

# INCIDENT REPORT

<b>SC0100000</b>		DISPATCH NUMBER <b>2016-013484</b>		ORIGINAL CASE NUMBER		PAGE 1 OF 3 PAGES		NCIC ENTRY		INQ.		ENT.	

  

<b>EVENT</b>	INCIDENT TYPE <b>1. BURGLARY</b>				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>PERSON/BUSINESS</b>		<b>UNITS ENTERED</b>	TYPE VICTIM <input checked="" type="checkbox"/> INDIVIDUAL <input checked="" 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.						<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO						
	3.						<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO						

  

INCIDENT LOCATION: <b>2344 Ashley River Rd Charleston SC</b>						ZIP CODE <b>29414</b>		WEAPON TYPE <b>N/A</b>									
BEGINNING INCIDENT DATE <b>9/4/16</b>		24 HR. CLOCK <b>2210</b>		ENDING INCIDENT DATE <b>9/5/16</b>		24 HR. CLOCK <b>0001</b>		DISP. DATE <b>9/4/16</b>		DISP. TIME <b>2218</b>		TIME ARRIVED <b>2225</b>		DEPART TIME <b>0100</b>		TRACT #	

  

<b>COMPLAINANT</b>	NAME: (LAST, FIRST, MIDDLE) <b>Same As Victim 1</b>										RELATIONSHIP TO SUBJECT #1 #2 #3		RESIDENT <b>J</b>		RACE <b></b>		SEX <b></b>		AGE <b></b>		DOB <b></b>		ETH <b></b>	
	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 #											

  

<b>VICTIM #1</b>	NAME: (LAST, FIRST, MIDDLE) <b>MELLING, GREGORY LAWRENCE</b>										RELATIONSHIP TO SUBJECT #1 #2 #3		RESIDENT <b>J</b>		RACE <b>W</b>		SEX <b>M</b>		AGE <b>55</b>		DOB <b></b>		ETH <b>n</b>	
	HEIGHT <b>509</b>		WEIGHT <b>180</b>		HAIR <b>GRY</b>		EYES <b>BRO</b>		FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						DRIVERS LIC / ID & STATE				SOCIAL SECURITY #					
	ADDRESS # <b>1728</b>				STREET NAME <b>S NICHOLAS PL</b>				CITY <b>CHARLESTON</b>				STATE <b>SC</b>		ZIP CODE <b>29414</b>		DAY PHONE				EVENING PHONE			
	<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 SPLASMT		<input type="checkbox"/> ALONE		<input type="checkbox"/> ONE-MAN VEHICLE		<input type="checkbox"/> OTHER		<input type="checkbox"/> ASSISTED			

  

<b>SUBJ. I.D.</b>	<input type="checkbox"/> COMPLAINANT		NAME: (LAST, FIRST, MIDDLE) <b>-MALLARD, ALEXIS KYANA</b>										RELATIONSHIP TO SUBJECT #1 #2 #3		RESIDENT <b>J</b>		RACE <b>B</b>		SEX <b>F</b>		AGE <b>22</b>		DOB <b></b>		ETH <b>N</b>	
	<input checked="" type="checkbox"/> VICTIM # <b>2</b>		<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									
	HEIGHT <b>504</b>		WEIGHT <b>150</b>		HAIR <b>BLK</b>		EYES <b>BRO</b>		FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						DRIVERS LIC / ID & STATE				SOCIAL SECURITY #							
	ADDRESS # <b>1800 APT 5</b>				STREET NAME <b>WILLIAM KENNERTY DR</b>				CITY <b>CHARLESTON</b>				STATE <b>SC</b>		ZIP CODE <b>29414</b>		DAY PHONE				EVENING PHONE					

  

<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>	See Page 3													
------------------	------------	--	--	--	--	--	--	--	--	--	--	--	--	--

  

<b>PROPERTY EST.</b>	TYPE (GROUP)		<b>cash</b>										TOTAL VALUE		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY  <b>CCSO</b>	
	STOLEN		<b>10</b>													
	DAMAGED															
	BURNED														JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY  <b>CCSO</b>	
	RECOVERED															
SEIZED																

  

<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 checked="" 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. JOHNSON</b>				DATE <b>9/5/16</b>		BADGE NUMBER <b>8969</b>		APPROVING OFFICER <b>SGT. DRONEY</b>		DATE <b>9/5/16</b>		BADGE NUMBER <b>9595</b>

  

FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO		OFFICER	
--	--	---------	--

PERSON SUPPLEMENT

<b>SC0100000</b> <input checked="" type="checkbox"/> ORIGINAL REPORT <input type="checkbox"/> MODIFIES REPORT		DISPATCH NUMBER <b>2016-013484</b>		ORIGINAL CASE NUMBER		PAGE <b>2</b> OF <b>3</b> PAGES		NCIC ENTRY		INQ.		ENT.			
		<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 checked="" type="checkbox"/> VICTIM # <u>3</u> <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>DOLLAR GENERAL</b>				RELATIONSHIP TO SUBJECT #1 <u>N/A</u> #2 <u>N/A</u> #3 <u>N/A</u>		RESIDENT <u>J</u> RACE <u></u> SEX <u></u> AGE <u></u> DOB <u></u> ETH <u></u>						
			HEIGHT <u></u> WEIGHT <u></u> HAIR <u>XXX</u> EYES <u>XXX</u>		FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				DRIVERS LIC / ID & STATE		SOCIAL SECURITY #				
			ADDRESS # <u>2344</u>		STREET NAME <u>ASHLEY RIVER RD</u>		CITY <u>CHARLESTON</u>		STATE <u>SC</u>		ZIP CODE <u>29414</u>		DAY PHONE <u></u> EVENING PHONE <u>H</u>		
			<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 <u>UNK</u> <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> TYPE <u>UNK</u>		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE						
			EXPLAIN		OCCUPATION <u>N/A</u>		EMPLOYER <u>N/A</u>		ALIAS <u>N/A</u>		NIC #				
			(A) CHARGE <u>N/A</u>				(C) CHARGE <u>N/A</u>								
			(B) CHARGE <u>N/A</u>				(D) CHARGE <u>N/A</u>								
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) <b>POLENSKY, MICHAEL CANNON</b>				RELATIONSHIP TO SUBJECT #1 <u></u> #2 <u></u> #3 <u></u>		RESIDENT <u>J</u> RACE <u>W</u> SEX <u>M</u> AGE <u></u> DOB <u></u> ETH <u>N</u>						
			HEIGHT <u>601</u> WEIGHT <u>190</u> HAIR <u>BRO</u> EYES <u>BRO</u>		FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				DRIVERS LIC / ID & STATE		SOCIAL SECURITY #				
			ADDRESS # <u>2035</u>		STREET NAME <u>DOGWOOD RD</u>		CITY <u>CHARLESTON</u>		STATE <u>SC</u>		ZIP CODE <u>29414</u>		DAY PHONE <u></u> EVENING PHONE <u>H</u>		
			<input type="checkbox"/> VISIBLE INJURY YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES <input type="checkbox"/> NO <input type="checkbox"/> YES		USING ALCOHOL <u>UNK</u> <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> TYPE <u>UNK</u>		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE						
			EXPLAIN		OCCUPATION <u>CONST</u>		EMPLOYER <u>SELF</u>		ALIAS		NIC #				
			(A) CHARGE <u>BURG 1ST</u>				(C) CHARGE <u>N/A</u>								
			(B) CHARGE <u>N/A</u>				(D) CHARGE <u>N/A</u>								
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)				RELATIONSHIP TO SUBJECT #1 <u></u> #2 <u></u> #3 <u></u>		RESIDENT <u>J</u> RACE <u></u> SEX <u></u> AGE <u></u> DOB <u></u> ETH <u></u>						
			HEIGHT <u></u> WEIGHT <u></u> HAIR <u>XXX</u> EYES <u>XXX</u>		FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				DRIVERS LIC / ID & STATE		SOCIAL SECURITY #				
			ADDRESS #		STREET NAME		CITY		STATE		ZIP CODE		DAY PHONE <u>H</u> EVENING PHONE <u>H</u>		
			<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 <u>UNK</u> <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> TYPE <u>UNK</u>		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE						
			EXPLAIN		OCCUPATION		EMPLOYER		ALIAS		NIC #				
			(A) CHARGE				(C) CHARGE								
			(B) CHARGE				(D) CHARGE								
REMARKS															
ADMINISTRATIVE	SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SUBJECT LOCATED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" 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. JOHNSON</b>			DATE <b>9/5/2016</b>		BADGE NUMBER <b>8969</b>		APPROVING OFFICER <b>SGT. DRONEY</b>			DATE <b>9/5/2016</b>		BADGE NUMBER <b>9595</b>		
	FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO														

# INCIDENT SUPPLEMENT

J. Al Cannon, Jr.

Sheriff

<b>SC0100000</b>	DISPATCH NUMBER <b>2016-013484</b>	ORIGINAL CASE NUMBER	PAGE <b>3</b> OF <b>3</b> PAGES	NCIC ENTRY	INO.	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 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		

**W. Ashley (None) On September 5, 2016 I, MDep. Johnson, was dispatched to the above incident location in reference to a disturbance/nuisance call. The compl said that it sounded like someone was drilling through the wall of the business and he got victim 2 and himself in the office and called the police. He was relaying through dispatch that he saw an individual on camera that had come through the ceiling of the business and was crawling around of the floor towards the registers at the front of the business.**

**I had pulled into the parking lot and walked to the front door of the business and was looking in through the glass front doors towards the area of the registers. At first I did not see anyone but then a head came up over the counter and a subject, later identified as subject Polensky, was looking towards the direction of the registers and trying to play with the draws. I could see that the individual had a red Carolina game cocks had on and what appeared to be a white or light gray bandanna covering his face. He looked at my direction and then took off towards the back of the store. At that time other officers arrived on scene and a perimeter was set up around the business.**

**After enough officers were on scene I got on the radio with dispatch and advised them to tell the compl to come from the office to the front door and unlock it so that we could get him out safely. I saw the compl come to the door noted he was crouched down and appeared to be scared. As soon as he unlocked the door I pulled him out of the business, and asked him if there was anyone else in the store. He said the there was a cashier, victim 2, in the office. Two City Pd. officers and myself entered the front of the business and I went towards the office direction to get victim 2 out of the business. She came out of the office and straight towards my direction and I noted that she was also scared. I made sure that I placed her behind me and escorted her out of the business and all of us exited the business together due to City Pd K-9 unit officer Hall arriving on scene to clear the business. At that time subject Polensky was seen back on the roof at the rear of the business. He was pacing back and forth and then disappeared out of sight again. This happened several times and then subject Polensky finally climbed down an oak tree at the rear of the business and was taken into custody without incident. During his pat down a roll of quarters in the amount of \$10 dollars was located in his front right pocket, along with various items about his persons.**

**It was later verified by the compl that the roll of quarters found in subject Polensky's right front pocket was taken by him from the area of the cash register at the front of the store. Lt. Stanley and Sgt. Droney, who was both on scene, made the proper notifications and Cid was called out to the scene along with FSU. FSU took all the items that were in subject Polensky's possession and all the items that were at the location there were identified as subject Polensky. Det. Kahn responded to the scene from CID and he was informed of the situation and the case was turned over to CID. Subject Polensky was taken transported to the county jail and lodged on the above charge, nothing further at this time.**

PROPERTY EST.	TYPE (GROUP)	currency				TOTAL VALUE	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY
	STOLEN	10				10	CCSO
	DAMAGED						
	BURNED						
	RECOVERED						JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY
SEIZED							CCSO
ADMINISTRATIVE	SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SUBJECT LOCATED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" 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	
	D. Johnson	9/5/16	8969	Sgt. Droney	9/5/16	9595	
				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 2248	CURRENT DATE 9/4/16	DISPATCH NO. 2016-013484	ORIGINAL CASE NO.	TRACT #	
	DEFENDANT NAME (LAST, FIRST, MIDDLE) POLENSKY, MICHAEL CANNON				RACE W	SEX M	DATE OF BIRTH [REDACTED]
	AGE	ETH. N	HEIGHT 601	WEIGHT 190	HAIR BRO	EYES BRO	SOCIAL SECURITY NUMBER [REDACTED]
	ADDRESS (NUMBER AND STREET) 2035 DOGWOOD DR			CITY CHARLESTON	STATE SC	ZIP CODE 29414	RESIDENT J
	ALIAS N/A	PLACE OF BIRTH CHAS			DRIVERS LICENSE NUMBER/D. # & STATE [REDACTED]		
	EMPLOYER OR OCCUPATION SELF	NEXT OF KIN UNK			ADDRESS (CITY AND STATE) UNK	PHONE NUMBER N/A	
	TRANSPORTING OFFICERS NAME D. JOHNSON	NUMBER 8969	ARRESTING OFFICER Z KHAN		NUMBER 9599	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				<input checked="" type="checkbox"/> ON VIEW ARREST <input type="checkbox"/> SUMMONED <input type="checkbox"/> CUSTODY		
	JUVENILE DISPOSITION 1. <input type="checkbox"/> HANDLED, RELEASED 2. <input type="checkbox"/> REFERRED TO OTHER AUTHORITY			EXAMINED BY HOSPITAL <input type="checkbox"/> YES <input type="checkbox"/> NO		VEHICLE TOWED <input type="checkbox"/> YES <input type="checkbox"/> NO	
	IF HOLDING FOR ANOTHER AGENCY, CIRCLE CHARGE A, B, C						
REMARKS	CHARGE I.D.	A		B		C	
	ADDITIONAL CASE NO.'S						
	CHARGE	BURGLARY 1ST		N/A		N/A	
	STATUTE	16-11-311					
	BOND AMOUNT	TBS					
	WARRANT/TICKET #	TBD					
	BOND/HEARING DATE	9/5/16	200	DUTY			
	DATE & TIME OF TRIAL/MAGISTRATE		GSC				
	SEE INCIDENT REPORT						
BOOKING OFFICER	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.						
	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.						
DUTY SGT.	HOW INMATE RELEASED: <input type="checkbox"/> BOND <input type="checkbox"/> FINE AMOUNTS		<input type="checkbox"/> SURETY BOND / COMPANY RECEIPT NO.		<input type="checkbox"/> EXPIRATION OF SENTENCE <input type="checkbox"/> BY CLERK OF COURT <input type="checkbox"/> REL. AT		
	TRANSFERRED OR RELEASED TO: AGENCY:		OFFICER:		DATE	TIME	
	RELEASING OFFICER				SUPERVISOR REVIEW AND SIGN		

CCSO-104

10/1/15