

INCIDENT DATA

Location of Incident <i>Henry Tecklenberg, Charleston SC 29414-</i>		Premise Type <i>Drug Store/drs</i>	Zone/Tract	07/21/2015 14:56 Tue At Found 07/21/2015 14:56 Tue	
#1	Crime Incident(s) (Com) <i>Assisting Other Agencies</i> <i>952</i>	Weapon / Tools			Activity <i>N</i>
		Entry	Exit	Security	
#2	Crime Incident ()	Weapon / Tools			Activity
		Entry	Exit	Security	
#3	Crime Incident ()	Weapon / Tools			Activity
		Entry	Exit	Security	

MO

# of Victims		I		Type: BUSINESS				Injury:					
V1	Victim/Business Name (Last, First, Middle) SOCIETY				Victim of Crime # I.		DOB Age		Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status
Home Address										Home Phone			
Employer Name/Address									Business Phone		Mobile Phone		
VYR	Make	Model	Style	Color	Lic/Lis				VIN				

OTHERS INVOLVED

CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)										
Type: LAW ENFORCEMENT										
Injury:										
Code	Name (Last, First, Middle)	Victim of Crime #	DOB	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status		
CO	HUTSON, CALEB ARTHUR		09/23/1991 Age 23	W	M					
Home Address							Home Phone			
Employer Name/Address						Business Phone		Mobile Phone		
Type:										
Injury:										
Code	Name (Last, First, Middle)	Victim of Crime #	DOB	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status		
			Age							
Home Address							Home Phone			
Employer Name/Address						Business Phone		Mobile Phone		

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[illegible]

02/25/2016 09:37

Page 2

Case# 15-12101

Status Codes 1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown

[illegible]

Assisting Officers

Suspect Hate / Bias Motivated:

Page 2

NARRATIVE

On 7/21/2015 at approximately 1345 hours, Officer Hutson responded to Roper St Francis Hospital in response to a possible wanted party being treated in room 20.

Upon arrival, Officer Hutson made contact with the complainant, who wished to remain anonymous, who stated that the offender, Joyce Curnell, was in room 20. Officer Hutson then made contact with Mrs. Curnell who stated she did have a warrant with Charleston County (OWA: 2012017452B) for shop lifting.

Officer Hutson then confirmed the warrant through CPD Channel 2 and a case number was generated via Channel 2 (15-12101). Upon confirmation of Mrs. Cornnell's warrant with Charleston County, Officer Hutson stood by while Charleston County responded to take Mrs. Cornnell into custody. There is nothing further to report at this time.

Incident Report Suspect List

Charleston Police Department

OCA: 15-12101

1	Name (Last, First, Middle)					Also Known As					Home Address																																																																									
	CURNELL, JOYCE										2030 HIGHWAY 174 EDISTO ISLAND, SC 29438																																																																									
	Business Address																																																																																			
	DOB.	Age	Race	Sex	Eth	Hgt	Wgt	Hair	Eye	Skin	Driver's License / State.																																																																									
	09/10/1964	50	B	F	N	601	156	BLK	BRO	DBR																																																																										
Scars, Marks, Tattoos, or other distinguishing features																																																																																				
<table border="1"> <tr> <td colspan="2">Reported Suspect Detail</td> <td colspan="2">Suspect Age</td> <td>Race</td> <td>Sex</td> <td>Eth</td> <td colspan="2">Height</td> <td colspan="2">Weight</td> <td colspan="3">SSN</td> </tr> <tr> <td colspan="2">Weapon, Type</td> <td colspan="2">Feature</td> <td colspan="2">Make</td> <td colspan="2">Model</td> <td colspan="2">Color</td> <td>Caliber</td> <td colspan="3">Dir of Travel</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td></td> <td colspan="3">Mode of Travel</td> </tr> <tr> <td colspan="4">Veh Yr/Make/Model</td> <td>Drs</td> <td colspan="2">Style</td> <td colspan="2">Color</td> <td colspan="2">Lic/St</td> <td colspan="3">VIN</td> </tr> <tr> <td colspan="4"></td> <td></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="3"></td> </tr> </table>															Reported Suspect Detail		Suspect Age		Race	Sex	Eth	Height		Weight		SSN			Weapon, Type		Feature		Make		Model		Color		Caliber	Dir of Travel														Mode of Travel			Veh Yr/Make/Model				Drs	Style		Color		Lic/St		VIN																
Reported Suspect Detail		Suspect Age		Race	Sex	Eth	Height		Weight		SSN																																																																									
Weapon, Type		Feature		Make		Model		Color		Caliber	Dir of Travel																																																																									
											Mode of Travel																																																																									
Veh Yr/Make/Model				Drs	Style		Color		Lic/St		VIN																																																																									
<table border="1"> <tr> <td colspan="10">Notes</td> <td colspan="5">Physical Char</td> </tr> <tr> <td colspan="15"></td> </tr> </table>															Notes										Physical Char																																																											
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CHARLESTON COUNTY SHERIFF'S OFFICE
3691 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	DATE OF BIRTH 9-10-64
AGE 50	ETH. N	HEIGHT 6'1"	WEIGHT 156	HAIR BLK	EYES BRO	SOCIAL SECURITY NUMBER [REDACTED]		VISIBLE SCARS AND MARKS	
ADDRESS (NUMBER AND STREET) 7961 Maxi Rd					CITY Edisto Island	STATE S.C.	ZIP CODE 29458	RESIDENT J	PHONE NUMBER [REDACTED]
ALIAS					PLACE OF BIRTH S.C.	DRIVER'S LICENSE AND/OR STATE [REDACTED]		ADDRESS (CITY AND STATE)	
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 CLSO
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 checked="" type="checkbox"/> CUSTODY		
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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TOWED BY: N/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		N/A		N/A			
STATUTE		Mag-BW		N/A		N/A			
BOND AMOUNT		11,198.90 or 30 days		N/A		N/A			
WARRANT/TICKET #		2012 B1011200112		N/A		N/A			
BOND/HEARING DATE		N/A		N/A		N/A			
DATE & TIME OF TRIAL/MAGISTRATE		B - W		N/A		N/A			
#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. SIGNATURE [Signature]									
DATE F.P.		TIME F.P.		I.D. TECHNICIAN		PHOTOID #		DATE OF PHOTO	
DATE 7-21-15		TIME 1506		SEARCHING OFFICER Reid		SUPERVISOR REVIEW AND SIGN			
CONDITION AT TIME OF ADMISSION				HOW LONG IN CHRG.		RELIGION		EDUCATION	
EXPLAIN Fair									
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.									
HOW INMATE RELEASED: <input type="checkbox"/> BOND <input type="checkbox"/> FINE AMOUNTS		<input type="checkbox"/> SURETY BOND / COMPANY		<input type="checkbox"/> EXPIRATION OF SENTENCE		DATE		TIME	
TRANSFERRED OR RELEASED TO:		RECEIPT NO.		<input type="checkbox"/> BY CLERK OF COURT <input type="checkbox"/> REL. AT COURT		DATE		TIME	
AGENCY:				OFFICER:					
RELEASING OFFICER						SUPERVISOR REVIEW AND SIGN			

INCIDENT REPORT

SC0100000		DISPATCH NUMBER 2015-011605		ORIGINAL CASE NUMBER		PAGE 1 OF 1 PAGES		NIC 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 checked="" type="checkbox"/> NO		PREMISE TYPE Detention Center		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: 3841 Leeds Avenue, North Charleston SC															
		ZIP CODE 29405		WEAPON TYPE N/A											
BEGINNING INCIDENT DATE 7-22-15		24 HR. CLOCK 1412		ENDING INCIDENT DATE 7-22-15		24 HR. CLOCK 1708		DISP. DATE 7-22-15		DISP. TIME 1715		TIME ARRIVED 1717		DEPART TIME 1930	
NAME: (LAST, FIRST, MIDDLE) Charleston County Sheriff's Office															
RELATIONSHIP TO SUBJECT 031741															
RESIDENT <input checked="" type="checkbox"/> RACE <input type="checkbox"/> SEX <input type="checkbox"/> AGE <input type="checkbox"/> DOB <input type="checkbox"/> ETH <input type="checkbox"/>															
HEIGHT <input type="checkbox"/> WEIGHT <input type="checkbox"/> HAIR <input type="checkbox"/> EYES <input type="checkbox"/> 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 <input type="checkbox"/> RACE <input type="checkbox"/> SEX <input type="checkbox"/> AGE <input type="checkbox"/> DOB <input type="checkbox"/> ETH <input type="checkbox"/>															
HEIGHT <input type="checkbox"/> WEIGHT <input type="checkbox"/> HAIR <input type="checkbox"/> EYES <input type="checkbox"/> 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															
TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE SPLASMT <input type="checkbox"/> ALONE															
ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED															
EXPLAIN OCCUPATION															
EMPLOYER															
ALIAS															
NIC #															
NAME: (LAST, FIRST, MIDDLE) Curnell, Joyce Elaine															
RELATIONSHIP TO SUBJECT 0000625697															
RESIDENT <input type="checkbox"/> RACE <input type="checkbox"/> SEX <input type="checkbox"/> AGE <input type="checkbox"/> DOB <input type="checkbox"/> ETH <input type="checkbox"/>															
HEIGHT <input type="checkbox"/> WEIGHT <input type="checkbox"/> HAIR <input type="checkbox"/> EYES <input type="checkbox"/> FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.															
DRIVERS LIC / ID & STATE															
SOCIAL SECURITY #															
ADDRESS #															
STREET NAME															
CITY															
STATE															
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EVENING PHONE															
<input checked="" 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															
TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE SPLASMT <input type="checkbox"/> ALONE															
ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED															
EXPLAIN OCCUPATION															
EMPLOYER															
ALIAS															
NIC #															
NAME: (LAST, FIRST, MIDDLE) Curnell, Joyce Elaine															
RELATIONSHIP TO SUBJECT 0000625697															
RESIDENT <input type="checkbox"/> RACE <input type="checkbox"/> SEX <input type="checkbox"/> AGE <input type="checkbox"/> DOB <input type="checkbox"/> ETH <input type="checkbox"/>															
HEIGHT <input type="checkbox"/> WEIGHT <input type="checkbox"/> HAIR <input type="checkbox"/> EYES <input type="checkbox"/> FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.															
DRIVERS LIC / ID & STATE															
SOCIAL SECURITY #															
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EVENING PHONE															
<input checked="" 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															
TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE SPLASMT <input type="checkbox"/> ALONE															
ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED															
EXPLAIN OCCUPATION															
EMPLOYER															
ALIAS															
NIC #															
(A) CHARGE N/A															
(C) CHARGE N/A															
(B) CHARGE N/A															
(D) CHARGE N/A															
(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.															
ORIGINAL COPY															
TYPE (GROUP)		N/A								TOTAL VALUE		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY			
STOLEN				N/A								N/A			
DAMAGED						N/A									
BURNED								N/A							
RECOVERED										N/A					
SEIZED												N/A			
SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO															
SUBJECT LOCATED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO															
<input 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)				DATE		BADGE NUMBER		APPROVING OFFICER				DATE		BADGE NUMBER	
Sgt. J. Cain				7-22-15		9106		Lt. M. Knox				7-22-15		10067	
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	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		

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 Breshears, 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

PROPERTY EST.	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
ADMINISTRATIVE	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"/> 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	
	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	

INCIDENT SUPPLEMENT

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

J. Al Cannon, Jr.
Sheriff

ES

SC0100000	DISPATCH NUMBER N/A	ORIGINAL CASE NUMBER 2015-011605-B	PAGE 2 OF 4 PAGES	NCIC ENTRY	INO.	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		

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: Sickel cell disease/traic 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

NARRATIVE

PROPERTY EST.	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	
ADMINISTRATIVE	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 checked="" type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ADM. CLOSED	<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)		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		NCIC ENTRY		BIO.		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) 000062547		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	DOB	ETH		
	<input checked="" type="checkbox"/> VICTIM # 1	Curnell, Joyce Elaine		#1 NA	#2 NA	#3 NA	OSOU	B	F	51	9/10/1964	N	
	<input type="checkbox"/> SUSPECT #	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				DRIVERS LIC./D. & STATE			
	<input type="checkbox"/> SUBJECT #	601	156	BLK	BRO					SOCIAL SECURITY #			
	<input type="checkbox"/> WITNESS #	ADDRESS		CITY		STATE	ZIP CODE	DAY PHONE		H	EVENING PHONE		H
<input type="checkbox"/> WANTED	7961 Maxie Rd		Edisto Island		SC	29438			B			B	
<input type="checkbox"/> WARRANT	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"/> ARREST	EXPLAIN:		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		DRUGS: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES TYPE: <input type="checkbox"/> UNK.		<input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED						
<input type="checkbox"/> RUNAWAY	OCCUPATION		EMPLOYER		ALIAS		NIC #						
<input type="checkbox"/> MISSING PERSON	UNK		UNK										
ARREST	(A) CHARGE		(C) CHARGE										
	NA		NA										
ARREST	(B) CHARGE		(D) CHARGE										
	NA		NA										
SUBJ. I.D.	<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST MIDDLE) 0001422103		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	DOB	ETH		
	<input type="checkbox"/> VICTIM #	Diehl-Moore, Atala		#1 NA	#2 NA	#3 NA	OSOU	W	F	42	3/17/1973	N	
	<input type="checkbox"/> SUSPECT #	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				DRIVERS LIC./D. & STATE			
	<input type="checkbox"/> SUBJECT #	506	250	Blnd	Haz					SOCIAL SECURITY #			
	<input checked="" type="checkbox"/> WITNESS # 1	ADDRESS		CITY		STATE	ZIP CODE	DAY PHONE		H	EVENING PHONE		H
<input type="checkbox"/> WANTED	3841 Leeds Ave		N Chas		SC	29405			B			B	
<input type="checkbox"/> WARRANT	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"/> ARREST	EXPLAIN:		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		DRUGS: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES TYPE: <input type="checkbox"/> UNK.		<input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED						
<input type="checkbox"/> RUNAWAY	OCCUPATION		EMPLOYER		ALIAS		NIC #						
<input type="checkbox"/> MISSING PERSON	Detention Officer		CCSO										
ARREST	(A) CHARGE		(C) CHARGE										
	NA		NA										
ARREST	(B) CHARGE		(D) CHARGE										
	NA		NA										
SUBJ. I.D.	<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST MIDDLE) 0001285958		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	DOB	ETH		
	<input type="checkbox"/> VICTIM #	Breshers, Davida		#1 NA	#2 NA	#3 NA	OSOU	B	F	44	10/14/1971	N	
	<input type="checkbox"/> SUSPECT #	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				DRIVERS LIC./D. & STATE			
	<input type="checkbox"/> SUBJECT #	503	186	Blk	Bro					SOCIAL SECURITY #			
	<input checked="" type="checkbox"/> WITNESS # 2	ADDRESS		CITY		STATE	ZIP CODE	DAY PHONE		H	EVENING PHONE		H
<input type="checkbox"/> WANTED	3841 Leeds Ave		N Charleston		SC	29405			B			B	
<input type="checkbox"/> WARRANT	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"/> ARREST	EXPLAIN:		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		DRUGS: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES TYPE: <input type="checkbox"/> UNK.		<input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED						
<input type="checkbox"/> RUNAWAY	OCCUPATION		EMPLOYER		ALIAS		NIC #						
<input type="checkbox"/> MISSING PERSON	Detention Officer		CCSO										
ARREST	(A) CHARGE		(C) CHARGE										
	NA		NA										
ARREST	(B) CHARGE		(D) CHARGE										
	NA		NA										
REMARKS	ORIGINAL COPY												
ADMINISTRATIVE	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			

PERSON SUPPLEMENT

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

SC0100000		DISPATCH NUMBER	ORIGINAL CASE NUMBER		PAGE 4 OF 4 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																																							
<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # <input type="checkbox"/> SUSPECT # <input type="checkbox"/> SUBJECT # <input checked="" type="checkbox"/> WITNESS # 3 <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) Jones, Brandon 0001526326										RELATIONSHIP TO SUBJECT #1 NA #2 NA #3 NA										RESIDENT J S O U										RACE SEX B M										AGE 30										DOB 1/20/1985										ETH N									
HEIGHT 510										WEIGHT 160										HAIR Blk										EYES Bro										FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.										DRIVERS LIC./D. & STATE										SOCIAL SECURITY #																			
ADDRESS 3841 Leeds Ave										CITY N Chas										STATE SC										ZIP CODE 29405										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.										TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE/SPLASMT <input type="checkbox"/> ALONE																																																	
EXPLAIN:										DRUGS: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES TYPE:										ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED																																																											
OCCUPATION Detention Officer										EMPLOYER CCSO										ALIAS										NIC #																																																	
(A) CHARGE NA										(C) CHARGE NA																																																																					
(B) CHARGE NA										(D) CHARGE NA																																																																					
<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # <input type="checkbox"/> SUSPECT # <input type="checkbox"/> SUBJECT # <input checked="" type="checkbox"/> WITNESS # 4 <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) Roderick, Robert 0001468486										RELATIONSHIP TO SUBJECT #1 NA #2 NA #3 NA										RESIDENT J S O U										RACE SEX W M										AGE 44										DOB 8/11/1971										ETH N									
HEIGHT 600										WEIGHT 160										HAIR Bro										EYES Haz										FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.										DRIVERS LIC./D. & STATE										SOCIAL SECURITY #																			
ADDRESS 3841 Leeds Ave										CITY N Chas										STATE SC										ZIP CODE 29405										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.										TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE/SPLASMT <input type="checkbox"/> ALONE																																																	
EXPLAIN:										DRUGS: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES TYPE:										ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED																																																											
OCCUPATION Detention Officer										EMPLOYER CCSO										ALIAS										NIC #																																																	
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(B) CHARGE NA										(D) CHARGE NA																																																																					
<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # <input type="checkbox"/> SUSPECT # <input type="checkbox"/> SUBJECT # <input checked="" type="checkbox"/> WITNESS # 5 <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) Butler, Brittany 0001526327										RELATIONSHIP TO SUBJECT #1 NA #2 NA #3 NA										RESIDENT J S O U										RACE SEX B F										AGE 23										DOB 7/18/1992										ETH N									
HEIGHT 505										WEIGHT 170										HAIR Blk										EYES Bro										FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.										DRIVERS LIC./D. & STATE										SOCIAL SECURITY #																			
ADDRESS 3841 Leeds Ave										CITY N Chas										STATE SC										ZIP CODE 29405										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.										TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE/SPLASMT <input type="checkbox"/> ALONE																																																	
EXPLAIN:										DRUGS: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES TYPE:										ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED																																																											
OCCUPATION Detention Officer										EMPLOYER CCSO										ALIAS										NIC #																																																	
(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 checked="" type="checkbox"/> UNFOUNDED										ADM. CLOSED										ARREST UNDER 18 ARREST 18 AND OVER										EX-CLEARED UNDER 18 EX-CLEARED 18 AND OVER																													
REASON FOR EXCEPTIONAL CLEARANCE										OFFENDER DEATH										NO PROSECUTION										EXTRADITION DENIED										VICTIM DECLINES COOPERATION										JUVENILE NO CUSTODY																													
REPORTING OFFICER(S) WILSON, MITCHELL										DATE 10/19/2015										BADGE NUMBER 10056										APPROVING OFFICER BRYANT, MARK A.										DATE 10/19/2015										BADGE NUMBER 9262																													
FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO										OFFICER																																																																					

CCSO-100

Incident Detail Report

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

Incident Information

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

Incident Location

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

Call Receipt

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

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	Enroute	Odm. Arrived	Odm. 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
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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	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/UNNAMED_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 TECKLENBURG 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/MARIE 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										
	Gender F	Race	Black	Hair Color		Eye Color				
	Weapon		Age			Flight Direction				
	Hat		Min Age			Flight Mode				
	Jacket		Max Age							
	Shirt		Height			Characteristics	DOB: 9/10/??, Age: 48			
	Pants		Min Height			Comments				
	Shoes		Max Height			Description	Suspect			
	Facial		Weight							
	Glasses		Min Weight							
	Build		Max Weight							

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

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

Incident Location

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

Call Receipt

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

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 Patient	Delay 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

Date	Time	Unit	Disposition	User
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