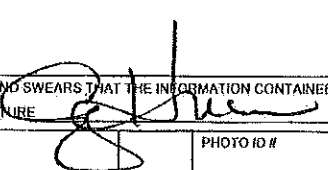


# CHARLESTON COUNTY SHERIFF'S OFFICE

3505 PINEHAVEN DRIVE, CHARLESTON HEIGHTS, S.C. 29405-7789 • (843) 202-1700

J. Al Cannon, Jr.  
Sheriff

## ☐ ARREST AND ☐ SUPPLEMENTAL BOOKING REPORT

<b>SC0100000</b>		TIME: <b>1:19 PM</b>		CURRENT DATE: <b>12/29/2015</b>		DISPATCH NUMBER: <b>2015-020187-B</b>		ORIGINAL CASE NUMBER		TRACT #		
DEFENDANT NAME (LAST, FIRST, MIDDLE) <b>TURNER, DARNELL MAURICE</b>								RACE <b>B</b>		SEX <b>M</b>		
AGE <b>37</b>		ETH. <b></b>		HEIGHT <b>6-4</b>		WEIGHT <b>217</b>		HAIR <b>BLK</b>		EYES <b>BRN</b>		
SOCIAL SECURITY NUMBER								VISIBLE SCARS AND MARKS		NCIC I.D. NUMBER		
ADDRESS (NUMBER AND STREET) <b>4436 CLOVEWOOD DR.</b>								CITY <b>LADSON</b>		STATE <b>SC</b>		
ZIP CODE <b>29456</b>								RESIDENT		PHONE NUMBER		
ALIAS				PLACE OF BIRTH				ADDRESS (CITY AND STATE)				
EMPLOYER OR OCCUPATION <b>MOVE BUDDIES</b>				NEXT OF KIN				ADDRESS (CITY AND STATE)				
TRANSPORTING OFFICER'S NAME <b>G. HURN</b>				NUMBER		ARRESTING OFFICER <b>M. THOMPSON</b>		NUMBER <b>9208</b>		AGENCY <b>CCSO</b>		
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												
EXAMINED BY HOSPITAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO												
VEHICLE TOWED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TOWED BY: <b>N/A</b>												
IF HOLDING FOR ANOTHER AGENCY, CIRCLE CHARGE A, B, C												
CHARGE	CHARGE I.D.		A				B				C	
	ADDITIONAL CASE NO.'S											
	CHARGE		<b>SAULT AND BATTERY 2ND DEGR</b>									
	STATUTE		<b>16-3-600</b>									
	BOND AMOUNT		<b>TBS</b>									
	WARRANT/TICKET#		<b>2015A1010900805</b>									
REMARKS	BOND/HEARING DATE		<b>12-29-15 500PM</b>									
	DATE & TIME OF TRIAL/MAGISTRATE		<b>GSC</b>		<b>GSC</b>		<b>GSC</b>					
	<b>SUSPECT TURNED HIMSELF IN TO LAW ENFORCEMENT UPON REQUEST</b>											
	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 											
I.D. OFF	DATE F.P.		TIME F.P.		I.D. TECHNICIAN		PHOTO ID #		DATE OF PHOTO			
	DATE		TIME		SEARCHING OFFICER		SUPERVISOR REVIEW AND SIGN					
BOOKING OFFICER	CONDITION AT TIME OF ADMISSION EXPLAIN				HOW LONG IN CHAS.				RELIGION		EDUCATION	
	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			
DISPOSITION	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		DATE	
	TRANSFERRED OR RELEASED TO:				OFFICER:				DATE		TIME	
	AGENCY:				RELEASING OFFICER				SUPERVISOR REVIEW AND SIGN			

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☐ **ARREST AND** ☐ **SUPPLEMENTAL BOOKING REPORT**

J. Al Cannon, Jr.  
Sheriff

<b>SC0100000</b>		TIME <b>1:37 PM</b>		CURRENT DATE <b>12/29/2015</b>		DISPATCH NUMBER <b>2015-020187-B</b>		ORIGINAL CASE NUMBER		TRACT #		
DEFENDANT NAME (LAST, FIRST, MIDDLE) <b>RHODES, CYNTHIA LEASH</b>								RACE <b>B</b>		SEX <b>F</b>		
AGE <b>44</b>		ETH. <b>5-6</b>		HEIGHT <b>150</b>		HAIR <b>BLK</b>		EYES <b>BRN</b>		SOCIAL SECURITY NUMBER		
ADDRESS (NUMBER AND STREET) <b>3066 TREE CANOPY DR.</b>								CITY <b>SUMMERVILLE</b>		STATE <b>SC</b>		
ZIP CODE <b>29485</b>								RESIDENT <b>[REDACTED]</b>		DATE OF BIRTH <b>12/30/1970</b>		
ALIAS				PLACE OF BIRTH				IDENTIFICATION NUMBER/D.# & STATE				
EMPLOYER OR OCCUPATION <b>SELF</b>				NEXT OF KIN				ADDRESS (CITY AND STATE)				
TRANSPORTING OFFICERS NAME <b>THOMPSON, M</b>				NUMBER <b>9208</b>		ARRESTING OFFICER <b>THOMPSON, M</b>		NUMBER <b>9208</b>		AGENCY <b>CCSO</b>		
ARRESTEE ARMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				WEAPON TYPE				<input type="checkbox"/> SEMI-AUTO <input type="checkbox"/> FULL-AUTO		<input 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 checked="" type="checkbox"/> NO				VEHICLE TOWED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TOWED BY:		
IF HOLDING FOR ANOTHER AGENCY, CIRCLE CHARGE A, B, C												
<b>CHARGE</b>	CHARGE I.D.		A				B				C	
	ADDITIONAL CASE NO.'S											
	CHARGE		ASSAULT 3RD DEGREE									
	STATUTE		16-3-600				N/A				N/A	
	BOND AMOUNT		TBS									
	WARRANT/TICKET#		2015A1010900808									
BOND/HEARING DATE		12-29-15 500PM										
DATE & TIME OF TRIAL/MAG/STRATE		1-28-16 2PM 570MBRL										
<b>REMARKS</b>	SUSPECT TURNED HERSELF IN,											
	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 <i>[Signature]</i>											
<b>BOOKING OFF</b>	DATE F.P.		TIME F.P.		I.D. TECHNICIAN		PHOTO ID #		DATE OF PHOTO			
	DATE		TIME		SEARCHING OFFICER		SUPERVISOR REVIEW AND SIGN					
<b>BOOKING OFFICER</b>	CONDITION AT TIME OF ADMISSION EXPLAIN				HOW LONG IN CHAS.				RELIGION		EDUCATION	
	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			
<b>DISPOSITION</b>	SENTENCE TO DAYS		AND/OR		FINE AMOUNT		COURT		EXPIRATION OF SENTENCE			
	A.											
	B.											
	C.											
<b>DUTY SGT.</b>	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		DATE	
	TRANSFERRED OR RELEASED TO:				OFFICER:				DATE		TIME	
	AGENCY:				RELEASING OFFICER:				SUPERVISOR REVIEW AND SIGN			
	RELEASED OFFICER:											