUPPLEMENT

SUPPLEMENT 2015 00 5330
BROWN-TWUM 838
FEBRUARY 16, 2015 1300

VICTIM 2 CAME TO THE DESK REQUESTING TO BE ADDED AS A VICTIM OF THE ASSAULT COMMITTED BY THE SUSPECT. VICTIM 2 STATED THAT DUE TO CHAOTIC EVENTS INVOLVING HER DAUGHTER (VICTIM 1), SHE WAS UNABLE TO PROVIDE A STATEMENT TO THE POLICE TO DOCUMENT HER VICTIMIZATION. VICTIM 2 STATED THAT SHE WAS "FORCEFULLY KICKED" AFTER PLACING HER HAND ON THE SUSPECT'S ARM TO INFORM THE SUSPECT THAT SHE WAS ASSAULTING HER DAUGHTER. VICTIM 2 WROTE THAT THE FORCE OF THE KICK CAUSED HER FALL BACKWARD AND LAND SEVERAL FEET AWAY ON HER REAR-END; SHE HAD TO USE HER HANDS TO AVOID HITTING HER HEAD. VICTIM 2 STATED THAT ALTHOUGH SHE HAD NO BROKEN BONES, HER RIGHT ANKLE, LEFT WRIST AND LOWER BACK WERE IN PAIN DUE TO THE SUSPECT'S VOLATILE BEHAVIOR.

VICTIM 2 WAS ADVISED THAT SHE WOULD BE ADDED AS A VICTIM AND A COPY OF HER STATEMENT WOULD BE FORWARDED TO THE DETECTIVE'S DIVISION. VICTIM 1 ALSO PROVIDED A STATEMENT AND SHE WAS ADVISED THAT HER STATEMENT WOULD BE FORWARDED AS WELL.

State of South Carolina
City of North Charleston
vs

Tamara Lawter

Name of Defendant

1054 Steelchase Lane

Address of Defendant

Hanahan, SC, 29410

City, State, Zip Code

843-224-6612

Phone Number of Defendant

3/4/2015 @ 8:30 AM

Court Date and Time

Municipal Court of North Charleston

**VICTIM'S MOTION FOR
CONTINUANCE OR DISMISSAL**

Ticket / Warrant #: 60689GT

Charge: Assault & Battery 3rd Degree

Date and Time Received: 2/26/2015 3:49 PM

Receiving Clerk: ROBIN

NORTH CHARLESTON

MUNICIPAL COURT

2015 FEB 26 3:55

The above named defendants make the following MOTION: (CHECK ONE)

TOL

That he/she be granted a continuance.

That the case be DISMISSED as proof of the alleged violation had been taken care of proof attached. Note the officer or prosecutor will be given an opportunity to object to or oppose your motion.

In the space below briefly explain why you are making the above motion:

During the Assault on Feb. 13, 2015, I, Tamara Lawter, sustained a concussion when my head was beat into the concrete floor several times and I was viciously boxed in the face and kicked. I am unable to focus my eyes, I'm having headaches continuously and get dizzy, and have trouble concentrating. I go to the doctor weekly to see how I'm improving. Hopefully, within a month it'll be okay.

If a motion for a Continuance, is this your only continuance request in this matter? Yes / No AS of now

Judicial Action:

Continued for return

2/26/15
Signature of Judge/ Date

****NOTE:** The fact that a motion is made does not guarantee that it will be granted by the Judge. You should not assume it will be granted. The earlier the motion is received by the Court, the greater chance you will receive a response prior to your court date. Motion received on the same date of your scheduled court date are not timely and will not be responded to prior to your scheduled court appearance. In any event, if you do not receive a response to either a Motion for Continuance or a Motion for Dismissal, you have not been excused and you must appear in Court.

By my signature provided below, I have read this Motion and I understand this Motion.

[Signature]
Victim's Signature



**PALMETTO
PRIMARY CARE
PHYSICIANS**

Summerville

Gum St. (843) 873-1720
Oakbrook (843) 875-0400
Pine St. (843) 873-0202
Summerville (843) 873-0681
Laurel St. (843) 875-0600
No. Cedar St. (843) 871-9440
Trolley (843) 851-2000

Moncks Corner

Live Oaks (843) 761-7884
Moncks Corner (843) 761-2815
Goose Creek
Goose Creek (843) 574-0060
Springhall (843) 266-2520
Crowfield (843) 553-4383

North Charleston

Appian Way (843) 552-0400
Trident (843) 572-1200

Other Locations

Bonneau (843) 825-3404
Daniel Is. (843) 856-6402
St. Stephens (843) 567-3206
Yeamans Hall (843) 554-8312
Hampton (803) 943-3813
Walterboro (843) 782-4100

Corporate Office & Central Billing (843) 572-7727
Ancillary Services & Urgent Care (843) 302-8840

BRIAN KELLER, MD
PALMETTO PRIMARY CARE
404 N PINE ST
SUMMERVILLE SC, 29483-6557
843/873-0202

02/26/2015

Tamara Lawter
1054 Steelechase Lane
Hanahan, SC 29410

TO WHOM IT MAY CONCERN:

Tamara Lawter has sustained a significant concussion. She is still experiencing significant neurologic complaints that will not allow her to efficiently participate in any legal proceeding at this point. I am going to be evaluating her weekly until she is back to baseline.

If you have any questions regarding this matter feel free to contact me.

Sincerely,

BRIAN KELLER, MD