





# Incident Report Suspect List

Charleston Police Department

OCA: 15-12101

<b>1</b>	Name (Last, First, Middle) <i>CURNELL, JOYCE</i>					Also Known As					Home Address <i>2030 HIGHWAY 174 EDISTO ISLAND, SC 29438</i>				
	Business Address														
	DOB. <i>09/10/1964</i>	Age <i>50</i>	Race <i>B</i>	Sex <i>F</i>	Eth <i>N</i>	Hgt <i>601</i>	Wgt <i>156</i>	Hair <i>BLK</i>	Eye <i>BRO</i>	Skin <i>DBR</i>	Driver's License / State.				
Scars, Marks, Tattoos, or other distinguishing features															
<b>Reported Suspect Detail</b>															
Weapon, Type		Feature		Make		Model		Color		Caliber		Dir of Travel		SSN	
Veh Yr/Make/Model		Drs		Style		Color		Lic/St		VIN					
Notes										Physical Char					

**CHARLESTON COUNTY SHERIFF'S OFFICE**  
 2691 LEEDS AVE., CHARLESTON, S.C. 29405-7789 (843) 202-1700

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

7-23-15-KS

J. Al Cannon, Jr.  
Sheriff

SC0100000	TIME 1430	CURRENT DATE 7-21-15	DISPATCH NO.	ORIGINAL CASE NO. 2012-017452	TRACT # C02C
DEFENDANT NAME (LAST, FIRST, MIDDLE) Curnell, Joyce Elaine			0000625697	RACE B	SEX F
AGE 50	ETH. N	HEIGHT 6'1"	WEIGHT 156	HAIR Blk	EYES BRO
ADDRESS (NUMBER AND STREET) 7961 Maxi Rd			CITY Edisto Island	STATE S.C.	ZIP CODE 29458
ALIAS			PLACE OF BIRTH S.C.	RESIDENT J	PHONE NUMBER
EMPLOYER OR OCCUPATION Unemployed	NEXT OF KIN Dorothy Singleton		0000882868	PHONE NUMBER 637-4899	
TRANSPORTING OFFICER'S NAME Milz J.T.	NUMBER 9313	ARRESTING OFFICER Milz J.T.	NUMBER 9313	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 type="checkbox"/> ON VIEW ARREST	<input type="checkbox"/> SUMMONED
JUVENILE DISPOSITION 1. <input type="checkbox"/> HANDLED, RELEASED 2. <input type="checkbox"/> REFERRED TO OTHER AUTHORITY			EXAMINED BY HOSPITAL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	VEHICLE TOWED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TOWED BY A
IF HOLDING FOR ANOTHER AGENCY, CIRCLE CHARGE A, B, C					
CHARGE I.D.	A		B		C
ADDITIONAL CASE NO.'S					
CHARGE	Mag/Blw - Shoplifting				
STATUTE	Mag-BW				
BOND AMOUNT	11,198.90 or 30 days				
WARRANT/TICKET #	2012 B1011200112				
BOND/HEARING DATE	N - A				
DATE & TIME OF TRIAL/MAGISTRATE	B - W				
#625697					
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	PHOTOID #	DATE OF PHOTO	
7-21-15	1506	Reid			
CONDITION AT TIME OF ADMISSION Fair	HOW LONG IN CHAB.	RELIGION	EDUCATION		
EXPLAIN	WANTED ON WARRANT	MISCELLANEOUS			
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
ATTORNEY	PERSON TO CALL IN EMERGENCY	ADDRESS	PHONE NUMBER		
SENTENCE TO DAYS	AND/OR	FINE AMOUNT	COURT	EXPIRATION OF SENTENCE	
A.					
B.					
C.					
HOW INMATE RELEASED:		<input type="checkbox"/> SURETY BOND / COMPANY	<input type="checkbox"/> EXPIRATION OF SENTENCE	DATE	TIME
<input type="checkbox"/> BOND	<input type="checkbox"/> FINE AMOUNTS	RECEIPT NO.	<input type="checkbox"/> BY CLERK OF COURT	<input type="checkbox"/> REL. AT COURT	
TRANSFERRED OR RELEASED TO:		AGENCY:	OFFICER:	DATE	TIME
RELEASING OFFICER			SUPERVISOR REVIEW AND SIGN		

CHARGE

REMARKS

I.D. OFF

BOOKING OFFICER

DISPOSITION

DUTY SGT.

25

J. Al Cannon, Jr.

SHERIFF

INCIDENT REPORT

<b>SC010000</b>		DISPATCH NUMBER 2015-011605	ORIGINAL CASE NUMBER		PAGE 1 OF 1 PAGES			NCIC ENTRY	INQ.	ENT.	
EVENT	1. Death Investigation		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>Detention Center</b>		UNITS ENTERED	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.			<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>3841 Leeds Avenue, North Charleston SC</b>		ZIP CODE <b>29405</b>	WEAPON TYPE <b>N/A</b>								
BEGINNING INCIDENT DATE <b>7-22-15</b>	24 HR. CLOCK <b>1412</b>	ENDING INCIDENT DATE <b>7-22-15</b>	24 HR. CLOCK <b>1708</b>	DISP. DATE <b>7-22-15</b>	DISP. TIME <b>1715</b>	TIME ARRIVED <b>1717</b>	DEPART TIME <b>1930</b>	TRACT #			
NAME: (LAST, FIRST, MIDDLE) <b>Charleston County Sheriff's Office</b>		RELATIONSHIP TO SUBJECT <b>03174</b>		RESIDENT	RACE	SEX	AGE	DOB	ETH		
HEIGHT	WEIGHT	HAIR BLD	EYES BLK	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			
OCCUPATION		EMPLOYER		ALIAS		NIC #					
NAME: (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	DOB	ETH		
HEIGHT	WEIGHT	HAIR BLD	EYES BLK	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		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 SPLASMT	<input type="checkbox"/> ALONE		
EXPLAIN OCCUPATION		EMPLOYER		ALIAS		NIC #					
NAME: (LAST, FIRST, MIDDLE) <b>Curnell, Joyce Elaine</b>		RELATIONSHIP TO SUBJECT <b>0000625697</b>		RESIDENT	RACE	SEX	AGE	DOB	ETH		
HEIGHT	WEIGHT	HAIR BLK	EYES BRO	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.			DRIVERS LIC / ID & STATE	SOCIAL SECURITY #			
ADDRESS # <b>7961</b>		STREET NAME <b>Maxie Road</b>		CITY <b>Edisto Island</b>	STATE <b>SC</b>	ZIP CODE <b>29438</b>	DAY PHONE	EVENING PHONE			
<input checked="" type="checkbox"/> VISIBLE INJURY		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		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"/> UNK	<input type="checkbox"/> TWO-MAN VEHICLE	<input type="checkbox"/> DETECTIVE SPLASMT	<input type="checkbox"/> ALONE		
EXPLAIN OCCUPATION <b>Unknown</b>		EMPLOYER <b>N/A</b>		ALIAS <b>Unknown</b>		NIC # <b>N/A</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>						
NARRATIVE	<b>(SACDC) I responded to the incident location in reference to a death. Once on scene I met with SACDC staff who were already on scene and had secured unit B3M by removing all inmates and non-essential SACDC personnel, in reference to the medical response for the above subject. I was advised the above subject was last seen by staff at 1412 hours for a medical check and then discovered unresponsive shortly before 1700hrs today. After exhaustive attempts to revive the subject she was pronounced deceased by EMS personnel at 1708hrs. The chain of command was notified to include the Sheriff. CID, FSU, and OPS personnel responded. SLED was notified and requested. The coroner also responded to the scene. Nothing further.</b>										
	<b>ORIGINAL COPY</b>										
	TYPE (GROUP)	<b>N/A</b>						TOTAL VALUE	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		
	STOLEN	<b>N/A</b>							<b>N/A</b>		
	DAMAGED	<b>N/A</b>							<b>N/A</b>		
BURNED	<b>N/A</b>							<b>N/A</b>			
RECOVERED	<b>N/A</b>							<b>N/A</b>			
SEIZED	<b>N/A</b>							<b>N/A</b>			
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 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>Sgt. J. Cain</b>		DATE <b>7-22-15</b>	BADGE NUMBER <b>9106</b>	APPROVING OFFICER <b>Lt. M. Knox</b>		DATE <b>7-22-15</b>	BADGE NUMBER <b>10067</b>		FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO	

INCIDENT SUPPLEMENT

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

J. Al Cannon, Jr.  
Sheriff

SC0100000	DISPATCH NUMBER N/A	ORIGINAL CASE NUMBER 2015-011605-B	PAGE 1 OF 4 PAGES	NCIC ENTRY	INO.	ENT.
<input type="checkbox"/> ORIGINAL REPORT	<input checked="" type="checkbox"/> SUPPLEMENTAL REPORT	<input type="checkbox"/> ADDITIONAL VICTIMS	<input type="checkbox"/> ADDITIONAL WITNESSES	<input type="checkbox"/> ADDITIONAL STOLEN PROPERTY		
<input type="checkbox"/> MODIFIES ORIGINAL	<input type="checkbox"/> CASE STATUS CHANGE	<input type="checkbox"/> ADDITIONAL OFFENDERS	<input type="checkbox"/> ADDITIONAL SUBJECTS	<input type="checkbox"/> ADDITIONAL RECOVERED PROPERTY		

INCIDENT TYPE: AGENCY ASSIST // DEATH INVESTIGATION

Incident Location: 3841 Leeds Ave, N. Charleston, SC 29405  
Incident Date: 07/22/15

On July 22, 2015, at about 1650 hours I was notified by Sgt. Zealberg of a death investigation at the SACDC. I responded and met with Chief Beatty, who briefed me of the incident. During a check of the unit (B3M) DO Diehl-Moore noticed the victim, who appeared to be sleeping in an awkward position, that she described as looking uncomfortable. She then tried to wake the victim, who didn't respond to voice or touch. She checked for vital signs and noticed that something was wrong and called in the emergency response on the radio at 1643 hours. Other detention officers and medical staff responded and tried to administer aid. EMS responded and pronounced the victim deceased at 1708 hours.

I collected Jail reports, booking and arrest reports, and medical reports from Chief Beatty. I also began to obtain written statements from DO Diehl-Moore, DO Breshers, DO Jones, DO Roderick, and DO Butler which were copied and given to Agent Owen, SLED.

Further history was reported that the victim was booked into the jail on 07/21/15 at 1430 hours for a shoplifting bench warrant. Deputy Milz responded to St. Francis hospital in reference to CPD being out with the victim in reference to her having the above mentioned warrant. The victim was being seen at the ER for complaints of Gastroenteritis/food poison and hypertension. Once she was cleared by the ER, Deputy Milz took her into custody and transported her to the SACDC where she was lodged and screened by medical staff at the jail. The victim reported a medical history of sickle cell, gastroenteritis and hypertension. She was last seen by jail medical staff on 07/22/15 at 1412 hours and had her blood pressure check, which was 157/102. At that time she had no complaints noted by the nurse. There had been notes entered by jail staff that she vomited in the early morning hours but no further complaints.

Video surveillance shows the victim moving around between the hours of 1535 to 1547 then appears to go to sleep.

Deputy Corner Lindsay and Special Agent Owen from SLED arrived on scene and began

NARRATIVE

TYPE (GROUP)	NA	NA	NA	NA	NA	TOTAL VALUE	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY
STOLEN						0	NA
DAMAGED						0	
BURNED						0	
RECOVERED						0	JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY
SEIZED						0	NA

ORIGINAL COPY

SUBJECT IDENTIFIED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		SUBJECT LOCATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> ACTIVE	<input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARREST UNDER 18	<input type="checkbox"/> EX-CLEARED UNDER 18
				<input checked="" type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARREST 18 AND OVER	<input type="checkbox"/> EX-CLEARED 18 AND OVER
REASON FOR EXCEPTIONAL CLEARANCE		<input type="checkbox"/> OFFENDER DEATH	<input type="checkbox"/> NO PROSECUTION	<input type="checkbox"/> EXTRADITION DENIED	<input type="checkbox"/> VICTIM DECLINES COOPERATION	<input type="checkbox"/> JUVENILE NO CUSTODY	
REPORTING OFFICER(S)	DATE	BADGE NUMBER	APPROVING OFFICER		DATE	BADGE NUMBER	
WILSON, MITCHELL	10/19/2015	10056	BRYANT, MARK A.		10/19/2015	9262	
				FOLLOWUP INVESTIGATION. <input type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER		

**INCIDENT SUPPLEMENT**

**CHARLESTON COUNTY SHERIFF'S OFFICE**  
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J. Al Cannon, Jr.  
 Sheriff

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<b>SC0100000</b>	DISPATCH NUMBER <b>N/A</b>	ORIGINAL CASE NUMBER <b>2015-011605-B</b>	PAGE <b>2</b> OF <b>4</b> PAGES	NCIC ENTRY	ING.	ENT.
<input type="checkbox"/> ORIGINAL REPORT	<input checked="" type="checkbox"/> SUPPLEMENTAL REPORT	<input type="checkbox"/> ADDITIONAL VICTIMS	<input type="checkbox"/> ADDITIONAL WITNESSES	<input type="checkbox"/> ADDITIONAL STOLEN PROPERTY		
<input type="checkbox"/> MODIFIES ORIGINAL	<input type="checkbox"/> CASE STATUS CHANGE	<input type="checkbox"/> ADDITIONAL OFFENDERS	<input type="checkbox"/> ADDITIONAL SUBJECTS	<input type="checkbox"/> ADDITIONAL RECOVERED PROPERTY		

NARRATIVE

investigation. Inv. Watson responded from FSU but wasn't needed due to SLED using their own crime scene investigators. Sgt's Ferguson and Rebeck from OOPS arrived on scene also. During the initial investigation there are no signs of foul play or noticeable trauma to the body. An autopsy is schedule for 07/23/15 at 0900 hours. I will be assisting SLED with the investigation. Investigation is ongoing at this time.

On October 16, 2015, I spoke to Special Agent Owen in reference to the jail death case of Curnell. Owen advised me that toxicology and autopsy report came back which established the cause of death to be natural. At this time Owen has concluded his investigation and provided that there is no foul play involved or any criminal activity into the death Curnell and his case is closed.

I received a copy of the autopsy report from the Coroners Office. The report concluded the cause of death to be Gastroenteritis with other significant conditions: Sickle cell disease/trait chronic ethanolism, and coronary artery atherosclerosis. The manner of death is listed as natural.

At this time I request my case unfounded due to cause of death natural. SLED has also concluded and closed their investigation.

ORIGINAL COPY

<b>PROPERTY EST.</b>	TYPE (GROUP)	NA	NA	NA	NA	NA	TOTAL VALUE	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY									
	STOLEN						0	NA									
	DAMAGED						0										
	BURNED						0	JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY									
	RECOVERED						0	NA									
	SEIZED						0										
<b>ADMINISTRATIVE</b>	SUBJECT IDENTIFIED		SUBJECT LOCATED		ACTIVE		ADM. CLOSED		ARREST UNDER 18		EX-CLEARED UNDER 18						
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
	REASON FOR EXCEPTIONAL CLEARANCE				OFFENDER DEATH		NO PROSECUTION		EXTRADITION DENIED		VICTIM DECLINES COOPERATION		JUVENILE NO CUSTODY				
	REPORTING OFFICER(S)			DATE		BADGE NUMBER		APPROVING OFFICER			DATE		BADGE NUMBER				
	WILSON, MITCHELL			10/19/2015		10056		BRYANT, MARK A. 			10/19/2015		9262				
												FOLLOW-UP INVESTIGATION		<input type="checkbox"/> YES <input type="checkbox"/> NO		OFFICER	

PERSON SUPPLEMENT

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

J. Al Cannon, Jr.  
Sheriff

SC0100000		DISPATCH NUMBER N/A		ORIGINAL CASE NUMBER 2015-011605-B			PAGE 3 OF 4 PAGES		NIC#	ENT.				
<input type="checkbox"/> ORIGINAL REPORT <input type="checkbox"/> MODIFIES ORIGINAL		<input checked="" 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	NAME (LAST, FIRST MIDDLE) Curnell, Joyce Elaine			RELATIONSHIP TO SUBJECT #1 NA #2 NA #3 NA			RESIDENT J S O U	RACE B	SEX F	AGE 51	DOB 9/10/1964	ETH N	
	<input checked="" type="checkbox"/> VICTIM # 1	HEIGHT 601	WEIGHT 156	HAIR BLK	EYES BRO	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.			DRIVERS LIC./I.D. & STATE			SOCIAL SECURITY #		
	<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 7961 Maxie Rd	CITY Edisto Island	STATE SC	ZIP CODE 29438	DAY PHONE [REDACTED]	EVENING PHONE [REDACTED]
	<input type="checkbox"/> VISIBLE INJURY: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> COMPLAINT OF NON VISIBLE INJURIES: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> USING ALCOHOL: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK.	<input type="checkbox"/> DRUGS: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK.	<input type="checkbox"/> TYPE: <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			
	EXPLAIN:	OCCUPATION UNK	EMPLOYER UNK	ALIAS	NIC #									
ARREST	(A) CHARGE NA			(C) CHARGE NA										
	(B) CHARGE NA			(D) CHARGE NA										
SUBJ. I.D.	<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST MIDDLE) Diehl-Moore, Atala			RELATIONSHIP TO SUBJECT #1 NA #2 NA #3 NA			RESIDENT J S O U	RACE W	SEX F	AGE 42	DOB 3/17/1973	ETH N	
	<input type="checkbox"/> VICTIM #	HEIGHT 506	WEIGHT 250	HAIR Blnd	EYES Haz	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.			DRIVERS LIC./I.D. & STATE			SOCIAL SECURITY #		
	<input type="checkbox"/> SUSPECT #	<input type="checkbox"/> SUBJECT #	<input checked="" type="checkbox"/> WITNESS # 1	<input type="checkbox"/> WANTED	<input type="checkbox"/> WARRANT	<input type="checkbox"/> ARREST	<input type="checkbox"/> RUNAWAY	<input type="checkbox"/> MISSING PERSON	ADDRESS 3841 Leeds Ave	CITY N Chas	STATE SC	ZIP CODE 29405	DAY PHONE [REDACTED]	EVENING PHONE [REDACTED]
	<input type="checkbox"/> VISIBLE INJURY: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> COMPLAINT OF NON VISIBLE INJURIES: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> USING ALCOHOL: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK.	<input type="checkbox"/> DRUGS: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK.	<input type="checkbox"/> TYPE: <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			
	EXPLAIN:	OCCUPATION Detention Officer	EMPLOYER CCSO	ALIAS	NIC #									
ARREST	(A) CHARGE NA			(C) CHARGE NA										
	(B) CHARGE NA			(D) CHARGE NA										
SUBJ. I.D.	<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST MIDDLE) Breshers, Davida			RELATIONSHIP TO SUBJECT #1 NA #2 NA #3 NA			RESIDENT J S O U	RACE B	SEX F	AGE 44	DOB 10/14/1971	ETH N	
	<input type="checkbox"/> VICTIM #	HEIGHT 503	WEIGHT 186	HAIR Blk	EYES Bro	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.			DRIVERS LIC./I.D. & STATE			SOCIAL SECURITY #		
	<input type="checkbox"/> SUSPECT #	<input type="checkbox"/> SUBJECT #	<input checked="" type="checkbox"/> WITNESS # 2	<input type="checkbox"/> WANTED	<input type="checkbox"/> WARRANT	<input type="checkbox"/> ARREST	<input type="checkbox"/> RUNAWAY	<input type="checkbox"/> MISSING PERSON	ADDRESS 3841 Leeds Ave	CITY N Charleston	STATE SC	ZIP CODE 29405	DAY PHONE [REDACTED]	EVENING PHONE [REDACTED]
	<input type="checkbox"/> VISIBLE INJURY: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> COMPLAINT OF NON VISIBLE INJURIES: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> USING ALCOHOL: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK.	<input type="checkbox"/> DRUGS: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK.	<input type="checkbox"/> TYPE: <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			
	EXPLAIN:	OCCUPATION Detention Officer	EMPLOYER CCSO	ALIAS	NIC #									
ARREST	(A) CHARGE NA			(C) CHARGE NA										
	(B) CHARGE NA			(D) CHARGE NA										
REMARKS	ORIGINAL COPY													
	SUBJECT IDENTIFIED	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	SUBJECT LOCATED	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	ACTIVE	<input type="checkbox"/> ADM. CLOSED <input checked="" type="checkbox"/> UNFOUNDED	ARREST UNDER 18	<input type="checkbox"/> ARREST 18 AND OVER	EX-CLEARED UNDER 18	<input type="checkbox"/> EX-CLEARED 18 AND OVER				
	REASON FOR EXCEPTIONAL CLEARANCE	<input type="checkbox"/> OFFENDER DEATH	<input type="checkbox"/> NO PROSECUTION	<input type="checkbox"/> EXTRADITION DENIED	<input type="checkbox"/> VICTIM DECLINES COOPERATION	<input type="checkbox"/> JUVENILE NO CUSTODY								
	REPORTING OFFICER(S)	DATE	BADGE NUMBER	APPROVING OFFICER	DATE	BADGE NUMBER								
	WILSON, MITCHELL	10/19/2015	10056	BRYANT, MARK A.	10/19/2015	9262								
	FOLLOW-UP INVESTIGATION	<input type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER											

**PERSON SUPPLEMENT**

**CHARLESTON COUNTY SHERIFF'S OFFICE**  
 3505 PINEHAVEN DRIVE, CHARLESTON HEIGHTS, S.C. 29405-7789 • (843) 202-1700

J. Al Cannon, Jr.  
 Sheriff *ES*

<b>SC0100000</b>	DISPATCH NUMBER <b>N/A</b>	ORIGINAL CASE NUMBER <b>2015-011605-B</b>	PAGE <b>4</b> OF <b>4</b> PAGES	NCIC ENTRY	INQ.	ENT.						
<input type="checkbox"/> ORIGINAL REPORT <input type="checkbox"/> MODIFIES ORIGINAL <input checked="" 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												
<b>SUBJ. I.D.</b>	<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # <input type="checkbox"/> SUSPECT # <input type="checkbox"/> SUBJECT # <input checked="" type="checkbox"/> WITNESS # <b>3</b> <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>Jones, Brandon</b> <i>0001526326</i>		RELATIONSHIP TO SUBJECT #1 <b>NA</b> #2 <b>NA</b> #3 <b>NA</b>		RESIDENT <b>J S O U</b>	RACE <b>B</b>	SEX <b>M</b>	AGE <b>30</b>	DOB <b>1/20/1985</b>	ETH <b>N</b>
	HEIGHT <b>510</b> WEIGHT <b>160</b> HAIR <b>Blk</b> EYES <b>Bro</b>		FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				DRIVERS LIC./D. & STATE		SOCIAL SECURITY #			
	ADDRESS <b>3841 Leeds Ave</b>		CITY <b>N Chas</b>		STATE <b>SC</b>	ZIP CODE <b>29405</b>	DAY PHONE		EVENING PHONE			
	VISIBLE INJURY: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		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"/> 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			
	EXPLAIN:		DRUGS: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES TYPE:		<input type="checkbox"/> UNK.		<input type="checkbox"/> UNK.		<input type="checkbox"/> UNK.			
OCCUPATION <b>Detention Officer</b>		EMPLOYER <b>CCSO</b>		ALIAS		NIC #						
<b>ARREST</b>	(A) CHARGE <b>NA</b>				(C) CHARGE <b>NA</b>							
	(B) CHARGE <b>NA</b>				(D) CHARGE <b>NA</b>							
<b>SUBJ. I.D.</b>	<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # <input type="checkbox"/> SUSPECT # <input type="checkbox"/> SUBJECT # <input checked="" type="checkbox"/> WITNESS # <b>4</b> <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>Roderick, Robert</b> <i>000146846</i>		RELATIONSHIP TO SUBJECT #1 <b>NA</b> #2 <b>NA</b> #3 <b>NA</b>		RESIDENT <b>J S O U</b>	RACE <b>W</b>	SEX <b>M</b>	AGE <b>44</b>	DOB <b>8/11/1971</b>	ETH <b>N</b>
	HEIGHT <b>600</b> WEIGHT <b>160</b> HAIR <b>Bro</b> EYES <b>Haz</b>		FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				DRIVERS LIC./D. & STATE		SOCIAL SECURITY #			
	ADDRESS <b>3841 Leeds Ave</b>		CITY <b>N Chas</b>		STATE <b>SC</b>	ZIP CODE <b>29405</b>	DAY PHONE		EVENING PHONE			
	VISIBLE INJURY: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		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"/> 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			
	EXPLAIN:		DRUGS: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES TYPE:		<input type="checkbox"/> UNK.		<input type="checkbox"/> UNK.		<input type="checkbox"/> UNK.			
OCCUPATION <b>Detention Officer</b>		EMPLOYER <b>CCSO</b>		ALIAS		NIC #						
<b>ARREST</b>	(A) CHARGE <b>NA</b>				(C) CHARGE <b>NA</b>							
	(B) CHARGE <b>NA</b>				(D) CHARGE <b>NA</b>							
<b>SUBJ. I.D.</b>	<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # <input type="checkbox"/> SUSPECT # <input type="checkbox"/> SUBJECT # <input checked="" type="checkbox"/> WITNESS # <b>5</b> <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>Butler, Brittany</b> <i>0001526327</i>		RELATIONSHIP TO SUBJECT #1 <b>NA</b> #2 <b>NA</b> #3 <b>NA</b>		RESIDENT <b>J S O U</b>	RACE <b>B</b>	SEX <b>F</b>	AGE <b>23</b>	DOB <b>7/18/1992</b>	ETH <b>N</b>
	HEIGHT <b>505</b> WEIGHT <b>170</b> HAIR <b>Blk</b> EYES <b>Bro</b>		FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				DRIVERS LIC./D. & STATE		SOCIAL SECURITY #			
	ADDRESS <b>3841 Leeds Ave</b>		CITY <b>N Chas</b>		STATE <b>SC</b>	ZIP CODE <b>29405</b>	DAY PHONE		EVENING PHONE			
	VISIBLE INJURY: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		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"/> 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			
	EXPLAIN:		DRUGS: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES TYPE:		<input type="checkbox"/> UNK.		<input type="checkbox"/> UNK.		<input type="checkbox"/> UNK.			
OCCUPATION <b>Detention Officer</b>		EMPLOYER <b>CCSO</b>		ALIAS		NIC #						
<b>ARREST</b>	(A) CHARGE <b>NA</b>				(C) CHARGE <b>NA</b>							
	(B) CHARGE <b>NA</b>				(D) CHARGE <b>NA</b>							
<b>REMARKS</b>	<b>ORIGINAL COPY</b>											
<b>ADMINISTRATIVE</b>	SUBJECT IDENTIFIED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		SUBJECT LOCATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED <input checked="" type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARREST UNDER 18 <input type="checkbox"/> ARREST 18 AND OVER		<input type="checkbox"/> EX-CLEARED UNDER 18 <input type="checkbox"/> EX-CLEARED 18 AND OVER			
	REASON FOR EXCEPTIONAL CLEARANCE <input type="checkbox"/> OFFENDER DEATH <input type="checkbox"/> NO PROSECUTION <input type="checkbox"/> EXTRADITION DENIED <input type="checkbox"/> VICTIM DECLINES COOPERATION <input type="checkbox"/> JUVENILE NO CUSTODY				REPORTING OFFICER(S) <b>WILSON, MITCHELL</b>		DATE <b>10/19/2015</b>	BADGE NUMBER <b>10056</b>	APPROVING OFFICER <b>BRYANT, MARK A.</b>		DATE <b>10/19/2015</b>	BADGE NUMBER <b>9262</b>
							FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO		OFFICER			

# Incident Detail Report

**Incident Status** Closed  
**Incident Number** 201500539731  
**Incident Date** 07/21/2015 13:07:44

## Incident Information

<b>Incident Type:</b>	129C	<b>Alarm Level:</b>	1
<b>Priority:</b>	LP3_Charlie	<b>Problem:</b>	129C_Suspicious Wanted Person
<b>Determinant:</b>	129C02	<b>Agency:</b>	Law Enforcement
<b>Base Response #:</b>	07212015-0024408	<b>Jurisdiction:</b>	City of Charleston PD_CHPD
<b>Confirmation #:</b>		<b>Division:</b>	CHT4
<b>Taken By:</b>	Grant, April S	<b>Battalion:</b>	CityBeat433
<b>Response Area:</b>	CHPD 433B	<b>Response Plan:</b>	LL04
<b>Disposition:</b>	LCCR_Call Comp/ Report Taken	<b>Command Ch:</b>	
<b>Cancel Reason:</b>		<b>Primary TAC:</b>	
<b>Incident Status:</b>	Closed	<b>Alternate TAC:</b>	
<b>Certification:</b>		<b>Delay Reason:</b>	
<b>Longitude:</b>	80041545	<b>Latitude:</b>	32810507
<b>MGRS:</b>	17SNS8973130685	<b>UTM:</b>	17S 589732 3630686

## Incident Location

<b>Location Name:</b>	SAINT FRANCIS XAVIER HOSPITAL	<b>County:</b>	CHARLESTON
<b>Address:</b>	2095 Henry Tecklenburg Dr	<b>Location Type:</b>	Hospital
<b>Apartment:</b>	RM 20	<b>Cross Street:</b>	ROPER ST FRANCIS HOSPITAL/MARIE SULLIVAN ST
		<b>Tow Provider Area:</b>	SPA CPD DIS 433
<b>Building:</b>	ER	<b>Map Reference:</b>	
<b>City, State, Zip:</b>	CHARLESTON, SC 29414		

## Call Receipt

<b>Caller Name:</b>	JAVONE CURNELL	<b>Call Back Phone:</b>	803-397-8476
<b>Method Received:</b>		<b>Caller Location:</b>	2270 ASHLEY CROSSING DR
<b>Caller Type:</b>		<b>Caller Apt/Bldg:</b>	/
<b>Caller Address:</b>		<b>Caller County:</b>	
<b>Caller City, State, Zip:</b>			

### Time Stamps

Description	Date	Time	User
Phone Pickup	07/21/2015	13:07:40	
1st Key Stroke	07/21/2015	13:07:48	
In Pending Queue	07/21/2015	13:10:01	
Call Taking Complete	07/21/2015	13:12:45	Grant, April S
1st Unit Assigned	07/21/2015	13:11:38	
1st Unit Enroute	07/21/2015	13:12:29	
1st Unit Arrived	07/21/2015	13:33:00	
Incident Under Control			
Time Sent to Other CAD			
Incident Closed	07/21/2015	14:48:23	Matthews, Ashley D

### Elapsed Times

Description	Time
Received to In Queue	00:02:17
Call Taking	00:05:01
In Queue To 1st Assign	00:01:37
Call Received to 1st Assign	00:03:58
Assigned to 1st Enroute	00:00:51
Enroute to 1st Arrived	00:20:31
Incident Duration	01:40:43

### ANI/ALI Calls

Time Received	Phone Number	Address	City
7/21/15 1:07 PM	803-397-8476	2270 ASHLEY CROSSING DR	CHARLESTON

### Units Assigned

Unit	Assigned	Disposition	Enroute	Staged	Arrived	At Patient	Delay Avail	Complete	Odm. Enroute	Odm. Arrived	Cancel Reason
CP435D	07/21/2015 13:11:38		07/21/20 15 13:33:00		07/21/201 5 13:33:00			07/21/201 5 13:33:01			
CP436D	07/21/2015 13:11:38	LCCR_Call Comp/ Report Taken	07/21/20 15 13:12:29					07/21/201 5 14:48:23			

### Personnel Assigned

Unit	Name
CP436D	Hutson, Caleb (CPD15630) - Patrol Officer
CP435D	Shier, Matthew (CPD15325) - Patrol Officer

### Pre-Scheduled Information

No Pre-Scheduled Information

### Special Equipment

No Special Equipment

### Transports

No Transports

### Transport Legs

No Transport Legs

### Comments

Date	Time	User	Type	Confidential	Comment
------	------	------	------	--------------	---------

07/21/2015	13:10:11	ASG	Response	[1] [ProQA: Case Entry Complete] Problem Description: MOM IN ER HAS A ACTIVE WARRANT Chief Complaint: 129, CCText: Suspicious / Wanted (Person, Circumstances, Vehicle)
07/21/2015	13:10:43	ASG	Response	[2] [ProQA Dispatch] Dispatch Level: 129C02 Response Text: Charlie
07/21/2015	13:10:43	ASG	Response	[3] [ProQA: Key Questions] > The caller is on scene. > The 2nd party caller is on scene. > This incident is in progress. > This incident involves a WANTED person. > No known weapons were involved. > S/he is wanted for: STEALING
07/21/2015	13:11:55	ASG	Response	[4] [ProQA Person Information] Person 1 Description : Suspect, Race : BLACK, Sex : FEMALE, Age : 48, DOB : 9/10/??, Name : JOYCE CURNELL
07/21/2015	13:11:59	ASG	Response	[5] [ProQA: Key Questions] > The suspect/person responsible is on scene. > The suspect's description is: > The suspect reportedly does not have a vehicle s/he might leave in. > No one is reported to be in danger.
07/21/2015	13:12:42	NEJ	Response	[6] [Notification] [Law Enforcement]-PATIENT OR EMPLOYEE
07/21/2015	13:14:55	NEJ	Response	[7] 441F ADV HE IS ON SPEC ASSG 407 ADV
07/21/2015	13:48:36	RNJ	Response	[8] Requested Case Number(s) issued for City of Charleston PD_CHPD: 1512101.

#### Address Changes

No Address Changes

#### Priority Changes

No Priority Changes

#### Transport Changes

No Transport Changes

#### Transport Priority Changes

No Transport Priority Changes

#### Alarm Level Changes

Date	Time	User	Changed to Alarm
07/21/2015	13:11:38	Johnson, Nicole E	Alarm

#### Activity Log

Date	Time	Unit	Activity	Location	Log Entry	User
07/21/2015	13:10:01		Incident in Waiting Queue			
07/21/2015	13:10:01		Incident in Waiting Queue			

07/21/2015	13:10:01		ANI/ALI Statistics		INT Insert:Jul 21 2015 13:07:39 / INT SendNP:Jul 21 2015 13:07:39 / WS RecvNP:Jul 21 2015 13:07:39 / WS Process:Jul 21 2015 13:10:01	ASG
07/21/2015	13:10:01		Waiting Pending Incident Time Warning		Waiting Pending Incident Time Warning timer expired	
07/21/2015	13:10:02		Incident Priority Change		Incident priority changed from <none> to LP2_Delta	ASG
07/21/2015	13:10:16		Incident in Waiting Queue Timer Clear			
07/21/2015	13:10:17		Read Incident		Incident 372 was Marked as Read.	NEJ
07/21/2015	13:10:17		Read Comment		Comment for Incident 372 was Marked as Read.	NEJ
07/21/2015	13:10:43		ProQA		ProQA determinant sent	ASG
07/21/2015	13:10:46		Pending Incident Time Warning		Pending Incident Time Warning timer expired	
07/21/2015	13:10:46		Incident Late			
07/21/2015	13:11:32		UserAction		User clicked Initial Assign	NEJ
07/21/2015	13:11:32		Initial Assignment		The following unit(s) is (are) recommended for assignment: CP435D (00:00:41),CP436D (00:03:09)	NEJ
07/21/2015	13:11:38	CP435D	Dispatched	2095 Henry Tecklenburg Dr [SAINT FRANCIS XAVIER HOSPITAL]	Response Number (07212015-0024408)	NEJ
07/21/2015	13:11:38	CP436D	Dispatched	2095 Henry Tecklenburg Dr [SAINT FRANCIS XAVIER HOSPITAL]	Response Number (07212015-0024409)	NEJ
07/21/2015	13:11:46		Read Comment		Comment for Incident 372 was Marked as Read.	NEJ
07/21/2015	13:11:55		Supplemental Information	2095 Henry Tecklenburg Dr	Supplemental Person record 43881 - Suspect was added for JOYCE CURNELL	ASG
07/21/2015	13:12:07		Read Comment		Comment for Incident 372 was Marked as Read.	ASG
07/21/2015	13:12:29	CP436D	Responding	2095 Henry Tecklenburg Dr [SAINT FRANCIS XAVIER HOSPITAL]	Responding From = 2508 ASHLEY RIVER RD [RIVERPOINTE CHRISTIAN ACADEMY]	VNMINT
07/21/2015	13:12:41		Read Comment		Comment for Incident 372 was Marked as Read.	AMW
07/21/2015	13:12:42		Notify Comment		(Response Viewer)	
07/21/2015	13:12:45		UserAction		User clicked Exit/Save	ASG
07/21/2015	13:14:26		UserAction		User clicked Exit/Save	ESG

07/21/2015	13:14:56		UserAction		User clicked Exit/Save		NEJ
07/21/2015	13:16:38		Incident Late		Active incident marked as late		
07/21/2015	13:20:27		Read Comment		Comment for Incident 372 was Marked as Read.		RNJ
07/21/2015	13:21:45		UserAction		User clicked Exit/Save		RNJ
07/21/2015	13:31:26		UserAction		User clicked Exit/Save		ADM
07/21/2015	13:33:00	CP435D	Responding	2095 Henry Tecklenburg Dr [SAINT FRANCIS XAVIER HOSPITAL]	Responding From = 2008 MAGWOOD DR		VNMINT
07/21/2015	13:33:00	CP435D	At Scene	2095 Henry Tecklenburg Dr			VNMINT
07/21/2015	13:33:01	CP435D	Available	2095 Henry Tecklenburg Dr [SAINT FRANCIS XAVIER HOSPITAL]			VNMINT
07/21/2015	13:34:38		UserAction		User clicked Exit/Save		NEJ
07/21/2015	13:46:43		UserAction		User clicked Exit/Save		RNJ
07/21/2015	14:12:04		Read Comment		Comment for Incident 372 was Marked as Read.		RNJ
07/21/2015	14:22:05		UserAction		User clicked Exit/Save		RNJ
07/21/2015	14:48:23	CP436D	Available	2095 Henry Tecklenburg Dr [SAINT FRANCIS XAVIER HOSPITAL]			ADM
07/21/2015	14:48:23		Response Closed	SAINT FRANCIS XAVIER HOSPITAL	Response Disposition: LCCR_Call Comp/ Report Taken		ADM
07/21/2015	14:48:28		UserAction		User clicked Exit/Save		ADM
08/25/2015	12:45:23		UserAction		User clicked Exit/Save		ARM
02/25/2016	07:49:29		UserAction		User clicked Exit/Save		MXC
02/25/2016	10:15:56		UserAction		User clicked Exit/Save		TVM
02/25/2016	10:16:05		UserAction		User clicked Exit/Save		TVM

### Edit Log

Date	Time	Field	Changed From	Changed To	Reason	Table	Workstation	User
07/21/2015	13:07:40	Call_Back_Phone		803-397-8476	(Response Viewer)	Response_Master_Incident	911DSP09	ASG
07/21/2015	13:07:40	Address	(Blank)	2270 ASHLEY CROSSING DR	New Entry	Response_Master_Incident	911DSP09	ASG
07/21/2015	13:07:44	Address		2270 ASHLEY CROSSING DR	(Response Viewer)	Response_Master_Incident	911DSP09	ASG
07/21/2015	13:07:44	City		CHARLESTON	(Response Viewer)	Response_Master_Incident	911DSP09	ASG

07/21/2015	13:07:44	State		SC	Viewer) (Response Viewer)	Response_Master_Incident	911DSP09	ASG
07/21/2015	13:07:44	Postal_Code		29414	(Response Viewer)	Response_Master_Incident	911DSP09	ASG
07/21/2015	13:07:44	Latitude	0	32812236	(Response Viewer)	Response_Master_Incident	911DSP09	ASG
07/21/2015	13:07:44	Longitude	0	80038040	(Response Viewer)	Response_Master_Incident	911DSP09	ASG
07/21/2015	13:07:44	Street_Id	NULL	161301	(Response Viewer)	Response_Master_Incident	911DSP09	ASG
07/21/2015	13:07:44	Cross_Street		ASHLEY CROSSING LN/UNNAME D_4456 ST	(Response Viewer)	Response_Master_Incident	911DSP09	ASG
07/21/2015	13:07:44	County		CHARLESTON	(Response Viewer)	Response_Master_Incident	911DSP09	ASG
07/21/2015	13:07:44	Jurisdiction		City of Charleston PD_CHPD	(Response Viewer)	Response_Master_Incident	911DSP09	ASG
07/21/2015	13:07:44	Division		CHT4	(Response Viewer)	Response_Master_Incident	911DSP09	ASG
07/21/2015	13:07:44	Battalion		CityBeat434	(Response Viewer)	Response_Master_Incident	911DSP09	ASG
07/21/2015	13:07:44	Response_Area		CHPD 434	(Response Viewer)	Response_Master_Incident	911DSP09	ASG
07/21/2015	13:09:01	Address	2270 ASHLEY CROSSING DR	/*SAINT FRANCIS*	Premise Used.	Response_Master_Incident	911DSP09	ASG
07/21/2015	13:09:02	Address	2270 ASHLEY CROSSING DR	2095 HENRY TECKLENBUR G DR	(Response Viewer)	Response_Master_Incident	911DSP09	ASG
07/21/2015	13:09:02	Latitude	32812236	32810507	(Response Viewer)	Response_Master_Incident	911DSP09	ASG
07/21/2015	13:09:02	Longitude	80038040	80041545	(Response Viewer)	Response_Master_Incident	911DSP09	ASG
07/21/2015	13:09:02	PremiseID	NULL	822	(Response Viewer)	Response_Master_Incident	911DSP09	ASG
07/21/2015	13:09:02	Street_Id	161301	80708	(Response Viewer)	Response_Master_Incident	911DSP09	ASG
07/21/2015	13:09:02	Location_Name		SAINT FRANCIS XAVIER HOSPITAL	(Response Viewer)	Response_Master_Incident	911DSP09	ASG
07/21/2015	13:09:02	Cross_Street	ASHLEY CROSSING LN/UNNAMED _4456 ST	ROPER ST FRANCIS HOSPITAL/M ARIE SULLIVAN ST	(Response Viewer)	Response_Master_Incident	911DSP09	ASG
07/21/2015	13:09:02	Location_Type		Hospital	(Response Viewer)	Response_Master_Incident	911DSP09	ASG
07/21/2015	13:09:02	Battalion	CityBeat434	CityBeat433	(Response Viewer)	Response_Master_Incident	911DSP09	ASG

07/21/2015	13:09:02	Response_Area	CHPD 434	CHPD 433B	(Response Viewer)	Response_Master_Incident	911DSP09	ASG
07/21/2015	13:09:08	Apartment		RM 20	(Response Viewer)	Response_Master_Incident	911DSP09	ASG
07/21/2015	13:09:11	Building		ER	(Response Viewer)	Response_Master_Incident	911DSP09	ASG
07/21/2015	13:09:56	Caller_Name		JAVONE CURNELL	(Response Viewer)	Response_Master_Incident	911DSP09	ASG
07/21/2015	13:09:58	Caller_Location_Name		2270 ASHLEY CROSSING DR	(Response Viewer)	Response_Master_Incident	911DSP09	ASG
07/21/2015	13:10:01	Problem		*Suspicious Person_In Progress	(Response Viewer)	Response_Master_Incident	911DSP09	ASG
07/21/2015	13:10:01	Priority_Description		LP2_Delta		Response_Master_Incident	911DSP09	ASG
07/21/2015	13:10:01	Priority_Number	0	2		Response_Master_Incident	911DSP09	ASG
07/21/2015	13:10:03	ProQaCaseNumber Police		240372	(Response Viewer)	Incident	911DSP09	ASG
07/21/2015	13:10:17	Read Call	False	True	(Response Viewer)	Response_Master_Incident	911DSP31	NEJ
07/21/2015	13:10:17	Read Comment	False	True	(Response Viewer)	Response_Master_Incident	911DSP31	NEJ
07/21/2015	13:10:43	Priority_Number	2	3	Updated by ProQA	Response_Master_Incident	911DSP09	ASG
07/21/2015	13:10:43	Priority_Description	LP2_Delta	LP3_Charlie	Updated by ProQA	Response_Master_Incident	911DSP09	ASG
07/21/2015	13:10:43	Incident_Type	129D	129C	Updated by ProQA	Response_Master_Incident	911DSP09	ASG
07/21/2015	13:10:43	Problem	*Suspicious Person_In Progress	129C_Suspicious Wanted Person	Updated by ProQA	Response_Master_Incident	911DSP09	ASG
07/21/2015	13:10:43	Determinant		129C02	(Response Viewer)	Response_Master_Incident	911DSP09	ASG
07/21/2015	13:10:43	EMD_Used	0	1	(Response Viewer)	Response_Master_Incident	911DSP09	ASG
07/21/2015	13:10:43	CIS_Used	0	null	(Response Viewer)	Response_Master_Incident	911DSP09	ASG
07/21/2015	13:11:46	Read Comment	False	True	(Response Viewer)	Response_Master_Incident	911DSP31	NEJ
07/21/2015	13:12:04	CIS_Used	0	null	(Response Viewer)	Response_Master_Incident	911DSP09	ASG
07/21/2015	13:12:04	ProQATerminationStateCode		C	(Response Viewer)	Incident	911DSP09	ASG
07/21/2015	13:12:07	Read Comment	False	True	(Response Viewer)	Response_Master_Incident	911DSP09	ASG
07/21/2015	13:12:41	Read Comment	False	True	(Comment Notification Window)	Response_Master_Incident	911TECH05	AMW
07/21/2015	13:12:41	Read Comment	False	True	(Comment Notification Window)	Response_Master_Incident	911ADMIN14	AC

07/21/2015	13:12:41	Read Comment	False	True	(Comment Notification Window)	Response_Master_Incident	911DSP14	ADM
07/21/2015	13:12:41	Read Comment	False	True	(Comment Notification Window)	Response_Master_Incident	911DSP22	KNC
07/21/2015	13:12:41	Read Comment	False	True	(Comment Notification Window)	Response_Master_Incident	911DSP13	LJY
07/21/2015	13:12:41	Read Comment	False	True	(Comment Notification Window)	Response_Master_Incident	911DSP12	LMW
07/21/2015	13:12:41	Read Comment	False	True	(Comment Notification Window)	Response_Master_Incident	911DSP16	JMD
07/21/2015	13:12:41	Read Comment	False	True	(Comment Notification Window)	Response_Master_Incident	911DSP21	RNJ
07/21/2015	13:12:41	Read Comment	False	True	(Comment Notification Window)	Response_Master_Incident	911DSP08	MDQ
07/21/2015	13:12:41	Read Comment	False	True	(Comment Notification Window)	Response_Master_Incident	911DSP18	JGC
07/21/2015	13:12:41	Read Comment	False	True	(Comment Notification Window)	Response_Master_Incident	911DSP09	ASG
07/21/2015	13:12:42	Read Comment	False	True	(Comment Notification Window)	Response_Master_Incident	911ADMIN09	TVM
07/21/2015	13:12:42	Read Comment	False	True	(Comment Notification Window)	Response_Master_Incident	911DSP19	LJL
07/21/2015	13:12:42	Read Comment	False	True	(Comment Notification Window)	Response_Master_Incident	911DSP32	AKL
07/21/2015	13:12:42	Read Comment	False	True	(Comment Notification Window)	Response_Master_Incident	911DSP15	ESG
07/21/2015	13:20:27	Read Comment	False	True	(Response Viewer)	Response_Master_Incident	911DSP21	RNJ
07/21/2015	14:12:04	Read Comment	False	True	(Response Viewer)	Response_Master_Incident	911DSP21	RNJ

### Custom Time Stamps

No Custom Time Stamps

### Custom Data Fields

No Custom Data Fields

### Case Number

Case Number

Method

Radio Name

1512101

Request

**Attachments**

No Attachments

**Dispositions**

Date	Time	Unit	Disposition	User
07/21/2015	14:48:23		LCCR_Call Comp/ Report Taken	Matthews, Ashley D

**Supplemental Person**

Name	Date of Birth	License Number	License State	Street Address	Apt.	City	State	Zip	Phone	SSN
CURNELL, JOYCE										
	<b>Gender</b> F	<b>Race</b> Black		<b>Hair Color</b>		<b>Eye Color</b>				
	<b>Weapon</b>		<b>Age</b>			<b>Flight Direction</b>				
	<b>Hat</b>		<b>Min Age</b>			<b>Flight Mode</b>				
	<b>Jacket</b>		<b>Max Age</b>							
	<b>Shirt</b>		<b>Height</b>			<b>Characteristics</b>	DOB: 9/10/??, Age: 48			
	<b>Pants</b>		<b>Min Height</b>			<b>Comments</b>				
	<b>Shoes</b>		<b>Max Height</b>			<b>Description</b>	Suspect			
	<b>Facial</b>		<b>Weight</b>							
	<b>Glasses</b>		<b>Min Weight</b>							
	<b>Build</b>		<b>Max Weight</b>							

**Supplemental Property**

No Supplemental Property

**Supplement Vehicle**

No Supplemental Vehicles

**Supplemental Weapon**

No Supplemental Weapons

# Incident Detail Report

**Incident Status** Closed  
**Incident Number** 201500539789  
**Incident Date** 07/21/2015 13:38:23

## Incident Information

<b>Incident Type:</b>	FUP_Follow Up	<b>Alarm Level:</b>	
<b>Priority:</b>	LP6_Omega	<b>Problem:</b>	Follow Up
<b>Determinant:</b>		<b>Agency:</b>	Law Enforcement
<b>Base Response #:</b>		<b>Jurisdiction:</b>	City of Charleston PD_CHPD
<b>Confirmation #:</b>		<b>Division:</b>	CHT2
<b>Taken By:</b>	Dearborn, Alicia K	<b>Battalion:</b>	CityBeat224
<b>Response Area:</b>	CHPD 224L	<b>Response Plan:</b>	
<b>Disposition:</b>	LCCN_Call Completed/ No Rep	<b>Command Ch:</b>	
<b>Cancel Reason:</b>		<b>Primary TAC:</b>	
<b>Incident Status:</b>	Closed	<b>Alternate TAC:</b>	
<b>Certification:</b>		<b>Delay Reason:</b>	
<b>Longitude:</b>	79950341	<b>Latitude:</b>	32781875
<b>MGRS:</b>	17SNS9830127596	<b>UTM:</b>	17S 598301 3627596

## Incident Location

<b>Location Name:</b>	ROPER HOSPITAL ER	<b>County:</b>	CHARLESTON
<b>Address:</b>	316 Calhoun St	<b>Location Type:</b>	Hospital
<b>Apartment:</b>		<b>Cross Street:</b>	COURTENAY DR/4TH ST
<b>Building:</b>		<b>Tow Provider Area:</b>	SPA CPD DIS 224
<b>City, State, Zip:</b>	CHARLESTON, SC 29401	<b>Map Reference:</b>	

## Call Receipt

<b>Caller Name:</b>		<b>Call Back Phone:</b>	
<b>Method Received:</b>		<b>Caller Location:</b>	
<b>Caller Type:</b>		<b>Caller Apt/Bldg:</b>	/
<b>Caller Address:</b>		<b>Caller County:</b>	
<b>Caller City, State, Zip:</b>			

### Time Stamps

Description	Date	Time	User
Phone Pickup	07/21/2015	13:38:23	
1st Key Stroke	07/21/2015	13:38:23	
In Pending Queue	07/21/2015	13:38:23	
Call Taking Complete	07/21/2015	13:38:23	Dearborn, Alicia K
1st Unit Assigned	07/21/2015	13:38:23	
1st Unit Enroute	07/21/2015	13:38:23	
1st Unit Arrived	07/21/2015	13:53:32	
Incident Under Control			
Time Sent to Other CAD			
Incident Closed	07/21/2015	14:18:35	Dearborn, Alicia K

### Elapsed Times

Description	Time
Received to In Queue	00:00:00
Call Taking	00:00:00
In Queue To 1st Assign	00:00:00
Call Received to 1st Assign	00:00:00
Assigned to 1st Enroute	00:00:00
Enroute to 1st Arrived	00:15:09
Incident Duration	00:40:12

### ANI/ALI Calls

No ANI/ALI Calls

### Units Assigned

Unit	Assigned	Disposition	Enroute	Staged	At Arrived	Delay Patient Avail	Complete	Odm. Enroute	Odm. Arrived	Cancel Reason
NC291	07/21/2015 13:38:23	LCCN_Call Completed/ No Rep	07/21/2015 13:38:23		07/21/2015 5 13:53:32		07/21/2015 5 14:18:35			

### Personnel Assigned

No Personnel Assigned

### Pre-Scheduled Information

No Pre-Scheduled Information

### Special Equipment

No Special Equipment

### Transports

No Transports

### Transport Legs

No Transport Legs

### Comments

Date	Time	User	Type	Confidential	Comment
07/21/2015	13:38:23	Automatic by System	Response		[1] [Address: 316 CALHOUN ST] [Medium] [Knox Box] ROPER HOSPITAL **KNOX BOX - AMBULANCE ENTRANCE AT FD CONNECTION** ID 139
07/21/2015	13:38:23	Automatic by System	Response		[2] [Address: 316 CALHOUN ST] [High] [Automated External Defib] Roper AED is located in tech room at Berkeley (SN-A10A-03361)

## Address Changes

No Address Changes

## Priority Changes

Date	Time	Changed from Priority	Reason	User
07/21/2015	13:38:53	LP98_Officer Initiated 98	Additional Information	Smith, Martha D

## Transport Changes

No Transport Changes

## Transport Priority Changes

No Transport Priority Changes

## Alarm Level Changes

No Alarm Level Changes

## Activity Log

Date	Time	Unit	Activity	Location	Log Entry	User
07/21/2015	13:38:23	NC291	Responding	316 Calhoun St [ROPER HOSPITAL ER]		AKD
07/21/2015	13:38:29		Read Incident		Incident 445 was Marked as Read.	AKD
07/21/2015	13:38:29		Read Comment		Comment for Incident 445 was Marked as Read.	AKD
07/21/2015	13:38:29		Read Comment		Comment for Incident 445 was Marked as Read.	AKD
07/21/2015	13:38:31		Sector Change		From Sector CHT2 to Sector NCADM	AKD
07/21/2015	13:38:31		Update Incident Sector		Incident 445 was transferred To Sector NCADM	AKD
07/21/2015	13:38:32		UserAction		User clicked Exit/Save	AKD
07/21/2015	13:38:50		Read Comment		Comment for Incident 445 was Marked as Read.	MDS
07/21/2015	13:38:50		Read Comment		Comment for Incident 445 was Marked as Read.	MDS
07/21/2015	13:38:53		Incident Priority Change		Incident priority changed from LP98_Officer Initiated to LP6_Omega due to Additional Information	MDS
07/21/2015	13:38:55		UserAction		User clicked Exit/Save	MDS
07/21/2015	13:53:32	NC291	At Scene	316 Calhoun St		AKD
07/21/2015	14:18:35		Response Closed	ROPER HOSPITAL ER	Response Disposition: LCCN_Call Completed/ No Rep	AKD
07/21/2015	14:18:35	NC291	Available	316 Calhoun St [ROPER		AKD

HOSPITAL ER]

02/24/2016	20:12:07	UserAction	User clicked Exit/Save	MLH
02/24/2016	20:20:08	UserAction	User clicked Exit/Save	AWD
02/24/2016	20:30:48	UserAction	User clicked Exit/Save	AWD
02/25/2016	10:14:08	UserAction	User clicked Exit/Save	TVM

Edit Log

Date	Time	Field	Changed From	Changed To	Reason	Table	Workstation	User
07/21/2015	13:38:29	Read Call	False	True	(Response Viewer)	Response_Master_Incident	911DSP25	AKD
07/21/2015	13:38:29	Read Comment	False	True	(Response Viewer)	Response_Master_Incident	911DSP25	AKD
07/21/2015	13:38:29	Read Comment	False	True	(Response Viewer)	Response_Master_Incident	911DSP25	AKD
07/21/2015	13:38:31	HomeSectorID	2	20	(Response Viewer)	Response_Master_Incident	911DSP25	AKD
07/21/2015	13:38:31	CurrentSectorID	2	20	(Response Viewer)	Response_Master_Incident	911DSP25	AKD
07/21/2015	13:38:31	CurrentDivision	CHT2	NCADM	(Response Viewer)	Response_Master_Incident	911DSP25	AKD
07/21/2015	13:38:31	Current Sector	CHT2	NCADM	(Response Viewer)	Response_Master_Incident	911DSP25	AKD
07/21/2015	13:38:50	Read Comment	False	True	(Response Viewer)	Response_Master_Incident	911DSP24	MDS
07/21/2015	13:38:50	Read Comment	False	True	(Response Viewer)	Response_Master_Incident	911DSP24	MDS
07/21/2015	13:38:53	Priority_Description	LP98_Officer Initiated	LP6_Omega	Additional Information	Response_Master_Incident	911DSP24	MDS
07/21/2015	13:38:53	Priority_Number	98	6	Additional Information	Response_Master_Incident	911DSP24	MDS

Custom Time Stamps

No Custom Time Stamps

Custom Data Fields

No Custom Data Fields

Case Number

No Case Numbers

Attachments

No Attachments

Dispositions

<b>Date</b>	<b>Time</b>	<b>Unit</b>	<b>Disposition</b>	<b>User</b>
07/21/2015	14:18:35		LCCN_Call Completed/ No Rep	Dearborn, Alicia K

**Supplemental Person**

**No Supplemental Persons**

**Supplemental Property**

**No Supplemental Property**

**Supplement Vehicle**

**No Supplemental Vehicles**

**Supplemental Weapon**

**No Supplemental Weapons**