

INCIDENT REPORT

SC0100000		DISPATCH NUMBER 2016-017512		ORIGINAL CASE NUMBER		PAGE 1 OF 2 PAGES		NCIC ENTRY#		SHERIFF INFO. ENT.			
EVENT	INCIDENT TYPE				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 Roadway		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 checked="" type="checkbox"/> POLICE OFF.			
						<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO						
						<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO						
INCIDENT LOCATION: Pinewood Dr and Hwy 78 Ladson, SC						ZIP CODE 29456	WEAPON TYPE Hands/Baton						
BEGINNING INCIDENT DATE 11-13-16		24 HR. CLOCK 1600		ENDING INCIDENT DATE 11-13-16		24 HR. CLOCK 1625		DISP. DATE 11-13-16	DISP. TIME 1619	TIME ARRIVED 1627	DEPART TIME 2030	TRACT #	
COMPLAINANT	NAME: (LAST, FIRST, MIDDLE) Knight, Christine				RELATIONSHIP TO SUBJECT #1		RESIDENT J	RACE F	SEX F	AGE 40	DOB	ETH	
	HEIGHT	WEIGHT	HAIR XXX	EYES XXX	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.			DRIVERS LIC / ID & STATE		SOCIAL SECURITY #			
	ADDRESS # Unk		STREET NAME			CITY	STATE	ZIP CODE	DAY PHONE 843-471-4916		EVENING PHONE		
	OCCUPATION		EMPLOYER			ALIAS		NIC #					
VICTIM #1	NAME: (LAST, FIRST, MIDDLE) Reiter, Levi				RELATIONSHIP TO SUBJECT #1 Stranger		RESIDENT J	RACE W	SEX M	AGE	DOB	ETH N	
	HEIGHT	WEIGHT	HAIR XXX	EYES XXX	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.			DRIVERS LIC / ID & STATE		SOCIAL SECURITY #			
	ADDRESS # 3691		STREET NAME Leeds Ave			CITY North Charleston	STATE SC	ZIP CODE 29405	DAY PHONE 843-202-1700		EVENING PHONE		
	OCCUPATION Deputy Sheriff		EMPLOYER CCSO			ALIAS		NIC #					
SUBJ. I.D.	NAME: (LAST, FIRST, MIDDLE) Biltner, Robert				RELATIONSHIP TO SUBJECT #1 Stranger		RESIDENT J	RACE W	SEX M	AGE	DOB	ETH N	
	HEIGHT	WEIGHT	HAIR XXX	EYES XXX	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.			DRIVERS LIC / ID & STATE		SOCIAL SECURITY #			
	ADDRESS # 3691		STREET NAME Leeds Ave			CITY North Charleston	STATE SC	ZIP CODE 29405	DAY PHONE 843-202-1700		EVENING PHONE		
	OCCUPATION Deputy Sheriff		EMPLOYER CCSO			ALIAS		NIC #					
ARREST	(A) CHARGE				(C) CHARGE								
	(B) CHARGE				(D) CHARGE								
NARRATIVE	(Ladson) I responded to assist victims 1 and 2 in reference to a disturbance on Pinewood Dr and Hwy 78. Upon arrival I noticed EMS, Fire and multiple other law enforcement agencies already on the scene. I observed victim 1 was seated in the driver's seat of his patrol car with his feet on the ground being treated by EMS. Victim 2 was being escorted to an ambulance to be treated by EMS as well. An unknown subject was already in an ambulance being treated and at which time the ambulance departed to the area hospital. Victims 1 and 2 were transported to area hospitals by another ambulance. Sgt. Brinson arrived on scene and took over the scene and at which time I began to secure the area. CID arrived on scene followed by FSU. I attempted to contact the complainant via telephone and I left a message for her to contact the CCSO. Our body cameras were activated. No further information at this time.												
PROPERTY EST.	TYPE (GROUP)		NA								TOTAL VALUE		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY NA JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY
	STOLEN												
	DAMAGED												
	BURNED												
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"/> ARRESTED UNDER 18		<input type="checkbox"/> EX-CLEAR UNDER 18				
					<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR 18 AND OVER				
	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE NO CUSTODY												
	REPORTING OFFICER(S)		DATE		BADGE NUMBER		APPROVING OFFICER		DATE		BADGE NUMBER		
S. Jarvis		11-13-16		10862		Sgt S. Brinson		11-13-16		9801			
R. Hamill		11-13-16		9894		FOLLOW-UP INVESTIGATION		<input type="checkbox"/> YES <input type="checkbox"/> NO					

J. Al Cannon, Jr.

Sheriff

SC0100000		DISPATCH NUMBER 2016-017512		ORIGINAL CASE NUMBER		PAGE 2 OF 2 PAGES		NGIC ENTRY NO		ING.		ENT.	
<input checked="" type="checkbox"/> ORIGINAL REPORT <input type="checkbox"/> MODIFIES REPORT		<input type="checkbox"/> SUPPLEMENTAL REPORT <input type="checkbox"/> CASE STATUS CHANGE		<input type="checkbox"/> ADDITIONAL VICTIMS <input type="checkbox"/> ADDITIONAL OFFENDERS		<input type="checkbox"/> ADDITIONAL WITNESSES <input type="checkbox"/> ADDITIONAL SUBJECTS		<input type="checkbox"/> ADDITIONAL STOLEN PROPERTY <input type="checkbox"/> ADDITIONAL RECOVERED PROPERTY					
SUBJ. I.D.	<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # <input type="checkbox"/> SUSPECT # <input checked="" type="checkbox"/> SUBJECT # 1 <input type="checkbox"/> WITNESS # <input type="checkbox"/> WANTED <input type="checkbox"/> WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/> RUNAWAY <input type="checkbox"/> MISSING PERSON		NAME: (LAST, FIRST, MIDDLE) Unk										
	RELATIONSHIP TO SUBJECT #1 #2 #3 #1 #2 #3												
	HEIGHT WEIGHT HAIR EYES FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. #1 #2 #3												
	DRIVERS LIC / ID & STATE SOCIAL SECURITY #												
	ADDRESS # STREET NAME CITY STATE ZIP CODE DAY PHONE EVENING PHONE H H												
ARREST	<input type="checkbox"/> VISIBLE INJURY YES <input type="checkbox"/> NO <input type="checkbox"/>		<input type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES <input type="checkbox"/> NO <input type="checkbox"/> YES		USING ALCOHOL UNK <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/>		<input type="checkbox"/> TWO-WAY VEHICLE ASSISTED <input type="checkbox"/> ONE-WAY VEHICLE ASSISTED		<input type="checkbox"/> DETECTIVE SPLASMT <input type="checkbox"/> OTHER		<input type="checkbox"/> ALONE <input type="checkbox"/>		
	EXPLAIN		OCCUPATION		EMPLOYER		ALIAS		NIC #				
	(A) CHARGE		(C) CHARGE		(B) CHARGE		(D) CHARGE						
SUBJ. I.D.	<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # <input type="checkbox"/> SUSPECT # <input type="checkbox"/> SUBJECT # <input type="checkbox"/> WITNESS # <input type="checkbox"/> WANTED <input type="checkbox"/> WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/> RUNAWAY <input type="checkbox"/> MISSING PERSON		NAME: (LAST, FIRST, MIDDLE) Unk										
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	EXPLAIN		OCCUPATION		EMPLOYER		ALIAS		NIC #				
	(A) CHARGE		(C) CHARGE		(B) CHARGE		(D) CHARGE						
REMARKS													
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"/> EX-CLEAR UNDER 18 <input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER													
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R.Hamill			11/13/2016		9394		FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO			OFFICER			