

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

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SC Court of Appeals

APPEAL FROM DILLON COUNTY
Court of Common Pleas

Jerry M. Angelo, Special Referee

Case No. 2010-CP-17-062
Appellate Case No. 2014-001580

Jammie Anderson.....Respondent,

v.

Jerry W. Page and James Page, individually and d/b/a James
Page Farms.....Defendants,

Of whom Jerry W. Page is the Appellant.

RECORD ON APPEAL

Michael C. Abbott
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Jammie Anderson,
Plaintiff,
-vs-
Jerry W. Page and James
Page, individually and d/b/a
James Page Farms,
Defendants.

ORDER OF
SPECIAL REFEREE

ACQUITTED
TRIAL
[Signature]
CLERK OF COURT
DILLON COUNTY

FILED
GWEN T. HYATT
2014 JUN 13 AM 10:16
CLERK OF COURT
DILLON COUNTY

Date of Hearing: May 14, 2014
Special Referee: Jerry M. Angelo
Plaintiff's Attorney: George Jebaily
Defendant, Jerry
W. Page's, Attorney: Pro Se

This matter comes before me as Special Referee by appointment of the Honorable Paul M. Burch, subsequent to an Order of Default pursuant to §14-11-60 and §15-31-150 and Rule 51, South Carolina Rules of Civil Procedure. The Summons and Complaint were filed with the Dillon County Clerk of Court on February 7, 2012. The Defendant, Jerry W. Page, was personally served on February 15, 2012, as evidenced by the Affidavit of Service filed with the Court. By Order of Judge Burch, in his Order of April 11, 2012, this Defendant was found to be in default. Judge Burch referred the matter to the undersigned as Special Referee for a hearing on damages.

This case arises from an accident that occurred on April 12, 2009 in which one of the Defendant's cattle ran across Highway 55 and caused a collision with Plaintiff's automobile.

The hearing was scheduled for July 26, 2012 at the Jebaily Law Firm in Florence

1 [Signature] #1

South Carolina. The Notice of Hearing on Damages was served on this Defendant. At the time of the hearing, the co-defendant, James Page d/b/a James Page Farms, had not been served. The hearing was then continued until James Page was served.

The undersigned was then informed on February 18, 2014 that James Page was dismissed from this action without prejudice as evidenced by the Stipulation of Dismissal executed on February 18, 2014.

A second hearing on damages was scheduled for May 14, 2014 at the Jebaily Law Firm. The Notice of Hearing on Damages was served on the Defendant, Jerry W. Page, on March 25, 2014.

The hearing was scheduled to begin at 10:00 a.m. At that time, the undersigned inquired as to the Defendant's presence. The Defendant was not present nor had he contacted the Plaintiff's attorney, anyone at the Jebaily Law Firm or the Special Referee. The Court waited 15 minutes prior to beginning the default hearing. The Defendant finally made an appearance at approximately 10:35 a.m. He then participated in the proceedings.

Testimony was taken and documents were offered into evidence.

It should be noted that the Defendant, Jerry W. Page, was given every opportunity to have consulted with an attorney prior to the hearing and to have an attorney present with him at the hearing. He chose not to. In fact, he chose to participate in the hearing. He was given specific instructions by the Court with regard to what his role would be limited to and the fact that he would be held to the same standard as an attorney. He participated in the hearing.

FINDINGS OF FACTS

After hearing testimony and reviewing the evidence offered, I make the following

findings of fact:

1. This matter comes before me by Order of the Honorable Paul M. Burch subsequent to an Order of Default pursuant to §14-11-60 and §15-31-150, South Carolina Code of Laws (1976, as amended), and Rules 53 and 55(b)(2), South Carolina Rules of Civil Procedure.

2. Jurisdiction of this entire matter was vested in the Special Referee as of the date of the Order to determine any and all matters that might arise concerning this case thereafter. Jurisdiction and venue are proper.

3. The Defendant was notified of the hearing by United States Mail and was present at the hearing.

4. On April 12, 2009, the Plaintiff was driving his vehicle along Highway 55 in the evening when one of the Defendant's cows ran across the highway and collided with Plaintiff's van. The collision forced the van off the road into the shoulder where it hit a tree head on. The collision was so severe that it caused the Plaintiff to be thrown through the windshield. The cow belonged to the Defendant, Jerry W. Page.

5. Plaintiff's vehicle, a 1997 Dodge Van, was totalled with property damage estimated at \$4,500.00. The vehicle was sold for salvage for \$800.00.

6. The Plaintiff was severely injured as a direct and proximate cause of the Defendant's negligence. Plaintiff was treated for his significant, traumatic injuries to his head, neck, back and right leg.

7. Plaintiff's medical procedures and treatments included the following:

Dillon County EMS -	\$ 579.08
Marion County Medical Center -	8,640.61
Caladonia Financial ER Physician -	460.00
Radiology Associates of Marion -	1,059.24
CareSouth Carolina, Inc. -	233.00
Medications -	<u>52.00</u>

Total -

\$11,023.94

8. Plaintiff still suffers from right leg pain. Plaintiff has a permanent raised scar on his lower right leg approximately 4 to 6 inches long.

9. Plaintiff continues to have severe anxiety attacks that significantly diminished his ability to travel.

10. At the time of the accident Plaintiff was working 40 hours a week earning \$8.50 per hour. In addition, it should be noted, that the Plaintiff was a volunteer fireman engaged in training to become a full-time firefighter. The injuries sustained by Plaintiff at the time of the accident restricted him from preparatory firefighter training. The severe anxiety attacks caused by the accident prohibit Plaintiff from becoming a full-time firefighter.

11. Plaintiff's medical condition with regard to anxiety attacks continue to this day which affect his ability to work, travel comfortably and conduct his normal daily activities as before the accident.

12. Plaintiff is 42 years old with a life expectancy of 32.26 years.

13. Plaintiff sustained net property damage in the amount of \$3,700.00.

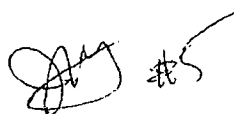
14. Defendant, Jerry W. Page, has a long history of similar negligent behavior regarding his farm animals getting loose and causing property damage and accidents. The Court has in Plaintiff's Exhibit 9, twenty-six (26) Incident Reports dating from August 22, 2006 through August 13, 2008. All of these reports deal with Defendant's farm animals getting lose and causing damage. They also clearly indicate that Defendant has no intent on remedying this danger. It is apparent to this Court that punitive damages are in order after careful consideration of existing case law regarding the awarding of punitive damages. It is the hope of this Court that these punitive damages, otherwise known as exemplary damages, will actually deter the Defendant

from further negligent behavior and act as an example to deter others. The Defendant will pay punitive damages in the amount ordered below.

CONCLUSIONS OF LAW

The matter which is before this Court is governed by the general principals of common law negligence as exist in the State of South Carolina. Accordingly, there is well established case law to support an award of actual damages in this instance. Attention, therefore, is given to the issue of punitive damages.

It is well established in South Carolina law that punitive damages are allowed in the interest of society in the nature of punishment and as a warning and example to deter the wrong-doer and others from committing like offenses in the future. This legal notion is established in *Gamble vs. Stevenson*, 406 S.E.2d 350, 305 S.C. 104 (S.C. 1991) and its progeny *i.e. Cook-N-Bull Steak House, Inc. Vs. Generali Insurance Company*, 466 S.E.2d 727, 321 S.C. 1 (S.C. 1996). The Court states clearly in *Gamble* citing *Haslip* that "we cannot say that the common law method for assessing punitive damages is so inherently unfair as to deny due process and be *per se* unconstitutional." The Court went further and noted there is no bright line mathematical test that can be drawn to determine punitive damages, but that an award of punitive damages should be sufficiently reasonable to withstand constitutional challenge. *Gamble* establishes three factors in reviewing punitive damage awards: the first deals with understanding the nature, purpose and basis for the award; second, post-trial procedures to scrutinize the award; and third, an appellate review process to insure that the award is reasonable and rational. The Court went further to state that each and every procedural protection may not be afforded to all Defendants in all cases. The *Gamble* Court noted that it was sufficient that the protections meet "general concerns of reasonableness" and "are



allowed by adequate guidance" from the Trial Court. The Supreme Court of South Carolina established in *Cook-N-Bull Steak House, Inc. Vs. Generali Insurance Company* that the Trial Court "may consider" factors as listed in *Gamble*, but is not required to do so.

This Court finds in the instant case that there is clear and convincing evidence that the damages sustained by the Plaintiff were caused by willful, wanton, reckless, careless and negligent action on the part of the Defendant and warrant an award of punitive damages. Specifically, the major findings of fact that contribute to and support the substantial punitive damage award are the numerous incident reports regarding Defendant's continuing negligent behavior. These reports are replete with complaints about Defendant's farm animals getting loose and damaging crops. The reports also indicate that various law enforcement individuals contacted the Defendant on numerous occasions about containing his farm animals. Law enforcement has taken pictures of Defendant's farm animals on complainant's land causing damage to crops. There is even one report regarding approximately forty (40) of Defendant's cows in a neighbor's yard, under her carport and on her back porch causing damage to her property, including her vehicle.

In *Gamble*, the Court suggests eight (8) factors that may be reviewed in order to determine whether the Defendant's due process rights have been violated. The Court may consider the Defendant's degree of culpability. In the instance case the Court is convinced of the Defendant's culpability since it was Defendant's animal that got loose and caused Plaintiff's damages. Moreover, the numerous incident reports of Defendant's animals causing other property damage over a period of years indicate a reckless disregard for others' property and safety.

The Court may consider the duration of the conduct. As mentioned previously, the Court is aware of at least two years of consistent negligent behavior by the Defendant involving the containment of his farm animals in a secure setting. In other words, the accident on April 12, 2009, was certainly not an isolated incident.

The Court may also consider the Defendant's awareness or concealment. In this case, the Defendant was not only aware of his farm animals getting out of their confined space, but was constantly being confronted by neighbors and law enforcement regarding these dangerous conditions.

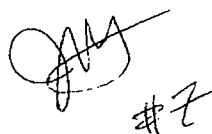
The Court may also consider the existence of similar past conduct. It goes without saying, in this instant case, that there is clear and convincing evidence of similar past conduct stretching over a period of at least two (2) years.

The Court may consider the likelihood that any award would deter the Defendant or others from like conduct. In this case, Defendant's continuing disregard for the safety of others and a continuing pattern of negligent behavior certainly warrants a punitive award in order to set an example not only to this Defendant but to others.

The Court may consider whether the award is reasonably related to the harm likely to result from such conduct. Again, in the instance case, the Court is confident that the award is reasonable and reasonably related to the harm likely to result from such conduct as evidenced by the Defendant's continuous negligent behavior.

The Court may consider the Defendant's ability to pay. In this case, Plaintiff's exhibit 2 indicates that over and above whatever Defendant's net worth may be, he does receive yearly subsidies from the USDA that are substantial.

Based upon the foregoing Findings of Fact and Conclusions of Law, it is therefore


Handwritten signature and initials, possibly "JAA" and "#7".

ORDERED, ADJUDICATED AND DECREED that Plaintiff, Jammie Anderson, be and is hereby granted judgment against the Defendant, Jerry W. Page, in the amount of \$3,700.00 for property damage, \$60,000.00 in actual damages to Plaintiff's physical body and health, \$4,000.00 to compensate for Plaintiff's permanent scarring, \$1,360.00 in lost wages, and \$100,000.00 in lost career opportunity. The Court therefore awards the Plaintiff total actual damages in the amount of \$169,060.00. It is further

ORDERED that the Defendant, Jerry W. Page, pay punitive damages in the amount of \$100,000.00. The total judgment to Plaintiff is \$269,060.00. It is further

ORDERED that this decision be filed with the Dillon County Clerk of Court.

AND IT IS SO ORDERED.



Jerry M. Angelo, Special Referee
PO Box 1461
Florence, SC 29503-1461
843/669-6395 office
843/661-6804 fax

June 16, 2014.

1 STATE OF SOUTH CAROLINA)
2 COUNTY OF DILLON)

IN THE COURT OF COMMON PLEAS
FOURTH JUDICIAL CIRCUIT
C/A NO.: 2012-CP-17-

062

3 Jammie Anderson,
4 Plaintiff,

5 -vs-

6 Jerry W. Page & James Page
7 Individually and d/b/a James Page
8 Farms,

9 Defendants:

SUMMONS
(JURY TRIAL DEMANDED)

FILED
GMENT HYATT
2012 FEB -7 PM 3:23
CLERK OF COURT
DILLON COUNTY

10 TO: THE DEFENDANT ABOVE NAMED:

11 YOU ARE HEREBY SUMMONED and required to answer the Complaint in this action, of
12 which a copy is herewith served upon you, and to serve a copy of your Answer to said Complaint
13 on the subscribed, George D. Jebaily of Jebaily Law Firm, P.A., Post Office Box 1871, Florence,
14 South Carolina 29503-1871 within THIRTY (30) DAYS after the service hereof, exclusive of the
15 date of such service; and if you fail to answer the Complaint, within the time aforesaid, judgment
16 by default will be rendered against you for the relief demanded in the Complaint.


17 JEBAILY LAW FIRM, P.A.

18 BY: 

19 George D. Jebaily, SC Bar No.: 2965
20 Post Office Box 1871
21 Florence, South Carolina 29503-1871
22 Phone: 843-667-0400
23 Fax: 843-661-6424
24 E-mail: Gjebaily@jebailylaw.com
25 ATTORNEY FOR PLAINTIFF

26 Florence, South Carolina

27 February 6, 2012

28
ACERTIFIED
TRUE COPY

CLERK OF COURT
DILLON COUNTY

000009

1 STATE OF SOUTH CAROLINA)
2 COUNTY OF DILLON)

IN THE COURT OF COMMON PLEAS
FOURTH JUDICIAL CIRCUIT
C/A NO.: 2012-CP-17-~~062~~

3 Jammie Anderson,
4 Plaintiff,

5 -vs-

6 Jerry W. Page & James Page
7 Individually and d/b/a James Page
8 Farms,

9 Defendants.

COMPLAINT
(JURY TRIAL DEMANDED)

FILED
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CLERK OF COURT
DILLON COUNTY

10 **JURISDICTIONAL STATEMENT**

11 The Plaintiff, above named, complaining of the Defendants herein alleges: ..

12 1. That the Plaintiff is a citizen and resident of the County of Dillon, State of South
13 Carolina.

14 2. That, upon information and belief, the Defendant, Jerry W. Page, is a citizen and
15 resident of the County of Dillon, State of South Carolina.

16 3. That, upon information and belief, the Defendant, James Page, is a citizen and
17 resident of the County of Dillon, State of South Carolina.

18 4. That, upon information and belief, at the time and place in question, Jerry Page
19 Farms, situated in the County of Dillon, State of South Carolina, was at the time and place in
20 question, a business operating as a farm in the County of Dillon, State of South Carolina and was
21 jointly owned, organized and maintained by the Defendants, Jerry W. Page and James Page.

22 5. That the events hereinafter described occurred in the County of Dillon, State of
23 South Carolina.

24 6. That the land which runs adjacent to the Old Mullins Highway/Highway 55, at the
25 location in question contains farm land with pasture land and cows.

26 7. That, upon information and belief, the farm/pasture land in question is owned by
27 Defendant, Jerry Page.

28 8. That this Court has jurisdiction over the parties and matters in controversy.

FILED
CLERK OF COURT
DILLON COUNTY

FACTUAL ALLEGATIONS

1
2 9. Plaintiff herein repeats and realleges the allegations contained above as if repeated
3 verbatim herein.

4 10. That, in the evening hours of April 12, 2009, the Plaintiff was operating his 1996
5 Dodge van in a southerly direction on Old Mullins Highway/Highway 55 in the County of Dillon,
6 State of South Carolina .

7 11. That, upon information and belief, on or about the same date and at or about the same
8 place, a cow escaped from the Defendants' pasture through an open and unsecured gate.

9 12. That, while the Plaintiff was proceeding through a curve on Old Mullins
10 Highway/Highway 55, the Defendants' cow was roaming at large beyond the limits of the fenced in
11 farm/pasture land controlled by the Defendants.

12 13. That, upon information and belief, at the time and place in question, the said cow
13 owned and under the control of the Defendants, jointly and severally, entered the roadway in
14 question and into the Plaintiff's lane of travel.

15 14. That the Defendants, jointly and severally, had a duty to secure their premises in such
16 a manner so that their livestock would not wander out into the public roadways.

17 15. That despite the evasive action taken by the Plaintiff to avoid a collision with the
18 cow, the sudden blocking of the Plaintiff's path of travel by the Defendants' cow, who was roaming
19 at large beyond the limits of Defendants' land or lands leased, occupied or controlled by the
20 Defendants, was the direct and proximate cause of the aforementioned collision.

21 16. That the failure of the Defendants, jointly and severally, to properly secure the
22 premises in question was the proximate cause of the injuries sustained by the Plaintiff, as is
23 hereinafter alleged.

24 17. That the Defendants, Jerry W. Page and James Page, acting in concert with one
25 another, engaged in an activity with a common goal and mission and were thus engaged in a Joint
26 Enterprise at the time and place in question.

FOR A FIRST CAUSE OF ACTION
NEGLIGENCE - JOINT & SEVERAL

1
2 18. Plaintiff herein repeats and realleges the allegations contained above as if repeated
3 verbatim herein.

4 19. That the Defendants had, or should have had, adequate opportunity to know that the
5 Plaintiff, or others similarly situated, would be traveling on Old Mullins Highway/Highway 55, and
6 that the injuries and losses which the Plaintiff sustained were directly and proximately caused and
7 occasioned by the negligent, grossly negligent, careless, reckless, willful and wanton acts and/or
8 omissions of the Defendants, jointly and severally, in one or more of the following particulars, to
9 wit:

- 10 a. In engaging in a Joint Enterprise at the time and place in question;
- 11 b. In then and there wilfully and negligently allowing their cow to run at large
12 beyond the limits of their own land or the lands leased, occupied or controlled
13 by them in violation of §47-7-110 of the Code of Laws of South Carolina
(1976, as amended);
- 14 c. In then and there failing to exercise reasonable care to prevent their cow from
15 escaping the boundaries of their pasture and entering the roadway when they
16 knew or should have know that failure to do so could result in serious injury
17 to others, specifically this Plaintiff;
- 18 d. In then and there failing to maintain a reasonably adequate pasture fence to
19 keep the cow from escaping when they knew or should have known that
20 failure to do so could result in serious injury to others, specifically this
21 Plaintiff;
- 22 e. In then and there failing to keep a proper look out;
- 23 f. In then and there allowing their cow to roam at large in reckless disregard for
24 the rights and safety of others, and especially the rights and safety of the
25 Plaintiff;
- 26 g. In then and there failing to take any evasive action, by any means, to keep
27 their cow from roaming into the roadway when they knew or should have
28 known that failure to do so could result in serious injury to others,
specifically this Plaintiff;
- h. In then and there failing to exercise that degree of care and caution which a
reasonable and prudent person would have exercised under the same or
similar circumstances;
- i. Was guilty of other negligent acts and omissions not specifically alleged but
to be proven at trial; and
- j. Violated the laws, statutes, and ordinances of the State of South Carolina.

1 Which negligence, gross negligence, carelessness, recklessness, willfulness and wantonness
2 of the Defendants, jointly and severally, directly and proximately caused the injuries and losses of
3 the Plaintiff as is hereafter set forth.

4 **DAMAGES**

5 20. Plaintiff herein repeats and realleges the allegations contained herein above as if
6 rebated verbatim herein.

7 21. That, as the direct and proximate result of the aforesaid negligent, grossly negligent,
8 careless, reckless, willful and wanton acts and/or omissions of the Defendants, jointly and severally,
9 the Plaintiff:

- 10 a. Violently collided with the cow severely damaging his motor vehicle and
11 sustaining serious bodily injury;
- 12 b. Was severely, seriously, painfully and permanently injured;
- 13 c. Suffered injuries, bruises, contusions and lacerations about various parts of
14 his body, head and/or extremities;
- 15 d. Was subjected to the administration of strong and potent drugs and
16 medications;
- 17 e. Suffered extreme, painful and dangerous injuries to his head, mouth/teeth,
18 right leg, left hand and right side of his body from which the Plaintiff is
19 informed and believes he will have permanent adverse effect and disability;
- 20 f. Has incurred and will incur in the future, substantial medical and doctor bills
21 due to his injuries;
- 22 g. Was subjected to extreme pain, mental anguish, emotional distress, suffering
23 and discomfort over a long period of time;
- 24 h. Was humiliated and embarrassed before his friends and neighbors;
- 25 i. Is informed and believes that his earning capacity has been and will be
26 forever impaired;
- 27 j. Has been and will be, prevented from attending to his usual and ordinary
28 household duties;
- k. All to his damage, both actual and punitive, in an amount to be determined
by the trier of facts.

WHEREFORE, the Plaintiff prays for judgment against the Defendants, jointly and severally,
in an amount to be determined by the trier of facts, actual and punitive damages, for his costs of this
action, and for such other and further relief as this Honorable Court deems just and proper.

JEBAILY LAW FIRM, P.A.

BY: 

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Phone: 843-677-0400
Fax: 843-661-6424
E-mail: Gjebaily@jebailylaw.com
ATTORNEY FOR PLAINTIFF

Florence, South Carolina

February 6, 2012

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1 MR. JEBAILY: Yes, sir. We have
2 presented -- prepared, Your Honor, for the Court a
3 list of exhibits that we would like to introduce
4 in this case. There's a index that's behind the
5 first page there. And then there's the accident
6 report as the first tab. There's a diagram at the
7 second tab along with a -- a summary and
8 supplemental remarks there. That's all part of
9 that second tab. Then there's photographs that
10 are part of the tab -- come in. Thank you. There
11 are photographs that are part of 3A and showing
12 the scene. Again 3B shows pastures and property
13 with the cows, etcetera, on it, as well as area
14 along side the road and it shows a van. At the
15 end of 3, which is the vehicle that Mr. Anderson
16 was driving. I think that would be before that.
17 It's --

18 THE COURT: I've got those.

19 MR. JEBAILY: Right. Right. So it
20 shows pictures of -- of the van as well. Then
21 there's other pictures that show the injuries to
22 his body and photographs of that. Then going to
23 tab four is a summary of the medical bills, which
24 a little over 11,000 dollars, plus there's wage
25 loss in addition to that. Then tab five with the

1 Mr. Jacobs accident that involved one of your
2 livestock, etcetera, will be referred in
3 Mr. Anderson's case. Is there any objection to
4 that?

5 MR. PAGE: No.

6 THE COURT: With--- without objection
7 then.

8 MR. JEBAILY: Okay. So I would then
9 just --

10 THE COURT: And I'm sorry. What was
11 the date of accident in this one?

12 MR. JEBAILY: This one -- if you look
13 back on the accident report --

14 THE COURT: I'm sorry. It's
15 April 12 --

16 MR. JEBAILY: 2009.

17 THE COURT: Okay.

18 MR. JEBAILY: And the one involving
19 Mr. Ja--- Mr. Jacobs was November 21, 2008.

20 THE COURT: And so --

21 MR. JEBAILY: So for purposes of the
22 record, we would just by reference include the
23 documentation from the 2008 wreck as a part of
24 this matter.

25 THE COURT: Okay.

1 you end up not -- no longer working there?

2 A It was -- it was -- business was
3 getting slow, and they was thinking about selling
4 the business.

5 Q Okay. Did you miss any time from work
6 as a result of injuries from this work?

7 A Yes.

8 Q How much time did -- from work did you
9 miss?

10 A I think it was almost a month.

11 Q Okay. And 40-hour work week?

12 A Yes.

13 Q What were you earning per hour?

14 A I think it was eight -- \$8.50 an hour
15 a day.

16 Q \$8.50 an hour for 40 hours for
17 basically, what, four weeks?

18 A Right.

19 Q Okay. Any other lost time -- lost
20 time from work as a result of this wreck?

21 A Yes. I also was employed at the fire
22 department as a volunteer. And I never able --
23 was able to finish my training cause of the -- the
24 wreck.

25 Q Okay. So tell us about the -- what

1 you were doing at the fire department?

2 A I was a volunteer fire--- firemen.

3 And we started the training.

4 Q What kind of training?

5 A Training to drive the fire trucks and
6 enter the house and search for victims.

7 Q Okay.

8 A And while we was doing the training, I
9 got in the wreck and wasn't able to finish the
10 training.

11 Q Okay. Were you hoping to further your
12 work with fire department as a career option for
13 you?

14 A Yes.

15 Q Okay. In what way?

16 A I was going further my training
17 because later on I was going to move to a bigger
18 city and -- and work with the fire department³.

19 Q Okay. So your hope was that you would
20 work one day with a city fire department as an
21 official employee, employed by that fire
22 department?

23 A Right.

24 Q And you have -- have you gone on and
25 concluded your training?

1 A No.

2 Q Okay. Have you had physical problems
3 that have restricted you from concluding that
4 training?

5 A Yes.

6 Q Okay. And those problems -- tho---
7 those restrictions came as a result of the
8 injuries in this wreck?

9 A Right.

10 Q Okay. Well, we'll talk about that in
11 just a minute. Let's go back. Do you recall when
12 this wreck occurred?

13 A It was April.

14 Q April the 12th of 2009, does that --

15 A Yes.

16 Q -- sound right? Okay. And do you
17 remember the time of day or night this was?

18 A I think it was around nine.

19 Q In the...

20 A At night.

21 Q Nine at night. So it was --

22 A Nine p.m.

23 Q So what -- it would have been dark
24 out?

25 A Right.

1 A Well one -- one of the -- the -- the
2 main problems that they was -- after the accident,
3 it was just kind of hard to get back to driving.

4 Q Okay. Ho--- wha--- talk -- tell us
5 about that.

6 A I mean I felt like I was going back
7 through the accident over again. And then I would
8 almost lose my breath or something. I had to take
9 time and then calm down and -- and catch my
10 breath.

11 Q Okay. And so that anxiety or your
12 heart racing and --

13 A Right.

14 Q -- and all that, that anxiety that you
15 felt, is that something that you still continue to
16 have problems with?

17 A Yes.

18 Q And has that been a difficulty -- I
19 guess the idea of being a first responder --

20 A Right.

21 Q -- with the fire department, whatever,
22 is that what has been a limitation in you being
23 able to go be a first responder as a result of
24 this anxiety?

25 A Yes.

1 fire and they're running in.

2 Q And before this wreck, did you have
3 any of this anxiety? Did you have any of these
4 fears? Did you have any of this sort of -- these
5 problems that you have had since the wreck?

6 A No, I didn't have any of them. I
7 was -- go to jet skiing and, I mean, bungy
8 jumping. I was going to do skydiving in
9 Fayetteville at the military base. So...

10 Q Did you -- speaking of military, do
11 you have any military background?

12 A No.

13 Q Okay. Did -- with your volunteer work
14 with the fire department, did you actually go work
15 any fires as a part of your build up to your
16 training?

17 A Yes.

18 Q Okay. Did you have -- in that build
19 up to your training, did you have any problems
20 when you were actually working a fire?

21 A No.

22 Q Okay. Did you have any anxiety, any
23 issues or any concerns or -- that would make you
24 wonder whether or not you would ever be able to be
25 a fireman?

1 leg.

2 A Right.

3 Q Okay. And the -- but the an--- the
4 biggest problem that you had, that you've had to
5 deal with as a result of this, has been this
6 anxiety issue? Is that --

7 A Right.

8 Q Is that right? Okay. And that has
9 affected your ability to go and move into a career
10 that you were hoping for, which is the -- the
11 fire -- first responder area?

12 A Right.

13 Q Okay. Are you working at all
14 presently?

15 A Yes.

16 Q Where are you working?

17 A Technimark in Asheboro.

18 Q Okay. And what do you do there?

19 A I do -- make the bottom parts for
20 Renuzit Air Freshener.

21 Q Okay. Is it a manufacturing facility?

22 A Right.

23 Q Okay. And you're a production worker?

24 A Right.

25 Q Okay. And you're able to do that?

1 A Yes, but with help.

2 Q Okay. All right. I guess being on
3 your leg a long time, if you're --

4 A Yes.

5 Q -- standing up for a long period of
6 time, that can bother you?

7 A Right. It's a -- it's a one-man job,
8 but they give me some assistance.

9 Q Okay. All right.

10 THE COURT: Excuse me, George.

11 MR. JEBAILY: Yes. Go ahead.

12 THE COURT: What was the name of the
13 company again, sir.

14 THE WITNESS: Technimark.

15 THE COURT: Can you spell that for me.

16 THE WITNESS: T-E-C-H-N, M-A-R-K.

17 THE COURT: Thank you, sir.

18 BY MR. JEBAILY:

19 Q And that's in Asheboro?

20 A Right.

21 Q North Carolina?

22 A Right.

23 Q Okay. But you've seen the medical
24 summary of the bills of a little over
25 11,000 dollars, plus your wage loss. Is that an

PATIENT IDENTIFICATION (Please Print) LAST NAME (10-29) *Anderson* FIRST NAME (30-45) *Jamie* MI (46) *MI*

STREET (47-71) *No. 31* APT. # _____

CITY (72-87) *LaVe View* STATE (88-89) *MS* ZIP CODE (90-94) *39503*

SEX (104) Male Female Undetermined RACE (105) White Black Am. Indian Hispanic Asian Other AGE (106-109) *24* YRS. 1 2 3 MOS. 1 2 3 DAYS

DISPOSITION (110-111) TREAT/NO TRANS. DOA AT SCENE HOSPITAL ER HOSP. DIR. ADMIT. PATIENT'S HOME NURSING HOME DR.'S OFFICE OUTPATIENT PT. REFUSED TREAT. EMS TRANSFER

TYPE OF INCIDENT TRAUMA (112) MVA MC BIKES PED ASSAULT FALL FIRE OTHER MEDICAL (113) ENVIRON BEHAV OB/GYN RESP CARDIAC INTERFAC OTHER

CALL TYPE TO SCENE (114) EMERGENCY NONEMERGENCY CODE *3* ON SCENE (115) URGENT NON URGENT

INCIDENT LOC ST. OR HWY. NAME OR NO. _____ CITY *LaVe View* County (117-118) *17* Zip Code (119-123) *39503*

SAFETY EQP (124) Seatbelts Child Seat Helmets None Airbags Unkn.

PRELIMINARY IMPRESSIONS (MARK NO. MORE THAN 4) (126-137)

Seizure Diabetic Abrasion/Contusions Laceration Fracture

Multitrauma/Shock Head Injury Spinal Injury Stroke GI Problems

Respiratory Distress Coronary Problems Cardiac Arrest

PRIMARY IMPRESSION (138-140) *MC*

TREATMENT PROCEDURES (141) Dressing Applied Limb Splinted Spine Immobilized Neck Immobilized OB Assistance Oral Airway Used Oxygen Given Suction Used Antishock Trousers Airway Maintained Antishock Treatment Artificial Resp.

HCFA CODES (175-180)

SITE OF TRAUMA (181-189) Head Face Neck Chest Abdomen Hip/Pelvis Upper Extr. Lower Extr. Back

ADVANCED PROCEDURES (190-223)

DRUGS USED (226-241)

REVISED TRAUMA SCORE

GCS: (242) EYES *4* (247-249) SBP *113*
 (243) VERBAL *6* (250-252) RR *28*
 (244) MOTOR *6*
 (245-246) GLASGOW *16* (253) ANATOMICAL I

VITAL SIGNS

BP	PULSE	RESPIRATIONS	PUPIL	LEV
<i>110/50</i>	<i>113</i>	<i>28</i>	<i>E</i>	<i>A</i>
			<i>U</i>	<i>V</i>
			<i>N</i>	<i>P</i>
			<i>C</i>	<i>U</i>
			<i>D</i>	

EXPOSURE TO PT'S BODY FLUIDS? (256) YES NO

1st Responder (257) YES Name *Nash Rogers* NO

COMMENTS (INCLUDE CHIEF COMPLAINTS, OBSERVATIONS AT SCENE, RESPONSE TO STIMULI)

*pt involved in MVA SUV vs cow then small tree
 pt found lying on road side near auto. unclear
 how got there. pt CAO? skin cold, legs clammy
 pt fully immobilized, LBS straps, head stabilizer
 before R knee, visible sign of trauma top of head
 visible injury pt smelled STRONG of E-T and many
 bottles at rear door of his vehicle. pt stated in
 the vicinity of home enroute. pt for exam - T.*

Patient Care Form Left In (258): ED ICU OTHER

TIME RECORD DATE (200-266) *06/12/09*

RECEIVING AGENCY (296-299) *3027*

SENDING AGENCY (300-303)

ATTENDANT'S SIGNATURE & PRIMARY PATIENT ATTENDANT (304-30) *Keith Elliott*

2ND ATTENDANT/DRIVER (305-313) *000024*

3RD ATTENDANT/DRIVER (314-318)

OUTPATIENT RECORD

Marion County
Medical Center



DISCHARGE DATE

TIME

PATIENT I.D. NO. V00000473347		MED. RECORD NO. M000045500		NURSING STATION/ ROOM NO.	
MISSION DATE 04/12/09		SERVICE CODE REG ER	ADMISSION TIME 2220		RATE
PATIENT NAME: ANDERSON, JAMIE E		First Middle		Sex M	
DATE OF BIRTH 04/24/1972	AGE 36	RACE AA	RELIGION OTHER		SMOKING
MARITAL STATUS S	SS# 248-41-9672	BIRTHPLACE / COUNTY		FINANCIAL CLASS SP	
STREET 1 PO BOX 1262		STREET 2		COUNTY	
CITY LAKE VIEW		STATE SC	ZIP 29563	TEL. (843) 759-9391	
EMERGENCY CONTACT NAME: SMITH, ALGUREEN		Last First		M.I.	
RELATION FO		Street		City	
STATE SC	ZIP CODE 29563	TEL (843) 759-9391			
PATIENT EMPLOYER FARM CENTER		Name		TELEPHONE (843) 759-2181	
EMPLOYER'S ADDRESS RICHARD TEMPLE BLD		Street		City LAKE VIEW	State SC Zip 29563
NEAREST RELATIVE- DAVIS, SYLVIA 04/15/04	REL. ADDRESS: MARION, SC 29571				
ADMITTING DR.: CARROLL, MA	REFERRING DR.:				
ADMITTING DX.: HIT COW					
CAUSE OF ADMIN:	ARRIVAL MODES:	DATE OF ONSET- 04/12/09			
RESPONSIBLE PARTY NAME ANDERSON, JAMIE E		Last First		M.I.	
STREET 1 PO BOX 1262		STREET 2			
CITY LAKE VIEW		STATE SC	ZIP 29563	TEL. (843) 759-9391	
RELATION TO PATIENT SP					
	CARRIER 1	CARRIER 2	CARRIER 3		
CARRIER NAME	SELF PAY INSURANCE		Y		
CARRIER NO.					
PLAN NO.	1	2			
POLICY NO.					
GROUP INSURANCE					
GROUP MEMBER NAME	ANDERSON, JAMIE E				
LAST					
FIRST					
MIDDLE					
RELATIONSHIP	SP				
BASIC DEDUCTIBLE					
ROOM BENEFITS					
MISC. BENEFITS					
VERIFIED BY					
PHONE NO.					
CLAIM TO:					
REMARKS:	1. COURTESY DISCHARGE? Y		3. PRIVACY NOTICE GIVEN? Y		000025
	2. CONSENT FORM SIGNED? Y		DATE NOTICE GIVEN 04/12/2009		



ANDERSON, JAMIE E 36
 PO BOX 1262
 LAKE VIEW SC 29563
 CARROLL, MA V00000473347
 SP 04/12/09 04/24/1972

0455-00

EMERGENCY DEPARTMENT RECORD

Date 4-12-09 Arrival Time _____ Triage Time _____
 Pt. Name _____ Age _____ Race _____ M / F _____
 Ht. _____ Wt. _____ lbs./kgs Last TD < 5 or > 5
 LMP _____ Gravida _____ Para _____ Abortus _____ Immunizations Yes / No
 Chief Complaint: _____ Pediatric Immunizations Yes / No Flu, Pneumonia _____

ER M.D. _____
 Family M.D. _____
 On Call M.D. _____
 Mode of Arrival Car EMS Police Other _____
 Tx Prior to Arrival None EMS _____ IV _____ O₂ _____ Wound _____
 _____ Splint _____ Monitor _____ ACLS _____
 _____ Spinal Immobilization _____

Source of Information: Pt. Family Other _____

MEDICAL HISTORY
 Cardiac Cancer Smoker _____ pks / day
 HTN CVA ETOH Use _____
 Diabetes Seizure TB Screen _____ CXR _____ PPD _____
 Kidney Asthma Abuse Screen Yes No Help Offered _____
 _____ Yes No NA
 Other _____ Difficulty Swallowing Yes No Slurred Speech Yes No
 What is important to you? Pain Relief Privacy Information Comfort
 Other _____
 Allergy No Yes, See Allergy Sheet

VITALS
 Temp _____ Oral / Rectal / Axillary Pulse _____ Resp _____ BP _____
 O₂ Sat _____ Room Air / O₂ _____ L _____
PAIN ASSESSMENT: Wong Baker Scale NIPS Verbal Non-Verbal
 None Yes
 Intensity _____ Relief _____
 Cause _____ Type: Dull Sharp Pressure
 Duration _____ Radiating Throbbing
 Visual acuity _____
 Left Eye _____ Right Eye _____ Both Eyes _____ TD _____ Lot _____ Expires _____
 Triage Tylenol _____ mg _____
 Meds Motrin _____ mg _____
 Reference Range: 65 mg/dl-110 mg/dl

PREVIOUS HOSPITALIZATIONS:

Triage Nurse Dianne Dwyer RN

Medical Screening Exam Refused Emergency Care Non-Emergency

TIME H & P

V714 / 9100
 9160
 E85.0
 E849.5
 780.37

See MVA Trauma Sheet
Water for discomfort
Thankful for support
Follow up with your MD if no improvement 3-4 days

*5/PMVA**
chronic pain (AP) lower leg

Discharge Instructions: _____
 Condition on Discharge: Improved Stable Unstable Deceased Transfer Outpatient OBS
 Work Excuse / School Excuse _____ Follow-Up: _____
 Provisional Dx: _____ Signature: _____
 Dictated by _____ See Dictation # _____ T sheet

[Handwritten Signature]



EB00026



ANDEI N, JAMIE E 36
PO BOX 1262
LAKE VIEW SC 29563
CARROLL, MA V00000473347
SP 04/12/09 04/24/1972

Time Seen: 11:30 Room: _____
Historian: patient / EMS / caretaker
History limited by: _____ Translator

CHIEF COMPLAINT MVA car truck ATV van motorcycle
HISTORY OF PRESENT ILLNESS:
 age: _____ race: W / B / H / O gender: M / F
 onset: _____ hrs / days / weeks
 Mechanism of injury: *was driving down road*
 driver / front passenger / rear passenger
 speed of patient's automobile: _____ mph
 site of impact on car: *head on / rear ended / driver side / passenger side*
 rollover of vehicle
 ejected from automobile
 tumbled within vehicle
 patient restraints: none shoulder / lap air bag deployed
 severe injuries to other passengers: _____
 Work Related? Yes / No *wood - just some*

Injury / Pain
 head injury LOC / amnestic facial injury / pain
 neck pain chest pain abdominal pain
 pelvic injury back pain L / R upper extremity injury
 L / R lower extremity injury

Severity of pain: none mild moderate severe
 pain scale (0-10): *2*
Exacerbation of pain: nothing movement
Associated symptoms: neck / back pain abdominal pain
 chest pain nausea / vomiting
 SOB numbness / weakness

Tetanus status: current > 5 years
EMS / prehospital care: no EMS care backboard
 C-collar O₂ IV intubation

ADDITIONAL HISTORY: _____

of C-spine injury: head injury intoxication / AMS axial load
 neck pain deceleration injury
 any distracting injury

PMH/SH/FH Reviewed on nurse's notes and agree

PAST MEDICAL HISTORY none CAD
 HTN seizures diabetes asthma / COPD
 other: _____

past surgical history: _____

SOCIAL HISTORY alcohol tobacco drug abuse
 lives alone / spouse / family / nursing home
 occupation: _____

MEDICATIONS see nurse's note
 NSAID / ASA

FAMILY HISTORY CAD HTN DM
 CVA CA

ALLERGIES NKDA
 see nurse's note

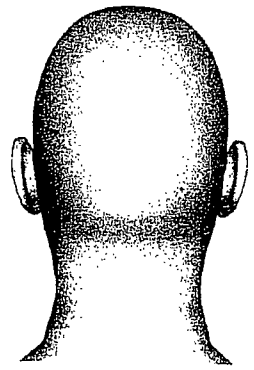
REVIEW OF SYSTEMS
 ROS: ALL SYSTEMS REVIEWED & NEGATIVE EXCEPT AS INDICATED
 ROS cannot be obtained; patient unable to answer questions
 Check box if system is normal:

<input type="checkbox"/> General:	fever	weight loss	sweats
	chills		
<input type="checkbox"/> Eyes:	visual complaints		
<input type="checkbox"/> ENT:	sore throat	nasal congestion	
<input type="checkbox"/> Resp:	cough	SOB / DOE	
	wheeze		
<input type="checkbox"/> CV:	chest pain	palpitations	syncope
<input type="checkbox"/> GI:	nausea	diarrhea	
	vomiting	constipation	
	abdominal pain	heart burn	
	flank pain	urgency	
	dysuria	frequency	
	hematuria		
	LNMP:		
<input type="checkbox"/> Skeletal:	myalgia	arthralgia	
	back pain	calf pain	
<input type="checkbox"/> Skin:	rash		
<input type="checkbox"/> Neuro/Psych:	headache	anxiety	
	confusion	focal weakness	
<input type="checkbox"/> Endocrine:	weight change		
	polyuria / polydipsia		

PHYSICAL EXAM vital signs reviewed stable
 HR _____ Bp _____ RR _____ T _____ SaO₂ % _____

Arrival: Private car / EMS *backboard C-collar Immobilized*
APPEARANCE: *smell of fermented spirits*
 normal distressed: mild / moderate / severe
HEENT
 cephalohematoma
 ecchymosis / soft tissue swelling
 laceration
 pupils unequal
 hemotympanum R / L
 septal hematoma R / L
 dental injury / malocclusion
 mandibular deformity / tender

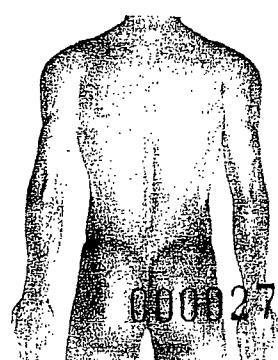
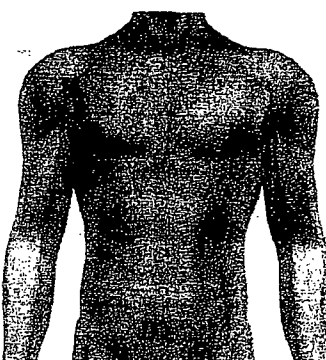
NECK
 non-tender
 full ROM
 no muscle spasm
 tender paraspinal muscles R / L
 tender midline
 muscle spasm R / L
 decreased ROM *mild moderate severe*



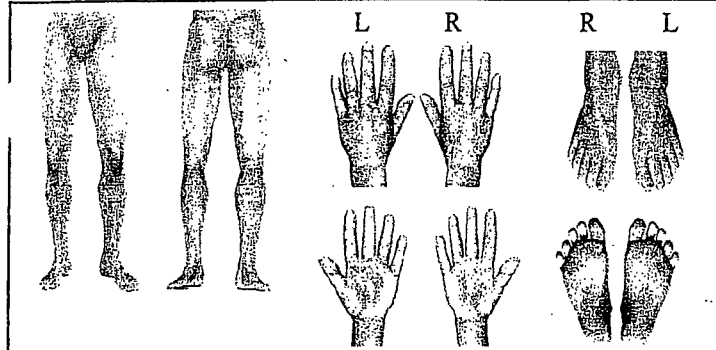
CHEST / CARDIOPULMONARY
 non-tender tenderness / ecchymosis CW / crepitus R / L
 NL breath sounds wheezing / rales / rhonchi R / L
 no murmur decreased breath sounds R / L
 tachycardia / bradycardia
 murmur: _____

GI/GU
 soft distended
 non-tender tender: RUQ LUQ epigastric
 RLQ LLQ periumbilical
 NL bowel sounds rebound tenderness
 heme negative stool CVA tenderness
 decreased rectal tone
 heme positive stool

BACK
 non-tender ecchymosis/laceration R / L thoracic/lumbar
 no laceration muscle tenderness/spasm R / L thoracic lumbar
 midline tenderness



000027



GU
 genitals normal
 blood at penile meatus
 perineal hematoma
 tender testicle R / L
 elevated prostate

EXTREMITIES
 non-tender
 without injury
 full ROM
 pelvis stable

Diagnosis
Blow

SKIN
 normal

NEUROLOGICAL
 normal
 GCS 15

PSYCHIATRIC
 oriented x 3

location of injury LUE RUE LLE RLE
 pelvic tenderness
 pain on weight bearing
 ecchymosis / abrasion
 laceration
 deformity
 decrease ROM
 pulse deficit

laceration
 confused / somnolent / unconscious
 focal weakness
 focal sensory deficit
 abnormal reflexes
 GCS: _____
 disoriented flat affect
 agitated / anxious

WOUND REPAIR NOTE Description: linear stellate smooth margins irregular margins contaminated crushed tissue

Location: _____ Length: _____ cm
 Anesthesia: topical: LET / TAC _____
 Local / digital / regional: lidocaine / bupivacaine 1% / 2 %w/ w/o epinephrine
 other: _____ volume: _____ ml

Cleansing: irrigation: saline / shurclens / betadine volume: _____ ml
 debridement foreign body removal

Wound Repair
 wound edges revised
 staples steri-strips only skin adhesive

	# of sutures	suture size	material	technique
skin			nylon / prolene	simple / running / mattress
subO			vicryl / chromic	simple / running / mattress
deep			vicryl / chromic	simple / running / mattress

See Additional Wound Repair Notes

PROCEDURES see procedure sheet

intubation
 central venous access
 tube thoracostomy:
 NGT foley catheter

ED COURSE

C-spine immobilized in ED
 IV fluids: NS / RL bolus: _____ ml infusion rate: _____
 O₂ monitor
 type and crossmatch PRBCs / transfuse

Treatment	Response
<input type="checkbox"/> Rt / Td IM	
<i>light analgesia etc. difficulty Home</i>	
<i>E.M.D. etc.</i>	

DDX: head injury orthopedic injury pneumothorax hemoperitoneum

RADIOGRAPHS
 Cervical Spine: visualized / interpreted by me normal
 Pelvic X-ray: normal
 CXR: normal
 Rib X-ray / Sternum: normal
 L / S spine / T-spine: normal
 Extremity X-ray: normal

CT scans: head c-spine abdomen pelvis chest
 normal scan
CT = 2 =

Time: _____ Patient care is being transferred to Dr. _____;
 all pertinent history, physical findings and diagnostic studies have been communicated to the receiving physician.

Old records reviewed Admission orders written & discussed with admitting MD
 Discussed with Dr. _____ Time _____
 Counseled patient/family: test results / diagnosis / follow-up
 Discussed with specialist

CRITICAL CARE TIME 30-74 Minutes 75-104 Minutes
 (Time for other billable procedures or teaching not included)

LABS CBC normal BMP normal

13.3 / 41.5
 segs: _____%
 bands: _____%
 lymphs: _____%
141 / 103 / 115
3.7 / 2.6 / 1.12

U/A normal CMP: normal
 ETOH negative tox screen: *ETOH 6.7*

CLINICAL IMPRESSION
 Acute Cervical Strain Closed Head Injury Acute Back Pain
 Contusion: _____ Fracture: _____
 Laceration: *5/2 PMVA* Pneumothorax
 _____ Hemoperitoneum
blow to face (R) lower leg

Cardiac monitor strip: NSR no ectopy

EKG: Rate: _____ interpreted by me
 Rhythm: NSR tachycardia bradycardia paced
 atrial fib / flutter
 ectopy: atrial / ventricular
 heart block: 1st / 2nd / 3rd degree

Axis: normal axis deviation: Left / Right
 Chambers: normal LVH RVH R/L atrial enlargement
 QRS: normal IVCD RBBB LBBB PRWP
 Q waves: none septal
 ST/T: normal nonspecific changes
 ST segments elevated / depressed
 T waves flat / inverted

Impression: normal EKG abnormal EKG: _____

Compared to old EKG: unavailable unchanged
 (date: _____)

DISPOSITION (time: _____) EMC: resolved / stabilized / continues
 home admit transferred AMA observation expired MSO
 Present on admission: vascular / urinary catheter associated infection
 bed sores (decubiti)


Condition: stable fair good poor critical improved
 Follow-up: ED PMD on-call _____ in _____ days
 Instructions: _____

Rx: _____

ATTENDING NOTE
 resident/NP/PA note reviewed
 I have performed a face to face evaluation of the patient
 labs reviewed x-rays reviewed
 I agree with above diagnosis I have reviewed the treatment plan / concur

MARION COUNTY
MEDICAL CENTER
Marion, SC

MVA TRAUMA NURSES NOTES


 ANDERSON, JAMIE E 36
 PO BOX 1262
 LAKE VIEW SC 29563
 CARROLL, MA V00000473347
 SP 04/12/09 04/24/1972

Name: Jamie Anderson Age 36 (M) (F) Alert or Notification

ARRIVAL MODE
 Car EMS Police Other
 Chief c/o: h/a - & left leg pain, abrasion Rt side of face + Rt leg - thrown out of vehicle

Police Notified Y N Agency SCMP

Time of Arrival 0845 Exam To Radiology To ER

am / pm am / pm am / pm

MECHANISM OF INJURY
 Driver Passenger Front Seat Back Seat LOC Yes No
 Est. MPH Starburst Bent Steering Wheel
 Ejection Rollover Long Extrication
 EMS GCS Revised Trauma Score

CAUSE OF INJURY
car vs cow

BP	Pulse	Resp	Temp	O ₂ Sat	Pain Level
<u>107</u>	<u>76</u>	<u>28</u>	<u>96.4</u>	<u>100%</u>	

ER GCS Revised Trauma Score

PRE HOSPITAL SUMMARY 20 yr Re PROTECTIVE DEVICES
 C-Collar Backboard IV O₂
 CPR Splints Dressing Mast
 Intubation # ET

INITIAL ASSESSMENT
 GENERAL APPEARANCE
 No Distress NO Collar / Board
 Alert / Oriented Alert Unresponsive 0
 Anxious 0 ↓ LOC

PATIENT INFORMATION Family MD 0 On Call MD
 Cardiac HTN Diabetes Drugs
 Smoker Alcohol TB Exposure / Symptoms
 Other perjury - 4 yrs ago

RESPIRATORY
 No Distress Mild / Mod / Severe Distress
 Normal Breath Sounds Chest Wall Tenderness 0
 Seatbelt Mark Chest None ↓ Breath Sounds 0

Have you been physically hurt / threatened? Yes No
 Help Offered? Yes No
 Weight: 185 (lbs) (kgs)
 LMP Gravid Para Abortus
 Pregnant Postmenopause EDC

CVS
 Reg Rate / Rhythm Tachycardia
 Pulse Strong / Equal
 Skin Warm / Dry
 Color normal

MEDICATIONS None

ABD
 Normal Inspection:
 Non Tender Seatbelt Mark Abd. 0
 Gastrocult ⊕ ⊖ Hemocult ⊕ ⊖

ALLERGIES None
 Latex IVP Seafood

NEURO
 No Deficit Weak / Sensory Loss
 Pupils PEARL L PEARL R Disoriented: NO
 Hand Grips equal / Unequal Person / Place / Time

TETANUS STATUS < 5 yr or > 5 yr
 LAST PO INTAKE 0200
 PATIENT CONTACT Sylvia Davis Phone # 423-5701
 Notified Yes No If no, why 289-2504

MUSCULOSKELETAL
 Intact Deformity ↓ Range of Motion
 Fx Open Closed Location

FUNCTIONAL LEVEL 10 Years
 Read Write Speaks English
 Deficits Blind Deaf Needs Interpreter

EXTREMITY MOVEMENT
 RUE WNL LUE WNL
 RLE WNL LLE WNL

ADDITIONAL FINDINGS
 Nurse Signature Jamie Anderson



ANDERSON, JAMIE E 36
PO BOX 1262
LAKE VIEW SC 29563
CARROLL, MA V00000473347
SP 04/12/09 04/24/1972

Place Patient Sticker Here

MVA TRAUMA NURSES NOTES

NURSING PROCEDURE

TIME
EMS Collar / Backboard Placed
0230 Collar / Backboard Removed
Dr Carroll Who Ordered **Dr Carroll** Who Removed
NA Ice **Staff**
 Warm Blankets
 Wound Cleaning / Dressing
NA Splint Application
NA Restraints **NA** Order & Flowsheet Done
NA Suture Set Up **NA** Staple **NA** Dermabond
 Monitor - **BP**
2230 Pulse Ox **100%**
NA O2 **NA** l/min **NA** NC **NA** Mask
 Bed Low Position Siderails ↑ **(x1)** x 2
 Call Light

Vital Signs

Time	BP	Pulse	Resp	Temp	O2 Sat	INT

See Trend Sheet

BLOOD

TXM	Type	Donor #	Up	Down	Reaction
Uncrossed					Yes No
					Yes No
					Yes No

Nursing Notes

2225 - Pt arrived to Trauma / Itra.
EMS. Pt involved in MVA - was
 ejected from car - ? loc. Noted abrasion
 Pt side of face - + Pt ↓ leg. Pt alert
 but very anxious by perceiving @ times.
 Family @ Pt. INT started by EMS - 20 gk
 Lt. AC - 931W
2230 - Placed on BP monitor - 80/4. **DIR**
2330 - Dr. Carroll in to examine pt +
 orders noted - **DIR**
0000 - Abrasions cleaned. Triple antibiotic
 applied - Pt tolerated well. **DIR**
0030 - X-Ray Itra stretcher - **DIR**
0040 - Called to x-ray dept via tech.
 When contrast was started, pt vomited
 large amount. **DIR** See Additional Notes

MEDICATIONS

TD / 0.5 IM Lot # _____ Expires _____ Site _____

Time	Med	Route	Given By	Relief	Pain Level
25	GI cocktail	po	DC	yes	0/10

INTAKE

Time	PO	Solution	Amt. Hung	Amt Infused

OUTPUT

Time	Emesis	Urine	NG / Chest	Blood

PROCEDURES

Foley # **NA** @ **NA**
 NG # **NA** @ **NA**
 Chest Tube # **NA** R **NA** L **NA**
 Level I Infuser Used Yes **(No)**

Discharge Vital Signs BP **148/95** Pulse **95** Resp **20** Temp **97.8** O2 Sat **100%**
 Condition Unchanged **(Improved)** **(Stable)**
 Valuables to _____ Pt _____ Family not inventoried
 Other _____
 List: _____

Disposition Time **0425**
 Discharge **(Home)** / Police / Morgue / Life Point Notified
 Epic Given Rx Given **NA** School Excuse Given **NA** days
 Verbalized Understanding **NA** Work Excuse Given
0/10 Pain Level @ Discharge AMA LBA LBTC
NA Admitted / Transfer to _____ Room # _____
NA Report to **NA** Time _____
 Discharge Time **0425** Document Completed **yes**
 Discharge Nurse **L. Jordan RN**



ANDERSON, JAMIE E 36
PO BOX 1262
LAKE VIEW SC 29563
CARROLL, MA V00000473347
SP 04/12/09 04/24/1972
Place Patient Sticker Here

NURSES PROGRESS NOTES

DATE	TIME	
4-13-09	0045	Went to x-ray dept and stayed with pt until x-rays completed. No further vomiting. ——— Delia Callison
4-13-09	0220	Pt returned to room. Backboard removed by Dr Carroll Staff. Moving all extremities well. ——— Delia Callison
4-13-09	0225	GI cocktail given as ordered for heartburn ——— Delia Callison
	0345	pt voided 800cc clear yellow urine was sent to lab for UPS ——— A Joul
	0425	pt pain relieved in @ pain @ site pt verbalized understanding of D/C instructions to follow up in family MD in 3-4 days if symptoms persist. clat @c in cannula intact in @ redness @ site ——— A Joul

Delia Callison



MARION COUNTY MEDICAL CENTER
2829 E. Hwy 76, P.O Box 1150
Marion, SC 29571

Patient: **ANDERSON, JAMIE E**
PO BOX 1262
LAKE VIEW, SC 29563
(843)759-9391

DIAGNOSTIC IMAGING REPORT

Birthdate: 04/24/1972 (36)
MR#/Dept#: M000045500 / X000044832
Location: ER ()
Visit #: V00000473347
Exam Date: 04/13/09

Ordering Dr: MARK W CARROLL MD

CHIEF COMPLAINT: MOTOR VEHICLE ACCIDENT

CT CERVICAL SPINE:

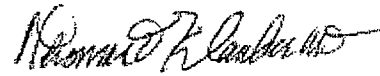
Unenhanced scans of the cervical spine with sagittal and coronal reconstructions reveal intact cervical vertebrae with no fracture or subluxation. Cervical collar. There is a tiny bleb at the right lung apex. Limited visualization of the atlantoaxial joint on sagittal reconstructions. The area is unremarkable on other views.

IMPRESSION:

1. INTACT CERVICAL SPINE.

NIGHT HAWK REPORT REVIEWED.

**** Preliminary report if not electronically signed by radiologist ****



THOMAS O KLAUBER MD
Dictating Radiologist

Dictation date/time: 04/13/09 0816
Transcribed by: AGASQUE 04/13/09 0844
Order#: 0413-0004 / Report#: 0413-0003

Signed Status

Placed on chart by: _____ Date: _____

MARION COUNTY MEDICAL CENTER
2829 E. Hwy 76, P.O Box 1150
Marion, SC 29571

Patient: **ANDERSON, JAMIE E**
PO BOX 1262
LAKE VIEW, SC 29563
(843) 759-9391

DIAGNOSTIC IMAGING REPORT

Birthdate: 04/24/1972 (36)
MR#/Dept#: M000045500 / X000044832
Location: **ER ()**
Visit #: V00000473347
Exam Date: 04/13/09

Ordering Dr: MARK W CARROLL MD

CHIEF COMPLAINT: MOTOR VEHICLE ACCIDENT

CT CHEST

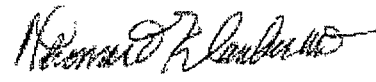
Unenhanced chest scans reveal normal cardiopulmonary structures. The patient is lying on a trauma board. Small hiatal hernia. The bony structures of the thorax appear intact.

IMPRESSION:

1. NEGATIVE CT CHEST.

NIGHT HAWK REPORT REVIEWED.

**** Preliminary report if not electronically signed by radiologist ****



THOMAS O KLAUBER MD
Dictating Radiologist

Dictation date/time: 04/13/09 0818
Transcribed by: AGASQUE 04/13/09 0847
Order#: 0413-0002 / Report#: 0413-0004

Signed Status

Placed on chart by: _____ Date: _____

MARION COUNTY MEDICAL CENTER
2829 E. Hwy 76, P.O Box 1150
Marion, SC 29571

Patient: **ANDERSON, JAMIE E**
PO BOX 1262
LAKE VIEW, SC 29563
(843) 759-9391
Birthdate: 04/24/1972 (36)
MR#/Dept#: M000045500 / X000044832
Location: **ER ()**
Visit #: V00000473347
Exam Date: 04/13/09

DIAGNOSTIC IMAGING REPORT

Ordering Dr: MARK W CARROLL MD

CHIEF COMPLAINT: MOTOR VEHICLE ACCIDENT

ABDOMINAL PELVIC CT:

Abdominal pelvic scans were done and there is intravenous contrast with the kidneys in excretory phase. Intact abdominal pelvic viscera. Normal appendix. The patient is lying on a trauma board. Right pelvic phlebolith. Bony structures as visualized are intact.

IMPRESSION:

1. NO ACUTE DISEASE ON ABDOMINAL PELVIC CT.

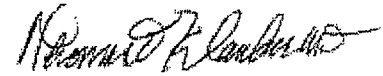
DIAGNOSTIC IMAGING MEDICATION ORDER

Administer as follows:

IV Contrast: Low osmolar contrast media, 350-399 mg/ml iodine concentration, 100 ml

NIGHT HAWK REPORT REVIEWED.

**** Preliminary report if not electronically signed by radiologist ****



THOMAS O KLAUBER MD
Dictating Radiologist

Dictation date/time: 04/13/09 0818
Transcribed by: AGASQUE 04/13/09 0848
Order#: 0413-0003 / Report#: 0413-0005

Signed Status

Placed on chart by: _____ Date: _____

MARION COUNTY MEDICAL CENTER
2829 E. Hwy 76, P.O Box 1150
Marion, SC 29571

Patient: **ANDERSON, JAMIE E**
PO BOX 1262
LAKE VIEW, SC 29563
(843) 759-9391

DIAGNOSTIC IMAGING REPORT

Birthdate: 04/24/1972 (36)
MR#/Dept#: M000045500 / X000044832
Location: **ER** ()
Visit #: V00000473347
Exam Date: 04/13/09

Ordering Dr: MARK W CARROLL MD

CHIEF COMPLAINT: MOTOR VEHICLE ACCIDENT

CT HEAD:

Unenhanced axial scans of the head were done from foramen magnum to vertex and reveal normal ventricles and cortical sulci. No shift or hemorrhage. Posterior fossa structures are negative.

IMPRESSION:

1. NEGATIVE CT HEAD SCAN.

NIGHT HAWK REPORT REVIEWED.

**** Preliminary report if not electronically signed by radiologist ****



THOMAS O KLAUBER MD
Dictating Radiologist

Dictation date/time: 04/13/09 0814
Transcribed by: AGASQUE 04/13/09 0843
Order#: 0413-0001 / Report#: 0413-0002

Signed Status

Placed on chart by: _____ Date: _____ 000036

RUN DATE: 04/13/09
RUN TIME: 0355

Marion County Medical Center
2829 E. Highway 76, Mullins, SC 29574
William Farnsworth, M.D., Director
(843) 431-2550

PAGE 1

LABORATORY RESULTS

PATIENT: ANDERSON, JAMIE E ACCT #: V00000473347 LOC: ER U #: M000045500
REG DR: CARROLL, MARK W MD AGE/SX: 36/M ROOM: REG: 04/12/09
DOB: 04/24/1972 BED: DIS:
STATUS: REG ER TLOC:

SPEC #: 0413:U00001S COLL: 04/13/09-UNK STATUS: COMP REQ #: 00660032
RECD: 04/13/09-0348 SUBM DR: CARROLL, MARK W MD
COMP: 04/13/09-0355
ENTERED: 04/13/09-0011 OTHR DR: ODOM, JOHN MD
ORDERED: UA
COMMENTS: Comments to Phlebotomist: T-1
WHAT IS THE SOURCE? CLEAN CATCH

Test	Result	Flag	Reference
URINALYSIS			
MACROSCOPIC, URINE			
COLOR	YELLOW		
CLARITY	CLEAR		
GLUCOSE	NEGATIVE		NEGATIVE mg/dL
BILIRUBIN	NEGATIVE		NEGATIVE
KETONE	TRACE		NEGATIVE mg/dL
SPECIFIC GRAVITY	1.015		1.001-1.030
OCCULT BLOOD	NEGATIVE		NEGATIVE
PH	5.5		5.0-8.0
PROTEIN	NEGATIVE		NEGATIVE mg/dL
UROBILINOGEN	0.2		0.2-1.0 E.U.
NITRATE	NEGATIVE		NEGATIVE
LEUKOCYTE ESTERASE	NEGATIVE		NEGATIVE
MICROSCOPIC, URINE			
MICROSCOPIC	NOT INDICATED		

Patient: ANDERSON, JAMIE E Age/Sex: 36/M Acct#V00000473347 Unit#M000045500
Placed on Chart by: _____ Date: _____

000037

RUN DATE: 04/13/09
RUN TIME: 0055

Marion County Medical Center
2829 E. Highway 76, Mullins, SC 29574
William Farnsworth, M.D., Director
(843) 431-2550

PAGE 1

LABORATORY RESULTS

PATIENT: ANDERSON, JAMIE E	ACCT #: V00000473347	LOC: ER	U #: M000045500
REG DR: CARROLL, MARK W MD	AGE/SX: 36/M	ROOM:	REG: 04/12/09
	DOB: 04/24/1972	BED:	DIS:
	STATUS: REG ER	TLOC:	

SPEC #: 0413:C00030S COLL: 04/13/09-0021 STATUS: COMP REQ #: 00660032
RECD: 04/13/09-0024 SUBM DR: CARROLL, MARK W MD
COMP: 04/13/09-0054
ENTERED: 04/13/09-0011 OTHR DR: ODOM, JOHN MD
ORDERED: CHEM8, ETOH
COMMENTS: Comments to Phlebotomist: T-1

Test	Result	Flag	Reference
------	--------	------	-----------

CHEMISTRY

BASIC METABOLIC PANEL (CHEM 8)

SODIUM	141		135-147 mmol/L
POTASSIUM	3.7		3.5-5.2 mmol/L
CHLORIDE	103		98-109 mmol/L
CARBON DIOXIDE	26		22-31 mmol/L
GLUCOSE	110		65-110 mg/dL
BUN	15		7-20 mg/dL
CREATININE	1.12		0.52-1.25 mg/dL
CALCIUM	9.1		8.4-10.2 mg/dL
ALCOHOL	67		mg/dL

EST GLOMERULAR FILTRATION RATE

> 60 >60 ml/min

The GFR is recommended by the National Kidney Foundation for use in recognition, treatment, and prevention of chronic kidney disease. It is not intended for use in renal-dosing of medications or dosing adjustments of radiocontrast dye without specific correction for patient height and weight.

Patient: ANDERSON, JAMIE E Age/Sex: 36/M Acct#V00000473347 Unit#M000045500
Placed on Chart by: Date:

000038

RUN DATE: 04/13/09
RUN TIME: 0041

Marion County Medical Center
2829 E. Highway 76, Mullins, SC 29574
William Farnsworth, M.D., Director
(843) 431-2550

PAGE 1

LABORATORY RESULTS

PATIENT: ANDERSON, JAMIE E ACCT #: V00000473347 LOC: ER U #: M000045500
REG DR: CARROLL, MARK W MD AGE/SX: 36/M ROOM: REG: 04/12/09
DOB: 04/24/1972 BED: DIS:
STATUS: REG ER TLOC:

SPEC #: 0413:H00017S COLL: 04/13/09-0021 STATUS: COMP REQ #: 00660032
RECD: 04/13/09-0024 SUBM DR: CARROLL, MARK W MD
COMP: 04/13/09-0041
ENTERED: 04/13/09-0011 OTHR DR: ODOM, JOHN MD
ORDERED: CBC-DIFF, MORPH REVIEW
COMMENTS: Comments to Phlebotomist: T-1

Test	Result	Flag	Reference
HEMATOLOGY			
<i>CBC WITH DIFF</i>			
WHITE CELL COUNT	6.0		4.8-10.8 K/mm3
RED CELL COUNT	6.1		4.7-6.1 M/mm3
HEMOGLOBIN	13.3	L	14.0-18.0 gm/dL
HEMATOCRIT	41.5	L	42.0-52.0 %
MCV	68.3	L	80.0-94.0 fl
MCH	21.9	L	27.0-31.0 pg
MCHC	32.0		32.0-36.0 g/dl
RDW	14.7	H	11.5-14.5 %
PLATELET COUNT	298		130-400 K/mm3
MPV	8.0		7.4-10.4 fl
NEUTROPHIL	74.4	H	43.0-65.0 %
LYMPHOCYTE	18.6	L	20.5-45.5 %
MONOCYTE	3.5	L	5.5-11.7 %
EOSINOPHIL	1.9		0.0-7.0 %
BASOPHIL	0.4		0.0-2.0 %
<i>MORPHOLOGY REVIEW</i>			
HYPOCHROMASIA	1+		
MICROCYTOSIS	2+		

atient: ANDERSON, JAMIE E Age/Sex: 36/M Acct#V00000473347 Unit#M000045500
Placed on Chart by: _____ Date: _____

000039

RUN DATE: 04/13/09
RUN TIME: 0449

Marion County Medical Center
2829 E. Highway 76, Mullins, SC 29574
William Farnsworth, M.D., Director
(843) 431-2550

PAGE 1

LABORATORY RESULTS

PATIENT: ANDERSON, JAMIE E	ACCT #: V00000473347	LOC: ER	U #: M000045500
REG DR: CARROLL, MARK W MD	AGE/SX: 36/M	ROOM:	REG: 04/12/09
	DOB: 04/24/1972	BED:	DIS:
	STATUS: REG ER	TLOC:	

SPEC #: 0413:T00001S	COLL: 04/13/09-UNK	STATUS: COMP	REQ #: 00660032
	RECD: 04/13/09-0348	SUBM DR: CARROLL, MARK W MD	
	COMP: 04/13/09-0448		
ENTERED: 04/13/09-0011		OTHR DR: ODOM, JOHN MD	
ORDERED: UDS			
COMMENTS: Comments to Phlebotomist: T-1			

Test	Result	Flag	Reference
TOXICOLOGY			
URINE DRUG SCREEN			
PHENCYCLIDINE	NEGATIVE		NEGATIVE
BENZODIAZEPINES	NEGATIVE		NEGATIVE
COCAINE	NEGATIVE		NEGATIVE
AMPHETAMINES	NEGATIVE		NEGATIVE
METHAMPHETAMINES	NEGATIVE		NEGATIVE
THC (MARIJUANA)	NEGATIVE		NEGATIVE
OPIATES	NEGATIVE		NEGATIVE
BARBITURATES	NEGATIVE		NEGATIVE
TRICYC ANTIDEPRESS	NEGATIVE		NEGATIVE
ACETAMINOPHEN	NEGATIVE		NEGATIVE
METHADONE	NEGATIVE		NEGATIVE

atient: ANDERSON, JAMIE E	Age/Sex: 36/M	Acct#V00000473347	Unit#M000045500
Placed on Chart by: _____	Date: _____		

000040

MARION COUNTY MEDICAL CENTER

2829 E. Hwy 76, P.O Box 1150

Marion, SC 29571

Patient: **ANDERSON, JAMMIE E**

PO BOX 1262
LAKE VIEW, SC 29563
(843)759-9391

DIAGNOSTIC IMAGING REPORT

Birthdate: 04/24/1972 (36)
MR#/Dept#: M000045500 / X000044832

Location: **RAD** ()

Visit #: V00000474028

Ordering Dr: HARRY T HARNESS DO

Exam Date: 04/16/09

RIGHT TIBIA AND FIBULA:

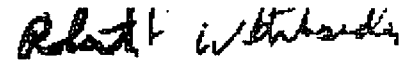
HISTORY: PAIN

Four views of the tibia and fibula were obtained. No fracture or dislocation was seen.

IMPRESSION:

1. NEGATIVE TIBIA AND FIBULA.

**** Preliminary report if not electronically signed by radiologist ****



ROBERT F WHITESIDES, JR MD
Dictating Radiologist

Dictation date/time: 04/16/09 1341
Transcribed by: DJAMES 04/16/09 1413
Order#: 0416-0048 / Report#: 0416-0084

Signed Status

Placed on chart by: _____ Date: _____

CARE SOUTH CAROLINA PROGRESS NOTE

Date: 04/16/09

Name: Anderson, Jannie DOB: 04/24/72 Age: Chart#: 1279

COMMENTS:

SIGNATURE:

Ht: 5'7" Wt: 197 BP: 128/88 HR: 94 R: 18 BG(Fasting/Random): LMP: 5/1/08

Medication Refill(s) Needed: No Drug Allergies: none

For Patients with a Depression Diagnosis (Repeat PHQ each visit): PHQ: 12

Tobacco Use:

Never Past Current packs per day If Quit, what date? 1 Years of smoking? 8

Flu Vaccine Received (Aug-Mar) Yes No Pneumonia Vaccine (As Appropriate) Yes No

PAIN: Yes No Degree: 1 2 3 4 5 6 7 8 9 10

CHIEF COMPLAINT: follow up after MVA on Sunday night. Pain in right leg @ side & back of hip & heel. Leg numbness.

NURSE'S SIGNATURE: [Signature]

Table with columns: Physical Examination, Comments on Findings, Physical Examination, and Comments on Findings. Includes rows for General Appearance, HEENT, Mouth/Pharynx, Chest/Lung/Respir., Heart/Cardiovascular, Abdomen & GI, and Extremities.

Assessment/Diagnosis/Treatment Plan:

- 1 R leg pain - may be mms today
2 R leg paresthesia - will monitor
3 R side pain muscle cont = flexural & narrow.

See Dictated Note

LABS (INT): Hgb Strep Flu BSG UCG HIV HbA1c PT/INR UA MicroA/Creatinine Other:

LABS (EXTERNAL): CBC CMP BMP Lipids Hepatic Panel Thyroid Panel/TSH Urine Culture

SELF MANAGEMENT GOALS: improve work ethics

EDUCATION: DX TX Meds Diet ETOH/Drugs STD/HIV Sexual Activity Smoking

OTHER:

Consults/Referrals: Monday

RETURN TO CARE/CLINIC (RTC): DAYS WEEKS MONTHS PRN

PROVIDER SIGNATURE: [Signature] DATE: 4/16/09

NOTES:

No vision (and/or) note for work today -> Monday

CARE SOUTH CAROLINA PROGRESS NOTE

Name: Jamie Anderson DOB: 4 24 72 Age: 37 Chart#: 1279

COMMENTS: _____ SIGNATURE: Moody LPN

Ht: 5'7 Wt: 195 BP: 156/92 T: 98.8 P: 74 R: R BG (Fasting/Random): N/A LMP: N/A

Medication Refill(s) Needed: Yes No Cyclobenzaprine Drug Allergies: MRSA

For Patients with a Depression Diagnosis (Repeat PHQ each visit): PHQ: 0

Tobacco Use: Never Past Current packs per day 0 If Quit, what date? 04/09 Years of smoking? 0 Advised to Quit

Flu Vaccine Received (Aug-Mar) Yes No 01/09 Pneumonia Vaccine (As Appropriate) Yes No 01/09

PAIN: Yes No Degree: 1 2 3 4 5 6 7 8 9 10

CHIEF COMPLAINT: Pain @ leg knee to foot, Neck pain @ side of chest, Knee pain bilaterally

NURSE'S SIGNATURE: Chris Mackey LPN

Physical Examination	WNL			Comments on Findings	Physical Examination	WNL			Comments on Findings
	A	B	D			L	N	F	
General Appearance	<input checked="" type="checkbox"/>			<u>Bil. knee pain just below patella - no edema no warmth</u>	Genital/Rectal				<u>abrasion measure the same as 4-16-09</u>
HEENT	<input checked="" type="checkbox"/>				Skin	<input checked="" type="checkbox"/>			
Mouth/Pharynx	<input checked="" type="checkbox"/>				Lymph Nodes	<input checked="" type="checkbox"/>			
Chest/Lung/ Respir.	<input checked="" type="checkbox"/>				Breasts				
Heart/Cardiovascular	<input checked="" type="checkbox"/>				Back/Neck				
Abdomen & GI	<input checked="" type="checkbox"/>				Neurological				
Extremities	<input checked="" type="checkbox"/>			Thyroid/Endocrine				<u>declines</u>	

Assessment/Diagnosis/Treatment Plan:

- ① Abrasion leg - keep leg elevated
- ② Knee pain - declined referral
- ③ Neck pain (muscle spasm) - declined referral

See Dictated Note

LABS (INT): Hgb Strep Flu BSG UCG HIV HbA1c PT/INR UA MicroA/Creatinine Other:

LABS (EXTERNAL): CBC CMP BMP Lipids Hepatic Panel Thyroid Panel/TSH Urine Culture

CK T4 Vitamin B12 Vitamin D PSA Uric Acid AST Arthritis Panel Other: Chlamydia

SELF MANAGEMENT GOALS: Feel better, no pain

EDUCATION: DX TX Meds Diet ETOH/Drugs STD/HIV Sexual Activity Smoking

Exercise OTHER:

Consults/Referrals:

RETURN TO CARE/CLINIC (RTC): _____ DAYS _____ WEEKS _____ MONTHS _____ PRN

PROVIDER SIGNATURE: J. Cannon MD DATE: 4/20/09

NOTES: send guss bil note for today - Monday

CARE SOUTH CAROLINA PROGRESS NOTE

Name: Jamie Anderson DOB: 4 24 78 Age: _____ Date: 4 27 09 Chart#: 12579

COMMENTS: NI 12/88 SIGNATURE: DM Mordy LPN
Ht: 5'7" Wt: 195 1/2 BP: 130/90 T: 98.6 P: 110 R: 18 BG (Fasting/Random): N/A LMP: N/A
Drug Allergies: NICDA

Medication Refill(s) Needed: Yes No: _____ PHQ: 7

For Patients with a Depression Diagnosis (Repeat PHQ each visit): PHQ: _____

Tobacco Use: Never Past Current _____ packs per day _____ if Quit, what date? _____ Years of smoking? _____ Advised to Quit _____

Flu Vaccine Received (Aug-Mar) Yes No _____ Pneumonia Vaccine (As Appropriate) Yes No _____
PAIN: Yes No Degree: 1 2 3 4 5 6 7 8 9 10

CHIEF COMPLAINT: Abrasions RT leg - Not healing
knee pain better
neck pain -

NURSE'S SIGNATURE: <u>DM Mordy LPN</u>				Comments on Findings			Physical Examination			Comments on Findings
W	N	A	D	W	A	D	W	A	D	
Physical Examination	L	B	E	L	N	E	L	N	E	
General Appearance	<input checked="" type="checkbox"/>									Scab 1" x 1/2" tender to touch lots of Barnacles
HEENT										
Mouth/Pharynx										
Chest/Lung/ Respir.	<input checked="" type="checkbox"/>									
Heart/Cardiovascular	<input checked="" type="checkbox"/>									
Abdomen & GI										
Extremities										

Assessment/Diagnosis/Treatment Plan:
① Abrasion ② leg - released to walk per pt -
③ Cero - Pulsoe 2 to mid of it
return 40% of it to wound.

See Dictated Note See Core Element Form

LABS (INT): Hgb Strep Flu BSG UCG HIV HbA1c PT/INR UA MicroA/Creatinine Other:

LABS (EXTERNAL): CBC CMP BMP Lipids Hepatic Panel Thyroid Panel/TSH Urine Culture

CK T4 Vitamin B12 Vitamin D PSA Uric Acid AST Arthritis Panel Other:

SELF MANAGEMENT GOALS: Feel Better

EDUCATION: DX TX Meds Diet ETOH/Drugs STD/HIV Sexual Activity Smoking

Exercise OTHER:

Consults/Referrals: _____

RETURN TO CARE/CLINIC (RTC): _____ DAYS _____ WEEKS _____ MONTHS _____ PRN

PROVIDER SIGNATURE: DM Mordy LPN DATE: 4.27.09

NOTES: nooping veg reflux 5 11 09 return 40% of it # 30/2 Central - 4600045

Standard Progress Note 2009-01-22 (WHITE)

CARE SOUTH CAROLINA PROGRESS NOTE

Name: Jemie Anderson DOB: 4/24/72 Age: 36 Date: 7/8/09 Chart#: 1229

COMMENTS: _____ SIGNATURE: _____
Ht: 5'7" Wt: 205 BP: 118/88 P: 70 BG (Fasting/Random): _____ LMP: _____
Drug Allergies: None

Medication Refill(s) Needed: Yes No
For Patients with a Depression Diagnosis (Repeat PHQ each visit): PHQ: 0

Tobacco Use: Never Past Current packs per day _____ If Quit, what date? _____ Years of smoking? _____ Advised to Quit
Flu Vaccine Received (Aug-Mar) Yes No Pneumonia Vaccine (As Appropriate) Yes No

PAIN: Yes No Degree: _____
CHIEF COMPLAINT: _____

Normal looking
passed out on 7/5 & 7/6 @
felt tired - face hot SpO2 93%
not related to hot Monday night
11:30 pm

Physical Examination	WNL	ABN	DEF	Comments on Findings	Physical Examination	WNL	ABN	DEF	Comments on Findings
General Appearance	<input checked="" type="checkbox"/>			<i>PE Abt</i>	Genital/Rectal				<i>Bedtime 1:00 am 5:00 pm no bowel</i>
HEENT	<input checked="" type="checkbox"/>				Skin	<input checked="" type="checkbox"/>			
Mouth/Pharynx	<input checked="" type="checkbox"/>				Lymph Nodes	<input checked="" type="checkbox"/>			
Chest/Lung/Respir.	<input checked="" type="checkbox"/>				Breasts	<input checked="" type="checkbox"/>			
Heart/Cardiovascular	<input checked="" type="checkbox"/>				Back/Neck	<input checked="" type="checkbox"/>			
Abdomen & GI	<input checked="" type="checkbox"/>				Neurological	<input checked="" type="checkbox"/>			
Extremities	<input checked="" type="checkbox"/>			Thyroid/Endocrine	<input checked="" type="checkbox"/>				

Assessment/Diagnosis/Treatment Plan:
Syncope - seizure
new bxst - referral needed
Discussed - MRI/CT scan
Cautioned against driving
Discussed pt = Dr Haines 7:05

LABS (INT): Hgb Strep Flu BSG UCG HIV HbA1c PT/INR UA MicroA/Creatinine Other: *None*

LABS (EXTERNAL): CBC CMP BMP Lipids Hepatic Panel Thyroid Panel/TSH Urine Culture CK T4 Vitamin B12 Vitamin D PSA Uric Acid AST Arthritis Panel Other:

SELF MANAGEMENT GOALS: *feel better*

EDUCATION: DX XX Meds Diet ETOH/Drugs STD/HIV Sexual Activity Smoking Exercise OTHER:

Consults/Referrals: _____

RETURN TO CARE/CLINIC (RTC): _____ DAYS _____ WEEKS _____ MONTHS _____ PRN
PROVIDER SIGNATURE: [Signature] DATE: 7/8/09

NOTES: *At seizure - 12 years*
Dil Antihyp - Phenytoin

SPECIALS SHEET
JAMMIE ANDERSON VS. JERRY PAGE
FILE NO: 09-4292-GDJ

DILLON COUNTY EMS (SERVICES RENDERED 4/12/09) ACCOUNT NO: 58/791261	\$579.08
MARION COUNTY MEDICAL CENTER (SERVICES RENDERED 4/12/09-4/13/09) ACCOUNT NO: V00000473347	\$8,446.62
CALEDONIA FINANCIAL - ER DR. (SERVICES RENDERED 4/12/09) ACCOUNT NO: 000014220-01	\$460.00
RADIOLOGY ASSOCIATES OF MARION (SERVICES RENDERED 4/13/09) ACCOUNT NO: RMC 7146	\$1,059.24
MARION COUNTY MEDICAL CENTER (SERVICES RENDERED 4/16/09) ACCOUNT NO: V00000474028	\$194.00
CARESOUTH CAROLINA, INC. (SERVICES RENDERED 4/16/09-7/8/09) ACCOUNT NO: 12939	\$233.00
MEDICATION: CENTRAL PHARMACY 4/20/09	\$52.00
TOTAL MEDICALS	\$11,023.94
LOST WAGES: NEED SAME - HE DID FARM LABOR MISSED SEVERAL WEEKS OF WORK	
TOTAL SPECIALS	\$11,023.94 PLUS

000047

DILLON COUNTY EMS

5005 Sunset Blvd
Lexington, SC 29072

(803) 957-7111 or (800) 533-3915

Services Provided by: DILLON COUNTY EMS
Tax ID: 576000342

February 05, 2010

Acct No: 58 / 791261

Phone: (803) -

ANDERSON, JAMIE

PO BOX 31

DILLON, SC 29536-0031

Run No: 09875108
From: SCENE

Date Of Service: 04/12/2009
To: Marion Co Med Center

<u>Code</u>	<u>Description</u>	<u>Units</u>	<u>Unit Cost</u>	<u>Total Charge</u>	<u>Pmt/Adj</u>	<u>Process Date</u>
DL001	ALS TRANSPORT FEE	1	425.00	425.00		
DL49	MILEAGE	16	9.63	154.08		

Run Totals **579.08** **0.00**

Balance Due 579.08

Marion County Medical Center

DETAIL BILL

2829 EAST HWY 76
 P.O. DRAWER 1150
 MARION, SC 29571-1150

PAGE 1

AMOUNT ENCLOSED	TYPE FINAL
-----------------	---------------

PATIENT NAME ANDERSON, JAMMIE E	PATIENT ACCOUNT NO. V00000473347	ADMISSION DATE 04/12/09	DISCHARGE DATE 04/13/09	BILLING DATE 05/05/09
GUARANTOR ANDERSON, JAMIE E PO BOX 1262 LAKE VIEW SC 29563	INSURANCE COVERAGE		POLICY NUMBER	

**ASSIGNMENT
ON FILE**

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT



SERVICE DATE	DESCRIPTION	QTY	AMOUNT
04/12/09	3000385 CBC WITH DIFF	1	129.00
04/12/09	3000633 URINE ROUTINE	1	57.00
04/12/09	3004171 BASIC METABOLIC PANE	1	257.00
04/12/09	3001334 ALCOHOL	1	150.00
04/12/09	3089315 URINE DRUG SCREEN	1	117.00
04/12/09	0901005 IV MED	1	117.00
04/12/09	0900035 ER COMPLICATED CARE	1	282.00
04/13/09	2215606 SOD CHL 0.9% 10ML; SOD CHLORIDE 0.9% 10mL VIAL-flush/d	1	2.50
04/13/09	2212991 G.I. COCKTAIL; GI COCKTAIL 40 ML BTL	1	23.12
04/13/09	2217776 XYLOCAINE 2% VISCOUS; LIDOCAINE HCL 2% VISC SOLN 20 ML UD	1	5.50
04/13/09	2220515 TORADOL 30MG/ML INJ; KETOROLAC	1	35.00
04/13/09	2215606 TROMETHAMINE 30 MG/ML VIA SOD CHL 0.9% 10ML; SOD CHLORIDE 0.9% 10mL VIAL-flush/d	1	2.50
04/13/09	3800608 BRAIN W/O CONTRAST	1	1241.00
04/13/09	3800418 THORAX W/O CONTRAST	1	1241.00
04/13/09	3800434 ABDOMEN W/CONTRAST	1	1542.00
04/13/09	3801044 C-SPINE W/O CONTRAST	1	1373.00
04/13/09	3800390 LOCM 300-399MG/ML IODINE, P-ML; LOCM 350-399mg/ml PER ML - CT	100	50.00
04/13/09	3801118 3D RENDERING W/POSTPROCESS; RECONSTRUCTION - CT	1	428.00
04/13/09	3800467 PELVIC W/CONTRAST; CT PELVIS W/CONT-LINK 72193	1	1300.00
04/13/09	3801092 CT SYRINGE KIT; MED RAD SYRINGE - CT	1	94.00
*** SUMMARY BY SERVICE ***			
	250 PHARMACY GENERAL	3	40.00
	255 PHARMACY INCID TO RAD	100	50.00
	270 M/S SUPPLY GENERAL	1	94.00
	300 LABORATORY GENERAL	2	374.00
	301 LABORATORY CHEMISTRY	1	150.00
	305 LAB HEMATOLOGY	1	129.00
	307 LAB UROLOGY	1	57.00
	350 CAT SCAN GENERAL	1	428.00
	351 CAT SCAN HEAD	1	1241.00

ACCOUNT NUMBER V00000473347	TOTAL
	TOTAL CREDITS
	TOTAL DUE
AMOUNT DUE	

RETAIN THIS PORTION FOR YOUR RECORDS

000049

Marion County Medical Center

DETAIL BILL

2829 EAST HWY 76
 P.O. DRAWER 1150
 MARION, SC 29571-1150

PAGE 2

AMOUNT ENCLOSED	TYPE FINAL
-----------------	---------------

PATIENT NAME ANDERSON, JAMMIE E	PATIENT ACCOUNT NO. V00000473347	ADMISSION DATE 04/12/09	DISCHARGE DATE 04/13/09	BILLING DATE 05/05/09
GUARANTOR ANDERSON, JAMIE E PO BOX 1262 LAKE VIEW SC 29563	INSURANCE COVERAGE		POLICY NUMBER	

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT



SERVICE DATE	DESCRIPTION	QTY	AMOUNT
	352 CAT SCAN BODY	4	5456.00
	450 EMERGENCY ROOM GENERAL	2	399.00
	637 PHARMACY (SELF-ADMIN)	2	28.62
ASSIGNMENT ON FILE			

ACCOUNT NUMBER V00000473347	TOTAL	8446.62
	TOTAL CREDITS	0.00
	TOTAL DUE	8446.62
	AMOUNT DUE	8446.62

RETAIN THIS PORTION FOR YOUR RECORDS

000050

MARION SC EMERGENCY PHYS, LLC
 P.O. BOX 203365
 HOUSTON, TX 77216-3365

877 693-5600
 TAX ID261686567

The balance due is your responsibility.
 If you have insurance, please complete
 the information on the back of the
 coupon and mail it to us. Thank You

ACCOUNT NO. 000014220-01

STATEMENT DATE 12/09/09

JAMIE E ANDERSON
 PO BOX 1262
 LAKE VIEW, SC 29563

INSURANCE:
 POLICY ID: 248419672

DATE	PATIENT	DESCRIPTION	ICD9	AMOUNT
04/12/09	JAMIE	99284 EMERGENCY VISIT		420.00
	ATN DR: CARROLL, MARK, M.D.		REF DR: CARROLL, MARK, M.D.	
04/12/09	JAMIE	99053 SVCS 10PM AND 8AM 24 H		40.00
	ATN DR: CARROLL, MARK, M.D.		REF DR: CARROLL, MARK, M.D.	
09/04/09	JAMIE	899 COLLECTION AGENCY WRIT		460.00-

TOTAL CURRENT

0.00

DEC '09

600051

RADIOLOGY ASSOC. OF MARION COUNTY, LLC.

Account Number: RMC7146
Patient Name: JAMIE E ANDERSON
Amount Due: \$ 1,059.24
Statement Date: 4/23/2009

PO Box 1547
 Sedalia, MO 65302-1547

Radiology
 Nuclear Me
 Computed
 Ultrasound
 Doppler
 Magnetic R
 Mammogra
 Interventio
 Positron En

464-7822

Please check box if address or insurance information is incorrect. Please send correct information with payment.

JAMIE E ANDERSON
 PO BOX 1262
 Lake View, SC 29563

Remit to:
 RADIOLOGY Assoc. OF
 PO Box 1547
 Sedalia, MO 65302-1547

(Please detach at perforation and return top portion with your payment)

Patient's Name: JAMIE E ANDERSON

Account #: R

STATEMENT 1

Service Date	Post Date	Loc	Code	Description	Charge	Payment	Adjustment
04/13/2009		1	70450	Ct head/brain w/o dye	163.63		
04/13/2009		1	72125	Ct neck spine w/o dye	221.34		
04/13/2009		1	71260	Ct thorax w/dye	236.42		
04/13/2009		1	74150	Ct abdomen w/o dye	228.73		
04/13/2009		1	72192	Ct pelvis w/o dye	209.12		

Total Charges \$1,059.24

**** Payment Due Upon Receipt * Thank You ****

If the services above were received in a hospital, the hospital does not include in their bill the radiologist's professional fee for interpreting, supervising and/or performing these procedures. It is possible you did not see the radiologist. But, once the studies were made, the radiologist interpreted the studies, dictated the results, and a copy was sent to your attending and/or referring physician(s). When needed, the radiologist will also consult personally with your physician(s).

* Items marked with an '*' are pending payment from your insurance.

<u>INSURANCE INFORMATION</u>	FOR QUESTIONS OR TO PROVIDE INSURANCE INFORMATION, PLEASE CALL: RADIOLOGY Assoc. OF MARION COUNTY,	Total Balance: Ins. Pending: Amount Due Now:
<u>Location Descriptions</u> 1 - Marion Regional Healthcare System		Make Checks Pay RADIOLOGY Assoc. OF PO Box 1547 Sedalia, MO 65302-1547

Marion County Medical Center

2829 EAST HWY 76
 P.O. DRAWER 1150
 MARION, SC 29571-1150

DETAIL BILL

PAGE 1

AMOUNT ENCLOSED	TYPE FINAL
-----------------	---------------

PATIENT NAME ANDERSON, JAMMIE E	PATIENT ACCOUNT NO. V00000474028	ADMISSION DATE 04/16/09	DISCHARGE DATE	BILLING DATE 04/20/09
GUARANTOR ANDERSON, JAMIE E PO BOX 1262 LAKE VIEW SC 29563	INSURANCE COVERAGE		POLICY NUMBER	

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT



SERVICE DATE	DESCRIPTION	QTY	AMOUNT
04/16/09	3500550 TIBIA & FIBULA 2 VIEWS	1	194.00
	*** SUMMARY BY SERVICE ***		
	320 RADIOLOGY DIAG GENERAL	1	194.00

**ASSIGNMENT
ON FILE**

ACCOUNT NUMBER V00000474028	TOTAL	194.00
	TOTAL CREDITS	0.00
	TOTAL DUE	194.00
RETAIN THIS PORTION FOR YOUR RECORDS	AMOUNT DUE	194.00

000053

PO BOX 3699
ANDERSON, SC 29622-3699

October 1, 2009

ADDRESS SERVICE REQUESTED

#BWNFTZF #DTR6465192009093#



00589260 - 001
JAMIE E ANDERSON
PO BOX 1262
LAKE VIEW SC 29563-1262

a subsidiary of Global Financial Serv
Phone (864) 328-2200 or 1-88

Reference #
00589260
IF PAYING BY CREDIT CARD, COMPLETE ALL
CHECK CARD USING FOR PAYMENT <input type="checkbox"/> VISA <input type="checkbox"/> VIS
CARD NUMBER PLUS 3-DIGIT SECURITY CODE
CARDHOLDER NAME _____ CARDHOLDER SIGN _____

DataTrac Receivables Recovery, I
PO Box 3699
Anderson, SC 29622-3699

Detach Upper Portion and Return with Payment

This notice is to advise you that DataTrac Receivables Recovery, LLC is a collection agency and has been referred to our office for collection purposes. Your failure to pay our client \$194.00 has resulted in this/these a referred to our office for collection purposes. As a courtesy to you, we will wait only a short period of time investigating your personal source of income and assets in order to enable us to determine your source of \$194.00 and consider what further collection effort to pursue, including if applicable, the possible advantage or judgment back to our client. The information we may be seeking, if available, to make this d

Real Estate Ownership/Equity
Personal Property Assets

Source Of Income
Checking / Savings Balances

Please contact our office to discuss a resolution for this/these debt(s) at the telephone numbers listed below. If your check or money order made payable to D T R R. In order to assure proper credit to your account, please include the reference number of 00589260 with your payment.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of all or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days of receiving this notice that the debt or any portion thereof is disputed, this office will obtain verification of the debt by a copy of a judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days of receiving this notice, this office will provide you with the name and address of the original creditor from the current creditor.

Pursuant to section 807(11) FDGPA, this communication is from a professional debt collector. This office will not collect a debt and any information obtained will be used for that purpose.

M. Spearman
Recovery Specialist

CREDITOR	CREDITOR ACCT #	FOR	BALANCE
MARION COUNTY MEDICA	V00000474028	ANDERSON, JAMIE E	194.00
Total Balance Due:			\$194.00

000054

000055

No. 8192 P. 1

CARESOUTH CAROLINA, INC
P O BOX 109D
PAGE 1
843-857-9616

12939
PRINTED 04:23:50pm 16 Nov 2009
HARTSVILLE, SC 29551

JAMMIE ANDERSON (12939)
P O BOX 31
LAKE VIEW, SC 29563
843-845-0180

NOTICE, THIS IS LISTED FROM MOST RECENT TO THE OLDEST

Date	Name	Code	Description	Link	Dr.	Fc	Amount	DX
-----<07/31/09>-----								
TOTAL CHARGES							233.00	
07/08/09	JAMMIE	81003	UA DIP STICK/TABL	45276.3	66	1	12.00	780.2
07/08/09	JAMMIE	94760	pulse oximetry	45276.2	66	1	12.00	780.2
07/08/09	JAMMIE	99212	OFC/OUTPT VISIT	45276.1	66	1	41.00	780.2
-----<04/30/09>-----								
04/27/09	JAMMIE	99213	OFC/OUTPT VISIT	14716.1	66	1	56.00	959.7
04/20/09	JAMMIE	99213	OFC/OUTPT VISIT	11562.1	66	1	56.00	924.10
04/16/09	JAMMIE	99213	OFC/OUTPT VISIT	10419.1	66	1	56.00	729.5

DOCTOR..... TAX-ID..... FINANCIAL CLASS
66 SHERRY CAUSEY, CNP 1 PRIVATE PAY

PATIENT NO. 12939 JAMMIE ANDERSON DOB:04/24/1972 SEX:M 248-41-9672
Insurance Company Group Id Number Insured
PRIVATE PAY - NO I 12939,,,,,,LAKE VIEW FARM
PATIENT NO. DOB: SEX:
0

Total Charges 233.00

NOV 16 2009

Nov. 16. 2009 3:33PM

000056

CareSouth Carolina, Inc.

04/27/2009

IRS NO 570 664826

014716

SCHEDULED FOR APPT.

ARRIVED FOR APPT.

12:00 PM

AM
PM

PATIENT NAME

ANDERSON, JAMMIE

PATIENT ADDRESS

P O BOX 31
LAKE VIEW
SC 29563 843-845-0180

SLIDE: A

COPAY: \$20.00

CHART: 1279

DATE OF BIRTH

PATIENT NUMBER

DATE OF LAST RETURN

PREVIOUS BALANCE

INS: PRIVATE PAY - NO INSURAN ID:

INS2:

ID2:

PROVIDER SIGNATURE

RETURN:

DAYS MOS. PRN DISCHARGE

WEEKS YEARS CALL

EXCUSE:

SCHOOL/WORK

PATIENT

TODAY'S CHARGES	PAYMENT	ADJUSTMENT	NEW BALANCE	TYPE OF INSURANCE
	20.00	rest	\$0	

CENTRAL PHARMACY

P.O. BOX 1248 LAKE VIEW, SC 29563

843-759-2800

ANDEJ
-ANDERSON, JAMMIE
*
P.O. BOX 1262
LAKE VIEW, SC 29563

DR. CAUSEY, S. R. 04/20/09
HYDROCOD/APAP 7.5/650MI
GENERIC TOTAL 14.00
30 TAB
8

RX # 4040446

ORG DT-04/20/09

00603-3884-21

THIS IS YOUR RECEIPT. PLEASE RETAIN FOR YOUR TAX OR INSURANCE.

CENTRAL PHARMACY

P.O. BOX 1248 LAKE VIEW, SC 29563

843-759-2800

ANDEJ
-ANDERSON, JAMMIE
*
P.O. BOX 1262
LAKE VIEW, SC 29563

DR. CAUSEY, S. R. 04/20/09
CEPHALEXIN 500 MG CAP
GENERIC TOTAL 28.00
30 CAP
10

RX # 6275711

ORG DT-04/20/09

00172-4074-70

THIS IS YOUR RECEIPT. PLEASE RETAIN FOR YOUR TAX OR INSURANCE.

CENTRAL PHARMACY

P.O. BOX 1248 LAKE VIEW, SC 29563

843-759-2800

ANDEJ
-ANDERSON, JAMMIE
*
P.O. BOX 1262
LAKE VIEW, SC 29563

DR. CARROLL, M 04/20/09
CYCLOBENZAPRINE 10 M
GENERIC TOTAL 10.00
30 TAB
10

RX # 6275710

ORG DT-04/20/09

000057

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 290 - DAMAGE TO PROPERTY (CROPS)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	10		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
3.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER) **247 HAYES ROAD, LAKE VIEW SC** ZIP CODE **29536** WEAPON TYPE

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK				LOCATION NO.
08/22/2006	1041		08/22/2006	1203	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME	C005
					///				

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE
PAGE, MIKE	#1 OF	#2	#3	<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	W	M	00	N	8438451023	

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
247 HAYES RD	LAKE VIEW	SC	29563	00

VICTIM'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE
PAGE, MIKE	#1	#2	#3	<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	W	M	60-60	N	8438451023	

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.							
6-2	215	BRO									

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
247 HAYES RD	LAKE VIEW	SC	29563	

VISIBLE INJURY (VICT. 1) YES NO EXPLAIN --

VICTIM (NO. 1) USING: ALCOHOL: YES NO UNK. DRUGS: YES NO UNK.

TWO-MAN VEH. ONE-MAN VEH. DETECTIVE/SPL.ASMT. OTHER ALONE ASSISTED **J - This Jurisdiction S - State O - Out of State U - Unknown**

<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)	RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
<input type="checkbox"/> RUNAWAY	PAGE, JERRY WAYNE	W	M	60	N	04/27/1946	5-11	180	RED	BRO

<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
<input type="checkbox"/> WARRANT	
<input type="checkbox"/> ARREST	

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
1769 SCOTT ST.	LAKE VIEW	SC	29563	

JAIL	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.	ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE/TIME OF OFFENSE	DATE/TIME OF ARREST
SUMMONS	DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. TYPE:	TOTAL # ARRESTED	08/22/2006	1041

On the above date and time the victim stated that the subjects cow broke threw the fence and were eating and trampling down his soy beans. Officer Rogers saw the cows in the field and took pictures of this. Officer talked to the subject about the cows being in the field. The subject was in the process of putting the fence back up when officer arrived. The victress has called several times about this problem and it keeps happening. Damage to soy beans and the field estimated at \$1000.00.

P		TYPE (GROUP)	08-Consumable	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		TOTAL VALUE
R		Burned						
O		Count./Forged						
P		Dest./Damaged	1000.00					1000.00
E		Recovered						
R		Seized						
T		Stolen						
V		Unknown						
D		SUBJECT IDENTIFIED	SUBJECT LOCATED	<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18	<input type="checkbox"/> EX-CLEAR UNDER 18		
M		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR 18 AND OVER		
I		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						
N		REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER	
S		PFC KEN ROGERS	08/22/2006	SD22				
T		FOLLOW-UP INVESTIGATION OFFICER					000058	
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						

AGENCY I.D.
00170000

DILLON COUNTY SHERIFF'S OFFICE
PROPERTY LISTING

CASE NUMBER
2,006-2361

INQ. ENTD.

<input type="checkbox"/> ORIGINAL REPORT	<input type="checkbox"/> SUPPLEMENTAL REPORT	<input type="checkbox"/> ADDITIONAL VICTIMS	<input type="checkbox"/> ADDITIONAL STOLEN PROPERTY	PAGE 1
<input type="checkbox"/> MODIFIES ORIGINAL	<input type="checkbox"/> CASE STATUS CHANGE	<input type="checkbox"/> ADDITIONAL OFFENDERS	<input type="checkbox"/> ADDITIONAL RECOVERED PROPERTY	

DESTROYED/DAMAGED

SOY BEAN CROP 1,000.00

Make: Model: Cal: Serial #:

License:

TOTAL GROUP **1,000.00**

TOTAL PROPERTY **1,000.00**

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) PFC KEN ROGERS	DATE 08/22/2006	UNIT NUMBER SD22	APPROVING OFFICER	DATE	UNIT NUMBER
			FOLLOW-UP INVESTIGATION OFFICER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		000059

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 290 - DAMAGE TO CROPS BY COWS	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	10		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
3.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER) **SOYBEAN FIELD CORNER OF BASCUS STREET & FORDTOWN ROAD, LAKE VIEW SC** ZIP CODE **29563** WEAPON TYPE

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	LOCATION NO.
09/16/2006	0800		09/18/2006	1030	DISP. DATE: // DISP. TIME: TIME ARRIVED: DEPART. TIME:	C001

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE) **NANCE, DANNY** RELATIONSHIP TO SUBJECT #1 #2 #3 RESIDENT SOU RACE **W** SEX **M** AGE **60** ETH **N** DAYTIME PHONE **(843) 759-2247** EVENING PHONE

ADDRESS **2014 DILLON HWY.** CITY **LAKE VIEW** STATE **SC** ZIP CODE **29563** LOCATION NO.

VICTIM'S NAME (LAST, FIRST, MIDDLE) **NANCE, DANNY** RELATIONSHIP TO SUBJECT #1 #2 #3 RESIDENT SOU RACE **W** SEX **M** AGE **60-65** ETH **N** DAYTIME PHONE **(843) 759-2247** EVENING PHONE

HEIGHT WEIGHT HAIR EYES FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

ADDRESS **2014 DILLON HWY.** CITY **LAKE VIEW** STATE **SC** ZIP CODE **29563** LOCATION NO.

VISIBLE INJURY (VICT. 1) YES NO EXPLAIN -

VICTIM (NO. 1) USING: ALCOHOL: YES NO UNK. DRUGS: YES NO UNK.

TWO-MAN VEH. ONE-MAN VEH. DETECTIVE/SPLASMT. OTHER ALONE ASSISTED **J - This Jurisdiction S - State O - Out of State U - Unknown**

SUSPECT SUBJECT NAME (LAST, FIRST, MIDDLE) **PAGE, JERRY W.** RACE **W** SEX **M** AGE **00** ETH **N** DATE OF BIRTH HEIGHT WEIGHT HAIR EYES

RUNAWAY WANTED WARRANT ARREST ADDRESS **1769 SCOTT ST** CITY **LAKE VIEW** STATE **SC** ZIP CODE **29563** LOCATION NO.

MAIL SUBJECT (NO. 1) USING: ALCOHOL: YES NO UNK. ARRESTED NEAR OFFENSE SCENE YES NO DATE/TIME OF OFFENSE **09/16/2006 0800** DATE/TIME OF ARREST

ON THE MORNING OF 09-18-06 DANNY NANCE CAME BY THE SHERIFF'S OFFICE TO REPORT TO SHERIFF HAROLD GRICE THAT DURING THE WEEKEND JERRY PAGE'S COWS GOT LOOSE FROM THE PEN AND GOT INTO HIS SOYBEAN FIELD CAUSING DAMAGE TO HIS CROPS. DANNY NANCE STATES THAT THIS IS NOT THE FIRST TIME JERRY PAGE'S COWS HAVE GOTTEN INTO HIS SOYBEAN FIELD CAUSING DAMAGE. SHERIFF GRICE SENT DEPUTY ROGERS TO THE SOYBEAN FIELD TO TAKE PICTURES AND DO REPORT. DEPUTY ROGERS ALSO TALKED TO JERRY PAGE ABOUT HIS COWS GETTING OUT.

				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY	JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P	TYPE (GROUP)				77-Other	TOTAL VALUE
R	Burned					
O	Count./Forged					
P	Dest./Damaged				1000.00	1000.00
E	Recovered					
R	Seized					
T	Stolen					
Y	Unknown					
A	SUBJECT IDENTIFIED	SUBJECT LOCATED	<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18	<input type="checkbox"/> EX-CLEAR UNDER 18	
D	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR 18 AND OVER	
M	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					
I	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
N	PFC KEN ROGERS	09/18/2006	122			
S	FOLLOW-UP INVESTIGATION OFFICER					
T	<input type="checkbox"/> YES <input type="checkbox"/> NO				000060	

AGENCY I.D.
IC0170000

DILLON COUNTY SHERIFF'S OFFICE
PROPERTY LISTING

CASE NUMBER
2 0 0 6 - 2 4 3 2

INQ. ENTD.

<input type="checkbox"/> ORIGINAL REPORT	<input type="checkbox"/> SUPPLEMENTAL REPORT	<input type="checkbox"/> ADDITIONAL VICTIMS	<input type="checkbox"/> ADDITIONAL STOLEN PROPERTY	PAGE 1
<input type="checkbox"/> MODIFIES ORIGINAL	<input type="checkbox"/> CASE STATUS CHANGE	<input type="checkbox"/> ADDITIONAL OFFENDERS	<input type="checkbox"/> ADDITIONAL RECOVERED PROPERTY	

DESTROYED/DAMAGED

CROPS 1,000.00

Make: Model: Cal: Serial #:

License:

TOTAL GROUP 1,000.00

TOTAL PROPERTY 1,000.00

SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SUBJECT LOCATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ADM. CLOSED	<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	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER
PFC KEN ROGERS		09/18/2006	122				
				FOLLOW-UP INVESTIGATION OFFICER			
				<input type="checkbox"/> YES <input type="checkbox"/> NO		000061	

EVENT

VICTIM

#1

SUBJECT

NARRATIVE

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 290 - VANDALISM OF PROPERTY	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	10		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
3.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER) **MARY ALICE PAGE FARM BEAR SWAMP RD, LAKE VIEW SC** ZIP CODE **29563** WEAPON TYPE

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME	LOCATION NO.
05/09/2007	2000		05/10/2007	0800	//				

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE) **MILLER, CHARLES S.** RELATIONSHIP TO SUBJECT #1 **AQ** #2 #3 RESIDENT **J S O U** RACE **W** SEX **M** AGE **60** ETH **N** DAYTIME PHONE **843-430-0064** EVENING PHONE

ADDRESS **147 SOUTH FORDTOWN RD** CITY **NICHOLS** STATE **SC** ZIP CODE **29581** LOCATION NO.

VICTIM'S NAME (LAST, FIRST, MIDDLE) **MILLER, CHARLES S.** RELATIONSHIP TO SUBJECT #1 #2 #3 RESIDENT **J S O U** RACE **W** SEX **M** AGE **60** ETH **N** DAYTIME PHONE **843-430-0064** EVENING PHONE

HEIGHT **5-11** WEIGHT **200** HAIR **GRY** EYES **GRN** FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

ADDRESS **147 SOUTH FORDTOWN RD** CITY **NICHOLS** STATE **SC** ZIP CODE **29581** LOCATION NO.

VISIBLE INJURY (VICT. 1) YES NO EXPLAIN -

VICTIM (NO. 1) USING: ALCOHOL: YES NO UNK. DRUGS: YES NO UNK.

TWO-MAN VEH. ONE-MAN VEH. DETECTIVE/SPL.ASMT. OTHER ALONE ASSISTED **J - This Jurisdiction S - State O - Out of State U - Unknown**

SUSPECT SUBJECT NAME (LAST, FIRST, MIDDLE) **PAGE, JERRY WAYNE** RACE **W** SEX **M** AGE **61** ETH **N** DATE OF BIRTH **04/27/1946** HEIGHT **5-11** WEIGHT **180** HAIR **RED** EYES **BRO**

RUNAWAY FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

WANTED ADDRESS **1769 SCOTT ST.** CITY **LAKE VIEW** STATE **SC** ZIP CODE **29563** LOCATION NO.

ARREST SUBJECT (NO. 1) USING: ALCOHOL: YES NO UNK. ARRESTED NEAR OFFENSE SCENE YES NO DATE/TIME OF OFFENSE **05/09/2007** DATE/TIME OF ARREST **2000**

JAIL SUBJECT (NO. 1) USING: ALCOHOL: YES NO UNK. ARRESTED NEAR OFFENSE SCENE YES NO DATE/TIME OF OFFENSE **05/09/2007** DATE/TIME OF ARREST **2000**

SUMMONS DRUGS: YES NO UNK. TYPE: TOTAL # ARRESTED **0** DATE/TIME OF OFFENSE **05/09/2007** DATE/TIME OF ARREST **2000**

On the above date the victim stated that he had been having problems with the above subject (jerry page). The victim stated that he feels that the subject deliberately drove across his cotton fields causing a \$100 worth of damage to his property. The victim stated that he was surveying the land and that the subject is 20 feet over the property.

PROPERTY

ADMINISTRATIVE

	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY	JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY
TYPE (GROUP)		77-Other
Burned		
Count./Forged		
Dest./Damaged		100.00
Recovered		100.00
Seized		
Stolen		
known		

SUBJECT IDENTIFIED YES NO SUBJECT LOCATED YES NO ACTIVE ADM. CLOSED UNFOUNDED ARRESTED UNDER 18 ARRESTED 18 AND OVER EX-CLEAR UNDER 18 EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. OFFENDER DEATH 2. NO PROSECUTION 3. EXTRADITION DENIED 4. VICTIM DECLINES COOPERATION 5. JUVENILE - NO CUSTODY

REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
PVT TASH RUNNELS	05/10/2007	135			

FOLLOW-UP INVESTIGATION OFFICER YES NO **000062**

AGENCY I.D.
C0170000

DILLON COUNTY SHERIFF'S OFFICE
PROPERTY LISTING

CASE NUMBER
2,007-1203
INQ. ENTD.

<input type="checkbox"/> ORIGINAL REPORT	<input type="checkbox"/> SUPPLEMENTAL REPORT	<input type="checkbox"/> ADDITIONAL VICTIMS	<input type="checkbox"/> ADDITIONAL STOLEN PROPERTY	PAGE 1
<input type="checkbox"/> MODIFIES ORIGINAL	<input type="checkbox"/> CASE STATUS CHANGE	<input type="checkbox"/> ADDITIONAL OFFENDERS	<input type="checkbox"/> ADDITIONAL RECOVERED PROPERTY	

DESTROYED/DAMAGED

OTHER 100.00
 Make: Model: Cal: Serial #: License:

TOTAL GROUP 100.00

TOTAL PROPERTY 100.00

SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SUBJECT LOCATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ADM. CLOSED	<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	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER
PVT TASH RUNNELS		05/10/2007	135				
FOLLOW-UP INVESTIGATION OFFICER <input type="checkbox"/> YES <input type="checkbox"/> NO						000063	

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INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 290 - VANDALISM OF PROPERTY	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
3.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER) **SOUTH FORDTOWN RD, LAKE VIEW SC** ZIP CODE **29563** WEAPON TYPE

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK			LOCATION NO.
05/20/2007	1600		05/20/2007	1730	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME
					05/20/2007	1735	1740	1800

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE) **PERSON, UNKNOWN/UNTRACKED**

RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE
#1 #2 #3	J S O U	U	U	00	U	H B	H B

ADDRESS CITY STATE ZIP CODE LOCATION NO.

VICTIM'S NAME (LAST, FIRST, MIDDLE) **MILLER, CHARLES**

RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE
#1 #2 #3	O S O U	W	M	61	N	H B	H B

HEIGHT WEIGHT HAIR EYES FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
6-0 170 BRO BRO

ADDRESS CITY STATE ZIP CODE LOCATION NO.
S FORD TOWN RD LAKE VIEW SC 29563

VISIBLE INJURY (VICT. 1) YES NO EXPLAIN -

VICTIM (NO. 1) USING: ALCOHOL: YES NO UNK. DRUGS: YES NO UNK.

TWO-MAN VEH. ONE-MAN VEH. DETECTIVE/SPL.ASMT. OTHER ALONE ASSISTED **J - This Jurisdiction S - State O - Out of State U - Unknown**

SUSPECT RUNAWAY WANTED WARRANT ARREST JAIL SUMMONS

SUBJECT NAME (LAST, FIRST, MIDDLE) **PAGE, JERRY WAYNE**

RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
W	M	61	U	04/21/1946				

FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

ADDRESS CITY STATE ZIP CODE LOCATION NO.
SCOTT ST LAKE VIEW SC 29563

SUBJECT (NO. 1) USING: ALCOHOL: YES NO UNK. ARRESTED NEAR OFFENSE SCENE YES NO DATE/TIME OF OFFENSE DATE/TIME OF ARREST
DRUGS: YES NO UNK. TYPE: TOTAL # ARRESTED **0** 05/20/2007 1600

ON THE ABOVE DATE AND TIME I DEPUTY D.W. KIRBY RECEIVED A CALL FROM CENTRAL DISPATCH THAT THE VICTIM NEEDED TO SPEAK WITH A DEPUTY IN REFERENCE TO THE SUSPECT'S COWS DAMAGING HIS FIELD. UPON ARRIVING AT THE SCENE THE VICTIM SHOWED ME SEVERAL BLACK COWS IN HIS FIELD. THE VICTIM FURTHER STATED THAT THE COWS BELONGED TO THE SUSPECT.

		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		
P R O P E R T	TYPE (GROUP)	08-Consumable			TOTAL VALUE	
	Burned					
	Count./Forged					
	Dest./Damaged	6000.00			6000.00	
	Recovered					
	Seized					
A D M I N I S T	SUBJECT IDENTIFIED		SUBJECT LOCATED		<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	
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
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	UNIT NUMBER	APPROVING OFFICER		
PFC WAYNE KIRBY		05/20/2007	23			
				FOLLOW-UP INVESTIGATION OFFICER		
				<input type="checkbox"/> YES <input type="checkbox"/> NO		

600064

AGENCY I.D.
C0170000

DILLON COUNTY SHERIFF'S OFFICE
PROPERTY LISTING

CASE NUMBER
2,007-1158

INVC
ENTD.

<input type="checkbox"/> ORIGINAL REPORT	<input type="checkbox"/> SUPPLEMENTAL REPORT	<input type="checkbox"/> ADDITIONAL VICTIMS	<input type="checkbox"/> ADDITIONAL STOLEN PROPERTY	PAGE 1
<input type="checkbox"/> MODIFIES ORIGINAL	<input type="checkbox"/> CASE STATUS CHANGE	<input type="checkbox"/> ADDITIONAL OFFENDERS	<input type="checkbox"/> ADDITIONAL RECOVERED PROPERTY	

DESTROYED/DAMAGED

CROPS 6,000.00

Make: Model: Cal: Serial #:

License:

TOTAL GROUP 6,000.00

TOTAL PROPERTY 6,000.00

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"/> UNFOUNDED	<input type="checkbox"/> ADM. CLOSED	<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) PFC WAYNE KIRBY	DATE 05/20/2007	UNIT NUMBER 23	APPROVING OFFICER	DATE	UNIT NUMBER
FOLLOW-UP INVESTIGATION OFFICER <input type="checkbox"/> YES <input type="checkbox"/> NO				000065	

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INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 290 - VANDALISM OF PROPERTY	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	10		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
3.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER) **147 SOUTH FORDTOWN RD., LAKEVIEW SC** ZIP CODE **29563** WEAPON TYPE

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK			LOCATION NO.
05/22/2007	2036		05/22/2007	2155	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME
					05/22/2007	2036	2105	2155

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE) **MILLER, CHARLES** RELATIONSHIP TO SUBJECT **AQ** RESIDENT **SO** RACE **W** SEX **M** AGE **00** ETH **N** DAYTIME PHONE **(843) 759-2907** EVENING PHONE

ADDRESS **147 S. FORDTOWN RD.** CITY **NICHOLS** STATE **SC** ZIP CODE **29581** LOCATION NO. **C001**

VICTIM'S NAME (LAST, FIRST, MIDDLE) **MILLER, CHARLES** RELATIONSHIP TO SUBJECT **SO** RESIDENT **SO** RACE **W** SEX **M** AGE **00** ETH **N** DAYTIME PHONE **(843) 759-2907** EVENING PHONE

HEIGHT **6-0** WEIGHT **170** HAIR **BRO** EYES FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

ADDRESS **147 S. FORDTOWN RD.** CITY **NICHOLS** STATE **SC** ZIP CODE **29581** LOCATION NO. **C001**

VISIBLE INJURY (VICT. 1) YES NO EXPLAIN -

VICTIM (NO. 1) USING: ALCOHOL: YES NO UNK. DRUGS: YES NO UNK.

TWO-MAN VEH. ONE-MAN VEH. DETECTIVE/SPLASMT. OTHER ALONE ASSISTED **J - This Jurisdiction S - State O - Out of State U - Unknown**

SUSPECT SUBJECT NAME (LAST, FIRST, MIDDLE) **PAGE, JERRY WAYNE** RACE **W** SEX **M** AGE **61** ETH **N** DATE OF BIRTH **04/27/1946** HEIGHT **5-11** WEIGHT **180** HAIR **RED** EYES **BRO**

ADDRESS **1769 SCOTT ST.** CITY **LAKE VIEW** STATE **SC** ZIP CODE **29563** LOCATION NO.

MAIL SUBJECT (NO. 1) USING: ALCOHOL: YES NO UNK. ARRESTED NEAR OFFENSE SCENE YES NO DATE/TIME OF OFFENSE **05/22/2007 2036** DATE/TIME OF ARREST

SUMMONS DRUGS: YES NO UNK. TYPE: TOTAL # ARRESTED **0**

Victim states that Subjects cows have been getting out of the pasture and destroying his cotton and he's tired of it. Victim further stated that he has contacted the Subject several times about this and Subject has yet to do anything about it. Upon this R/O arrival the cows were out of the pasture and I observed where they had crossed over the cotton field and were in the graveyard on the opposite side of the road. This R/O was able to pursued the cows approximately 15 to go back across the road and in to the pasture. This R/O went to the Subjects residence and advised him about his cows and the complaints that we had been getting and Subject stated that he would go and take care of it. I also advised Subject that Victim stated that he has had to replant 41 acres of cotton do to this persisting problem, and Subject stated to this R/O that Subject had poisoned his cows in the past with his damn cotton poison and it served him right.

	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY	JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY
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P	TYPE (GROUP)				77-Other	TOTAL VALUE
R	Burned					
O	Count./Forged					
P	Dest./Damaged				1.00	1.00
E	Recovered					
R	Seized					
T	Stolen					
Y	known					

SUBJECT IDENTIFIED YES NO SUBJECT LOCATED YES NO ACTIVE ADM. CLOSED UNFOUNDED ARRESTED UNDER 18 ARRESTED 18 AND OVER EX-CLEAR UNDER 18 EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. OFFENDER DEATH 2. NO PROSECUTION 3. EXTRADITION DENIED 4. VICTIM DECLINES COOPERATION 5. JUVENILE - NO CUSTODY

REPORTING OFFICER(S) **PVT R.P. GRIMSLEY** DATE **05/22/2007** UNIT NUMBER **29** APPROVING OFFICER DATE UNIT NUMBER

FOLLOW-UP INVESTIGATION OFFICER YES NO **000006**

AGENCY I.D.
C0170000

DILLON COUNTY SHERIFF'S OFFICE
PROPERTY LISTING

CASE NUMBER
2,007-1616

INQ. ENTD.

<input type="checkbox"/> ORIGINAL REPORT	<input type="checkbox"/> SUPPLEMENTAL REPORT	<input type="checkbox"/> ADDITIONAL VICTIMS	<input type="checkbox"/> ADDITIONAL STOLEN PROPERTY	PAGE 1
<input type="checkbox"/> MODIFIES ORIGINAL	<input type="checkbox"/> CASE STATUS CHANGE	<input type="checkbox"/> ADDITIONAL OFFENDERS	<input type="checkbox"/> ADDITIONAL RECOVERED PROPERTY	

DESTROYED/DAMAGED

COTTEN FIELD 1.00
Make: Model: Cal: Serial #:

License:
TOTAL GROUP 1.00

TOTAL PROPERTY 1.00

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"/> UNFOUNDED	<input type="checkbox"/> ADM. CLOSED	<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	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER
PVT R.P. GRIMSLEY		05/22/2007	29				
FOLLOW-UP INVESTIGATION OFFICER <input type="checkbox"/> YES <input type="checkbox"/> NO						000067	

AGENCY I.D.
C0170000

DILLON COUNTY SHERIFF'S OFFICE
INCIDENT REPORT

CASE NUMBER
2007-1160

INC. ENTD.

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 290 - DAMAGE TO PROPERTY	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	10		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
3.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER) **SOUTH FORDTOWN RD, LAKEVIEW SC** ZIP CODE **29563** WEAPON TYPE

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK			LOCATION NO.
05/23/2007	1600		05/23/2007	1730	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME
					05/23/2007	1730	1740	1800

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE
PERSON, UNKNOWN/UNTRACKED	#1	#2	#3	J S O U	U	U	00	U	H B	H B
ADDRESS	CITY			STATE	ZIP CODE		LOCATION NO.			

VICTIM'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE
MILLER, CHARLES S.	#1	#2	#3	J S O U	W	M	60	N	843-430-0064	H B
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						
5-11	200	GRY	GRN							
ADDRESS				CITY		STATE	ZIP CODE		LOCATION NO.	
147 SOUTH FORDTOWN RD				NICHOLS		SC	29581			

VISIBLE INJURY (VICT. 1) YES NO EXPLAIN -

VICTIM (NO. 1) USING: ALCOHOL: YES NO UNK. DRUGS: YES NO UNK.

TWO-MAN VEH. ONE-MAN VEH. DETECTIVE/SPL.ASMT. OTHER ALONE ASSISTED **J - This Jurisdiction S - State O - Out of State U - Unknown**

SUBJECT	SUBJECT NAME (LAST, FIRST, MIDDLE)	RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES	
	PAGE, JERRY WAYNE	W	M	61	N	04/27/1946	5-11	180	RED	BRO	
	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.										
ARREST	ADDRESS	CITY		STATE	ZIP CODE		LOCATION NO.				
	1769 SCOTT ST.	LAKE VIEW		SC	29563						
SUMMONS	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.			ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST			
	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:			TOTAL # ARRESTED 0		05/23/2007 1600					

ON THE ABOVE DATE AND TIME THE VICTIM REPORTED TO ME THAT THE SUSPECT'S COWS WERE ON HIS PROPERTY . THE VICTIM FURTHER STATED THAT THE SUSPECTS COWS WERE WALKING ALL OVER HIS FIELD AND WERE DESTROYING HIS CROPS. THE VICTIM STATED THAT THIS WAS NOT THE FIRST TIME THIS HAS HAPPENED. AT THIS TIME I TOOK PICTURES OF THE DAMAGE. SEE ATTACHED PHOTOS.

				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY			
P	TYPE (GROUP)	08-Consumable									TOTAL VALUE
R	Burned										
O	Count./Forged										
P	Dest./Damaged	6000.00									6000.00
E	Recovered										
R	Seized										
T	Stolen										
Y	Unknown										
A	SUBJECT IDENTIFIED		SUBJECT LOCATED		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18		<input type="checkbox"/> EX-CLEAR UNDER 18		
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR 18 AND OVER		
M	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	UNIT NUMBER	APPROVING OFFICER			DATE	UNIT NUMBER	
I	PFC WAYNE KIRBY			05/23/2007	23						
	FOLLOW-UP INVESTIGATION OFFICER										
S	<input type="checkbox"/> YES <input type="checkbox"/> NO										

000068

AGENCY I.D.
C0170000

DILLON COUNTY SHERIFF'S OFFICE
PROPERTY LISTING

CASE NUMBER
2007-1160

INQ. ENTD.
PAGE 1

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> ORIGINAL REPORT | <input type="checkbox"/> SUPPLEMENTAL REPORT | <input type="checkbox"/> ADDITIONAL VICTIMS | <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 RECOVERED PROPERTY |

DESTROYED/DAMAGED

CROPS 6,000.00
Make: Model: Cal: Serial #: License:

TOTAL GROUP 6,000.00

TOTAL PROPERTY 6,000.00

SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SUBJECT LOCATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ADM. CLOSED	<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	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER
PFC WAYNE KIRBY		05/23/2007	23				
				FOLLOW-UP INVESTIGATION OFFICER		000069	
				<input type="checkbox"/> YES <input type="checkbox"/> NO			

AGENCY I.D.
C0170000

DILLON COUNTY SHERIFF'S OFFICE
INCIDENT REPORT

CASE NUMBER
2007-1936

NCIC
INQ. ENTD.

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 290 - VANDALISM OF PROPERTY COWS IN COTTON FIELD	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	25		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
3.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER) **BASCAS ROAD, LAKE VIEW SC** ZIP CODE **29581** WEAPON TYPE

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK			LOCATION NO.
05/29/2007	1200		05/29/2007	1300	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME
					05/29/2007	1215	1235	1345

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE) **MILLER, CHARLES S.** RELATIONSHIP TO SUBJECT #1 #2 #3 RESIDENT RACE SEX AGE ETH DAYTIME PHONE EVENING PHONE

J S O U W M 60 N 843-430-0064 H B 759-2907 H B

ADDRESS **147 SOUTH FORDTOWN RD** CITY **NICHOLS** STATE **SC** ZIP CODE **29581** LOCATION NO. **C005**

VICTIM'S NAME (LAST, FIRST, MIDDLE) **MILLER, CHARLES S.** RELATIONSHIP TO SUBJECT #1 #2 #3 RESIDENT RACE SEX AGE ETH DAYTIME PHONE EVENING PHONE

J S O U W M 60 N 430-0064 H B 759-2907 H B

HEIGHT **5-11** WEIGHT **200** HAIR **GRY** EYES **GRN** FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

ADDRESS **147 SOUTH FORDTOWN RD** CITY **NICHOLS** STATE **SC** ZIP CODE **29581** LOCATION NO. **C005**

VISIBLE INJURY (VICT. 1) YES NO EXPLAIN -

VICTIM (NO. 1) USING: ALCOHOL: YES NO UNK. DRUGS: YES NO UNK.

TWO-MAN VEH. ONE-MAN VEH. DETECTIVE/SPL.ASMT. OTHER ALONE ASSISTED **J - This Jurisdiction S - State O - Out of State U - Unknown**

SUSPECT SUBJECT NAME (LAST, FIRST, MIDDLE) **PAGE, JERRY WAYNE** RACE **W** SEX **M** AGE **61** ETH. **N** DATE OF BIRTH **04/27/1946** HEIGHT **5-11** WEIGHT **180** HAIR **RED** EYES **BRO**

FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

ADDRESS **1769 SCOTT ST.** CITY **LAKE VIEW** STATE **SC** ZIP CODE **29563** LOCATION NO.

MAIL SUBJECT (NO. 1) USING: ALCOHOL: YES NO UNK. ARRESTED NEAR OFFENSE SCENE YES NO DATE/TIME OF OFFENSE **05/29/2007 1200** DATE/TIME OF ARREST

SUMMONS DRUGS: YES NO UNK. TYPE: TOTAL # ARRESTED **0**

ON THE ABOVE DATE AND TIME MR. FOUND 7 COWS IN HIS COTTON FIELD THEY HAD GOTTEN OUT OF THERE FENCE . THE FENCE ONLY HAD ONE STRAND OF WIRE. THE WIRE HAD NO ELECTRIC ON IT OR IT WAS GROUND OUT . THE COWS WALK ALL OVER THE FIELD AND WAS IN THE ROAD MYSELF AND MR. MILLER RAN THE COWS BACK IN THERE PIN.

NARRATIVE

				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY					
P	TYPE (GROUP)											77-Other	TOTAL VALUE
R	Burned												
O	Count./Forged												
P	Dest./Damaged											100.00	100.00
E	Recovered												
R	Seized												
T	Stolen												
V	Unknown												
A	SUBJECT IDENTIFIED		SUBJECT LOCATED		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18		<input type="checkbox"/> EX-CLEAR UNDER 18				
D	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR 18 AND OVER				
M	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												
I	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER				DATE	UNIT NUMBER				
N	PVT GLENN COATES	05/29/2007	33										
I	FOLLOW-UP INVESTIGATION OFFICER												
S	<input type="checkbox"/> YES <input type="checkbox"/> NO								000070				

AGENCY I.D.
30170000

DILLON COUNTY SHERIFF'S OFFICE
PROPERTY LISTING

CASE NUMBER
2 0 0 7 - 1 9 3 6

INQ. ENTD.

<input type="checkbox"/> ORIGINAL REPORT	<input type="checkbox"/> SUPPLEMENTAL REPORT	<input type="checkbox"/> ADDITIONAL VICTIMS	<input type="checkbox"/> ADDITIONAL STOLEN PROPERTY	PAGE 1
<input type="checkbox"/> MODIFIES ORIGINAL	<input type="checkbox"/> CASE STATUS CHANGE	<input type="checkbox"/> ADDITIONAL OFFENDERS	<input type="checkbox"/> ADDITIONAL RECOVERED PROPERTY	

DESTROYED/DAMAGED

COTTON					100.00
Make:	Model:	Cal:	Serial #:	License:	
TOTAL GROUP					100.00

TOTAL PROPERTY 100.00

SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SUBJECT LOCATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ADM. CLOSED	<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	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER
PVT GLENN COATES		05/29/2007	33				
FOLLOW-UP INVESTIGATION OFFICER <input type="checkbox"/> YES <input type="checkbox"/> NO						00007	

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 290 - PROPERTY DAMAGE/ CROPS	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	10		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
3.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER) **BASCUS ST, LAKE VIEW SC** ZIP CODE **29563** WEAPON TYPE

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK			LOCATION NO.
05/30/2007	0800		05/30/2007	0833	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME
					05/30/2007	0835	0900	0930
								C005

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE) **MILLER, CHARLES S.** RELATIONSHIP TO SUBJECT #1 **AQ** #2 #3 RESIDENT RACE **W** SEX **M** AGE **60** ETH **N** DAYTIME PHONE **843-430-0064** EVENING PHONE

ADDRESS **147 SOUTH FORDTOWN RD** CITY **NICHOLS** STATE **SC** ZIP CODE **29581** LOCATION NO. **C005**

VICTIM'S NAME (LAST, FIRST, MIDDLE) **MILLER, CHARLES S.** RELATIONSHIP TO SUBJECT #1 #2 #3 RESIDENT RACE **W** SEX **M** AGE **60** ETH **N** DAYTIME PHONE **843-430-0064** EVENING PHONE

HEIGHT **5-11** WEIGHT **200** HAIR **GRY** EYES **GRN** FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

ADDRESS **147 SOUTH FORDTOWN RD** CITY **NICHOLS** STATE **SC** ZIP CODE **29581** LOCATION NO. **C005**

VISIBLE INJURY (VICT. 1) YES NO EXPLAIN --

VICTIM (NO. 1) USING: ALCOHOL: YES NO UNK. DRUGS: YES NO UNK.

TWO-MAN VEH. ONE-MAN VEH. DETECTIVE/SPL.ASMT. OTHER ALONE ASSISTED **J - This Jurisdiction S - State O - Out of State U - Unknown**

SUSPECT SUBJECT NAME (LAST, FIRST, MIDDLE) **PAGE, JERRY WAYNE** RACE **W** SEX **M** AGE **61** ETH **N** DATE OF BIRTH **04/27/1946** HEIGHT **5-11** WEIGHT **180** HAIR **RED** EYES **BRO**

ADDRESS **1769 SCOTT ST.** CITY **LAKE VIEW** STATE **SC** ZIP CODE **29563** LOCATION NO.

MAIL SUBJECT (NO. 1) USING: ALCOHOL: YES NO UNK. ARRESTED NEAR OFFENSE SCENE YES NO DATE/TIME OF OFFENSE **05/30/2007 0800** DATE/TIME OF ARREST

SUMMONS DRUGS: YES NO UNK. TYPE: TOTAL # ARRESTED **0**

On the above date and time the complainant stated that five of the subjects cows were in his cotton field when he rode by. Victim states that these cow come and go in and out of the fence. Damages estimated at 100.00.

NARRATIVE

TYPE (GROUP)	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
Burned			77-Other	TOTAL VALUE
Count./Forged				
Dest./Damaged			100.00	100.00
Recovered				
Seized				
Stolen				
Unknown				

SUBJECT IDENTIFIED YES NO SUBJECT LOCATED YES NO ACTIVE ADM. CLOSED UNFOUNDED ARRESTED UNDER 18 ARRESTED 18 AND OVER EX-CLEAR UNDER 18 EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. OFFENDER DEATH 2. NO PROSECUTION 3. EXTRADITION DENIED 4. VICTIM DECLINES COOPERATION 5. JUVENILE - NO CUSTODY

REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
SGT KENNY MILLER	05/30/2007	SD13			000072

FOLLOW-UP INVESTIGATION OFFICER YES NO

AGENCY I.D.
SC0170000

DILLON COUNTY SHERIFF'S OFFICE
INCIDENT REPORT

CASE NUMBER
2007-2243

INQ. ENTD.

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 290 - 3 COWS DAMAGE COTTON FIELD	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	10		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
3.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER) **COTTON FIELD AT CORNER OF BASSCUS ST. AND S. FORDTOWN RD., DILLON CO. SC** ZIP CODE **29563** WEAPON TYPE

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISP. DATE	DISPATCH DATE/TIME	24 HR. CLOCK	DISP. TIME	TIME ARRIVED	DEPART. TIME	LOCATION NO.
06/01/2007	0930		06/01/2007	1130	06/01/2007						

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE) **MILLER, CHARLES S.** RELATIONSHIP TO SUBJECT #1 #2 #3 RESIDENT RACE **W** SEX **M** AGE **60** ETH **N** DAYTIME PHONE **843-430-0064** EVENING PHONE

ADDRESS **147 SOUTH FORDTOWN RD** CITY **NICHOLS** STATE **SC** ZIP CODE **29581** LOCATION NO. **C001**

VICTIM'S NAME (LAST, FIRST, MIDDLE) **MILLER, CHARLES S.** RELATIONSHIP TO SUBJECT #1 #2 #3 RESIDENT RACE **W** SEX **M** AGE **60** ETH **N** DAYTIME PHONE **843-430-0064** EVENING PHONE

HEIGHT **5-11** WEIGHT **200** HAIR **GRY** EYES **GRN** FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

ADDRESS **147 SOUTH FORDTOWN RD** CITY **NICHOLS** STATE **SC** ZIP CODE **29581** LOCATION NO. **C001**

VISIBLE INJURY (VICT. 1) YES NO EXPLAIN --

VICTIM (NO. 1) USING: ALCOHOL: YES NO UNK. DRUGS: YES NO UNK.

TWO-MAN VEH. ONE-MAN VEH. DETECTIVE/SPL.ASMT. OTHER ALONE ASSISTED **J - This Jurisdiction S - State O - Out of State U - Unknown**

SUSPECT SUBJECT NAME (LAST, FIRST, MIDDLE) **PAGE, JERRY WAYNE** RACE **W** SEX **M** AGE **61** ETH **N** DATE OF BIRTH **04/27/1946** HEIGHT **5-11** WEIGHT **180** HAIR **RED** EYES **BRO**

FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

ADDRESS **1769 SCOTT ST.** CITY **LAKE VIEW** STATE **SC** ZIP CODE **29563** LOCATION NO.

MAIL SUBJECT (NO. 1) USING: ALCOHOL: YES NO UNK. ARRESTED NEAR OFFENSE SCENE YES NO DATE/TIME OF OFFENSE **06/01/2007 0930** DATE/TIME OF ARREST

SUMMONS DRUGS: YES NO UNK. TYPE: TOTAL # ARRESTED **0**

ON THE MORNING OF 06-01-07, 911 DISPATCHED DEPT. ROGERS K. TO GO TO LAKEVIEW AREA OF DILLON CO. TO MEET WITH CHARLES MILLER AT THE CORNER OF BASSCUS ST. AND N. FORDTOWN RD. IN REFERENCE TO 3 COWS BELONGING TO JERRY PAGE WAS OVER/TON THE LAND OF CHARLES MILLER IN HIS COTTON FIELD DAMAGING THE CROP IN AT ABOUT \$100.00 DAMAGE ACCORDING TO COMPLAINANT/VICTIM. WHEN DEPT. ROGERS ARRIVED HE SAW THE 3 COWS IN THE COTTON FIELD AND TOOK 2 PICTURES AND GAVE PICTURES TO VICTIM, VICTIM STATES HE HAS HAD MANY COMPLAINTS AND REPORTS DONE ABOUT THE COWS CAUSING DAMAGE TO HIS CROPS. VICTIM ADVISED TO SEE DILLON CO. MAGISTRATE.

NARRATIVE

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY 170000		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P. TYPE (GROUP)		77-Other	TOTAL VALUE
Burned			
Count/Forged			
Dest./Damaged		100.00	100.00
Recovered			
Seized			
Stolen			
Unknown			
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 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	UNIT NUMBER	APPROVING OFFICER
PFC KEN ROGERS	06/01/2007	22	00007
FOLLOW-UP INVESTIGATION OFFICER			
<input type="checkbox"/> YES <input type="checkbox"/> NO			

AGENCY I.D.
C0170000

DILLON COUNTY SHERIFF'S OFFICE
PROPERTY LISTING

CASE NUMBER
2,007-2243

INQ. ENTD.

<input type="checkbox"/> ORIGINAL REPORT	<input type="checkbox"/> SUPPLEMENTAL REPORT	<input type="checkbox"/> ADDITIONAL VICTIMS	<input type="checkbox"/> ADDITIONAL STOLEN PROPERTY	PAGE 1
<input type="checkbox"/> MODIFIES ORIGINAL	<input type="checkbox"/> CASE STATUS CHANGE	<input type="checkbox"/> ADDITIONAL OFFENDERS	<input type="checkbox"/> ADDITIONAL RECOVERED PROPERTY	

DESTROYED/DAMAGED

3 COWS DAMAGE COTTOM FIELD,DAMAGE \$100.00 100.00

Make: Model: Cal: Serial #:

License:

TOTAL GROUP 100.00

TOTAL PROPERTY 100.00

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"/> UNFOUNDED	<input type="checkbox"/> ADM. CLOSED	<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	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER
PFC KEN ROGERS		06/01/2007	22				
FOLLOW-UP INVESTIGATION OFFICER <input type="checkbox"/> YES <input type="checkbox"/> NO						000075	

INCIDENT TYPE				COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 290 - COWS DAMAGING CROPS				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	10		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
3.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER) **CORNER OF BASSCUS ST. AND NORTH FORDTOWN RD., LAKEVIEW SC** ZIP CODE **29863** WEAPON TYPE

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME	LOCATION NO.
06/05/2007	0830		06/05/2007	1300	06/06/2007				C001

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE) **MILLER, CHARLES S.** RELATIONSHIP TO SUBJECT **AQ** RESIDENT **J** RACE **W** SEX **M** AGE **60** ETH **N** DAYTIME PHONE **843-430-0064** EVENING PHONE

ADDRESS **147 SOUTH FORDTOWN RD** CITY **NICHOLS** STATE **SC** ZIP CODE **29581** LOCATION NO. **C001**

VICTIM'S NAME (LAST, FIRST, MIDDLE) **MILLER, CHARLES S.** RELATIONSHIP TO SUBJECT **AQ** RESIDENT **J** RACE **W** SEX **M** AGE **60** ETH **N** DAYTIME PHONE **843-430-0064** EVENING PHONE

HEIGHT **5-11** WEIGHT **200** HAIR **GRY** EYES **GRN** FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC

ADDRESS **147 SOUTH FORDTOWN RD** CITY **NICHOLS** STATE **SC** ZIP CODE **29581** LOCATION NO. **C001**

VISIBLE INJURY (VICT. 1) YES NO EXPLAIN -

VICTIM (NO. 1) USING: ALCOHOL: YES NO UNK. DRUGS: YES NO UNK.

TWO-MAN VEH. ONE-MAN VEH. DETECTIVE/SPL.ASMT. OTHER ALONE ASSISTED **J - This Jurisdiction S - State O - Out of State U - Unknown**

SUSPECT SUBJECT NAME (LAST, FIRST, MIDDLE) **PAGE, JERRY WAYNE** RACE **W** SEX **M** AGE **61** ETH **N** DATE OF BIRTH **04/27/1946** HEIGHT **5-11** WEIGHT **180** HAIR **RED** EYES **BRO**

RUNAWAY FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

WANTED ADDRESS **1769 SCOTT ST.** CITY **LAKE VIEW** STATE **SC** ZIP CODE **29563** LOCATION NO.

WARRANT

ARREST

JAIL SUBJECT (NO. 1) USING: ALCOHOL: YES NO UNK. ARRESTED NEAR OFFENSE SCENE YES NO DATE/TIME OF OFFENSE **06/05/2007 0830** DATE/TIME OF ARREST

SUMMONS DRUGS: YES NO UNK. TYPE: TOTAL # ARRESTED **0**

ON THE AFTERNOON OF 06-06-07 CHARLES MILLER CALLED 911 TO REPORT THAT ON 6-5-07 AT ABOUT 08.30 AM HE DISCOVERED 4 COWS BELONGING TO SUSPECT JERRY PAGE IN HIS COTTON FIELD DESTROYING HIS CROPS, AND ON THE SAME DAY AT ABOUT 12.30 PM, CHARLES MILLER SAW 5 COWS IN THE SAME FIELD AT THE CORNER OF BASSCUS ST. AND N. FORDTOWN RD. COMPLAINANT STATES THAT THIS THE 6TH REPORT HE HAS FILED ABOUT JERRY PAGES COWS DESTROYING HIS COTTON FIELD. DAMAGED WAS STATED AT \$100.00

				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY							
TYPE (GROUP)								77-Other				TOTAL VALUE			
Burned															
Count./Forged															
Dest./Damaged								100.00				100.00			
Recovered															
Seized															
Stolen															
Unknown															
SUBJECT IDENTIFIED				SUBJECT LOCATED				<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED				<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				<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				UNIT NUMBER				APPROVING OFFICER			
PFC KEN ROGERS				06/06/2007				22							
FOLLOW-UP INVESTIGATION OFFICER															
<input type="checkbox"/> YES <input type="checkbox"/> NO															

000076

AGENCY I.D.
3C0170000

DILLON COUNTY SHERIFF'S OFFICE
PROPERTY LISTING

CASE NUMBER
2,007-2247
INQ. ENTD.

<input type="checkbox"/> ORIGINAL REPORT	<input type="checkbox"/> SUPPLEMENTAL REPORT	<input type="checkbox"/> ADDITIONAL VICTIMS	<input type="checkbox"/> ADDITIONAL STOLEN PROPERTY	PAGE 1
<input type="checkbox"/> MODIFIES ORIGINAL	<input type="checkbox"/> CASE STATUS CHANGE	<input type="checkbox"/> ADDITIONAL OFFENDERS	<input type="checkbox"/> ADDITIONAL RECOVERED PROPERTY	

DESTROYED/DAMAGED

COWS DAMAGED COTTON FIELD 100.00
Make: Model: Cal: Serial #:

License:
TOTAL GROUP 100.00

TOTAL PROPERTY 100.00

M I N I S T	SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SUBJECT LOCATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ADM. CLOSED	<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	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER
	PFC KEN ROGERS		06/06/2007	22				
						FOLLOW-UP INVESTIGATION OFFICER <input type="checkbox"/> YES <input type="checkbox"/> NO		000077

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 290 - VANDALISM OF PROPERTY	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	10		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
3.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER) **GARRIS ROAD, LAKE VIEW SC** ZIP CODE **29563** WEAPON TYPE

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK				LOCATION NO.
10/25/2007	1200		10/25/2007	1250	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME	C001
					10/25/2007	1200	1220	1250	

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE) **PAGE, MICHAEL** RELATIONSHIP TO SUBJECT #1 #2 #3 RESIDENT RACE SEX AGE ETH DAYTIME PHONE EVENING PHONE
OSOUWM 53 N 843-845-1023 H B

ADDRESS **247 HAYES ROAD** CITY **LAKE VIEW** STATE **SC** ZIP CODE **29563** LOCATION NO.

VICTIM'S NAME (LAST, FIRST, MIDDLE) **PAGE, MICHAEL** RELATIONSHIP TO SUBJECT #1 #2 #3 RESIDENT RACE SEX AGE ETH DAYTIME PHONE EVENING PHONE
OSOUWM 53 N 843-845-1023 H B

HEIGHT WEIGHT HAIR EYES FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

ADDRESS **247 HAYES ROAD** CITY **LAKE VIEW** STATE **SC** ZIP CODE **29563** LOCATION NO.

VISIBLE INJURY (VICT. 1) YES NO EXPLAIN -

VICTIM (NO. 1) USING: ALCOHOL: YES NO UNK. DRUGS: YES NO UNK.

TWO-MAN VEH. ONE-MAN VEH. DETECTIVE/SPL.ASMT. OTHER ALONE ASSISTED **J - This Jurisdiction S - State O - Out of State U - Unknown**

SUSPECT SUBJECT NAME (LAST, FIRST, MIDDLE) **PAGE, JERRY WAYNE** RACE SEX AGE ETH DATE OF BIRTH HEIGHT WEIGHT HAIR EYES
W M 61 N 04/27/1946 5-11 180 RED BRO

RUNAWAY FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

WANTED ADDRESS **1769 SCOTT ST.** CITY **LAKE VIEW** STATE **SC** ZIP CODE **29563** LOCATION NO.

ARREST SUBJECT (NO. 1) USING: ALCOHOL: YES NO UNK. ARRESTED NEAR OFFENSE SCENE YES NO DATE/TIME OF OFFENSE DATE/TIME OF ARREST
10/25/2007 1200

ON THE ABOVE DATE AND TIME VICTIM REPORTED TO DEPUTY HESTER THAT SUBJECT'S COWS WENT INTO HIS (VICTIM) BEAN FIELD AT INCIDENT LOCATION EATING HIS BEANS CAUSING APPROXIMATELY \$500 IN DAMAGE. DEPUTY WENT TO SUBJECT'S RESIDENCE TO SPEAK WITH HIM BUT WAS UNABLE TO LOCATE HIM.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY			
TYPE (GROUP)						77-Other	TOTAL VALUE
Burned							
Count./Forged							
Dest./Damaged						500.00	500.00
Recovered							
Seized							
Stolen							
Unknown							
SUBJECT IDENTIFIED		SUBJECT LOCATED		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<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	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER
CPL CHARLES HESTER		10/25/2007	118				
				FOLLOW-UP INVESTIGATION OFFICER			
				<input type="checkbox"/> YES <input type="checkbox"/> NO			

000078

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INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 290 - VANDALISM OF PROPERTY	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	10		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
3.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER) **GARRIS RD., DILLON SC** ZIP CODE **29536** WEAPON TYPE

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK				LOCATION NO.
10/30/2007	1135		10/30/2007	1205	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME	C001
					10/30/2007	1135	1145	1205	

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE) **PAGE, MICHAEL** RELATIONSHIP TO SUBJECT #1 #2 #3 RESIDENT RACE **S O U** SEX **W M** AGE **00** ETH **N** DAYTIME PHONE **(803) 759-2738** EVENING PHONE

ADDRESS **247 HAYES RD** CITY **LAKE VIEW** STATE **SC** ZIP CODE **29581** LOCATION NO.

VICTIM'S NAME (LAST, FIRST, MIDDLE) **PAGE, MICHAEL** RELATIONSHIP TO SUBJECT #1 #2 #3 RESIDENT RACE **S O U** SEX **W M** AGE **00** ETH **N** DAYTIME PHONE **(803) 759-2738** EVENING PHONE

HEIGHT WEIGHT HAIR EYES FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

ADDRESS **247 HAYES RD** CITY **LAKE VIEW** STATE **SC** ZIP CODE **29581** LOCATION NO.

VISIBLE INJURY (VICT. 1) YES NO EXPLAIN -

VICTIM (NO. 1) USING: ALCOHOL: YES NO UNK. DRUGS: YES NO UNK.

TWO-MAN VEH. ONE-MAN VEH. DETECTIVE/SPL.ASMT. OTHER ALONE ASSISTED **J - This Jurisdiction S - State O - Out of State U - Unknown**

SUSPECT SUBJECT NAME (LAST, FIRST, MIDDLE) **PAGE, JERRY WAYNE** RACE **W** SEX **M** AGE **61** ETH **N** DATE OF BIRTH **04/27/1946** HEIGHT **5-11** WEIGHT **180** HAIR **RED** EYES **BRO**

RUNAWAY WANTED WARRANT ARREST ADDRESS **1769 SCOTT ST.** CITY **LAKE VIEW** STATE **SC** ZIP CODE **29563** LOCATION NO.

JAIL SUMMONS SUBJECT (NO. 1) USING: ALCOHOL: YES NO UNK. ARRESTED NEAR OFFENSE SCENE YES NO DATE/TIME OF OFFENSE **10/30/2007 1135** DATE/TIME OF ARREST

ON THE 10-30-2007 MR. MIKE PAGE REPORTED TO ME THAT JERRY PAGE HAD COWS THAT WAS OUT IA IS IN HAS SOW BEAN FEILD EAT UP HIS SOW BEAN IN HAVE BEEN OUT SENTS 6' 0" THIS MORNING IN THAT HE HAVE HAD PROBLEMS WITH JERRY PAGE FOR A WHILE WITH THE COWS AMOUNT OF DAMAGE 1000 DOLLARS

				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY	JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY
TYPE (GROUP)					77-Other
Burned					
Count./Forged					
Dest./Damaged					1000.00
Recovered					1000.00
Seized					
Stolen					
Unknown					

SUBJECT IDENTIFIED YES NO SUBJECT LOCATED YES NO ACTIVE ADM. CLOSED UNFOUNDED ARRESTED UNDER 18 ARRESTED 18 AND OVER EX-CLEAR UNDER 18 EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. OFFENDER DEATH 2. NO PROSECUTION 3. EXTRADITION DENIED 4. VICTIM DECLINES COOPERATION 5. JUVENILE - NO CUSTODY

REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
CPL JOHN W BROWN	10/30/2007	U115			

FOLLOW-UP INVESTIGATION OFFICER YES NO **000080**

AGENCY I.D.
CO170000

DILLON COUNTY SHERIFF'S OFFICE
PROPERTY LISTING

CASE NUMBER
2 0 0 7 - 4 0 5 1

NO. INQ. ENTD.

<input type="checkbox"/> ORIGINAL REPORT	<input type="checkbox"/> SUPPLEMENTAL REPORT	<input type="checkbox"/> ADDITIONAL VICTIMS	<input type="checkbox"/> ADDITIONAL STOLEN PROPERTY	PAGE 1
<input type="checkbox"/> MODIFIES ORIGINAL	<input type="checkbox"/> CASE STATUS CHANGE	<input type="checkbox"/> ADDITIONAL OFFENDERS	<input type="checkbox"/> ADDITIONAL RECOVERED PROPERTY	

DESTROYED/DAMAGED

SOW BEAN FEILD DAMAGE 1,000.00

Make: Model: Cal: Serial #: License:

TOTAL GROUP 1,000.00

TOTAL PROPERTY 1,000.00

SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SUBJECT LOCATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ADM. CLOSED	<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	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER
CPL JOHN W BROWN		10/30/2007	U115				
FOLLOW-UP INVESTIGATION OFFICER <input type="checkbox"/> YES <input type="checkbox"/> NO						000081	

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 290 - VANDALISM OF PROPERTY	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	10		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Rellig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
3.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER) **GARRIS RD., LAKE VIEW SC** ZIP CODE **29563** WEAPON TYPE

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	LOCATION NO
11/02/2007	0900		11/04/2007	0800	11/04/2007	C001

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE) **PAGE, MICHAEL RAY** RELATIONSHIP TO SUBJECT **OF** RESIDENT **J S O** RACE **U** SEX **U** AGE **00** ETH **U** DAYTIME PHONE **H B** EVENING PHONE **H B**

ADDRESS **247 HAYES ROAD** CITY **LAKE VIEW** STATE **SC** ZIP CODE **29563** LOCATION NO. **C001**

VICTIM'S NAME (LAST, FIRST, MIDDLE) **PAGE, MICHAEL RAY** RELATIONSHIP TO SUBJECT **OF** RESIDENT **J S O** RACE **U** SEX **U** AGE **00** ETH **U** DAYTIME PHONE **H B** EVENING PHONE **H B**

HEIGHT WEIGHT HAIR EYES FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

ADDRESS **247 HAYES ROAD** CITY **LAKE VIEW** STATE **SC** ZIP CODE **29563** LOCATION NO. **C001**

VISIBLE INJURY (VICT. 1) YES NO EXPLAIN -

VICTIM (NO. 1) USING: ALCOHOL: YES NO UNK. DRUGS: YES NO UNK.

TWO-MAN VEH. ONE-MAN VEH. DETECTIVE/SPL.ASMT. OTHER ALONE ASSISTED **J - This Jurisdiction S - State O - Out of State U - Unknown**

SUSPECT SUBJECT NAME (LAST, FIRST, MIDDLE) **PAGE, JERRY WAYNE** RACE **W** SEX **M** AGE **61** ETH. **N** DATE OF BIRTH **04/27/1946** HEIGHT **5-11** WEIGHT **180** HAIR **RED** EYES **BRO**

ADDRESS **1769 SCOTT ST.** CITY **LAKE VIEW** STATE **SC** ZIP CODE **29563** LOCATION NO.

MAIL SUBJECT (NO. 1) USING: ALCOHOL: YES NO UNK. ARRESTED NEAR OFFENSE SCENE YES NO DATE/TIME OF OFFENSE **11/02/2007 0900** DATE/TIME OF ARREST

SUMMONS DRUGS: YES NO UNK. TYPE: TOTAL # ARRESTED **0**

BETWEEN THE ABOVE DATES AND TIMES THE SUSPECT COWS GOT OUT AND WENT INTO THE VICTIMS BEAN FIELD. THE DAMAGE WAS ABOUT \$500. THIS OFFICER SEEN THE COWS WHILE ON SCENE. THIS OFFICER TOOK PICTURES. THE VICTIM WILL SIGN A WARRANT ON THE SUSPECT.

NARRATIVE

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P TYPE (GROUP)	08-Consumable		TOTAL VALUE
R Burned			
O Count./Forged			
P Dest./Damaged	500.00		500.00
E Recovered			
R Seized			
T Stolen			
Y Unknown			
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	UNIT NUMBER	APPROVING OFFICER
PVT JOSH HOLT	11/04/2007	127	
FOLLOW-UP INVESTIGATION OFFICER			000082
<input type="checkbox"/> YES <input type="checkbox"/> NO			

AGENCY I.D.
C0170000

DILLON COUNTY SHERIFF'S OFFICE
PROPERTY LISTING

CASE NUMBER
2 0 0 7 - 3 6 7 4
INQ. ENTD.

<input type="checkbox"/> ORIGINAL REPORT	<input type="checkbox"/> SUPPLEMENTAL REPORT	<input type="checkbox"/> ADDITIONAL VICTIMS	<input type="checkbox"/> ADDITIONAL STOLEN PROPERTY	PAGE 1
<input type="checkbox"/> MODIFIES ORIGINAL	<input type="checkbox"/> CASE STATUS CHANGE	<input type="checkbox"/> ADDITIONAL OFFENDERS	<input type="checkbox"/> ADDITIONAL RECOVERED PROPERTY	

DESTROYED/DAMAGED

BEAN FIELD 500.00
 Make: Model: Cal: Serial #: License:
TOTAL GROUP 500.00

TOTAL PROPERTY 500.00

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"/> UNFOUNDED	<input type="checkbox"/> ADM. CLOSED	<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	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER
PVT JOSH HOLT			11/04/2007	127				
FOLLOW-UP INVESTIGATION OFFICER <input type="checkbox"/> YES <input type="checkbox"/> NO							000083	

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. NRP - INCIDENT NOT REPORTED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	10		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
3.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER) ZIP CODE WEAPON TYPE
FORDTOWN RD, LAKE VEIW SC **29563**

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK				LOCATION NO.
11/11/2007	1800		11/11/2007	1810	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME	C001
					11/11/2007	1814	1828	1859	

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE) RELATIONSHIP TO SUBJECT RESIDENT RACE SEX AGE ETH DAYTIME PHONE EVENING PHONE
MILLER, CHARLES #1 #2 #3 **SOU** **W** **M** **00** **N** **(843) 759-2907** **H**

ADDRESS CITY STATE ZIP CODE LOCATION NO.
147 S. FORDTOWN RD. **NICHOLS** **SC** **29581** **C001**

VICTIM'S NAME (LAST, FIRST, MIDDLE) RELATIONSHIP TO SUBJECT RESIDENT RACE SEX AGE ETH DAYTIME PHONE EVENING PHONE
MILLER, CHARLES #1 #2 #3 **SOU** **W** **M** **00** **N** **(843) 759-2907** **H**

HEIGHT WEIGHT HAIR EYES FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
6-0 **170** **BRO**

ADDRESS CITY STATE ZIP CODE LOCATION NO.
147 S. FORDTOWN RD. **NICHOLS** **SC** **29581** **C001**

VISIBLE INJURY (VICT. 1) YES NO EXPLAIN --

VICTIM (NO. 1) USING: ALCOHOL: YES NO UNK. DRUGS: YES NO UNK.

TWO-MAN VEH. ONE-MAN VEH. DETECTIVE/SPL.ASMT. OTHER ALONE ASSISTED **J - This Jurisdiction S - State O - Out of State U - Unknown**

SUSPECT SUBJECT NAME (LAST, FIRST, MIDDLE) RACE SEX AGE ETH. DATE OF BIRTH HEIGHT WEIGHT HAIR EYES
 RUNAWAY **PAGE, JERRY WAYNE** **W** **M** **61** **N** **04/27/1946** **5-11** **180** **RED** **BRO**
 WANTED
 WARRANT
 ARREST
 IAIL
 SUMMONS

ADDRESS CITY STATE ZIP CODE LOCATION NO.
1769 SCOTT ST. **LAKE VIEW** **SC** **29563**

SUBJECT (NO. 1) USING: ALCOHOL: YES NO UNK. ARRESTED NEAR OFFENSE SCENE YES NO DATE/TIME OF OFFENSE DATE/TIME OF ARREST
 DRUGS: YES NO UNK. TYPE: TOTAL # ARRESTED **0** **11/11/2007** **1800**

ON 11-11-2007 THE COMPLAINANT CALLED ABOUT THE SUBJECT JERRY PAGE COWS IN HIS FIELD, UNIT #30 AND UNIT #22 SPOTTED AT LEAST 6 COWS IN THE COMPLAINANTS FIELD.

NARRATIVE

				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY			
P	TYPE (GROUP)										TOTAL VALUE
R	Burned										
O	Count./Forged										
P	Dest./Damaged										
E	Recovered										
R	Seized										
T	Stolen										
Y	Unknown										
A	SUBJECT IDENTIFIED		SUBJECT LOCATED		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18		<input type="checkbox"/> EX-CLEAR UNDER 18		
D	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR 18 AND OVER		
M	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										
I	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER				DATE	UNIT NUMBER		
N	PVT MELVIN LEE	11/11/2007	30								
S					FOLLOW-UP INVESTIGATION OFFICER						
T					<input type="checkbox"/> YES <input type="checkbox"/> NO						000084

INCIDENT REPORT

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 290 - DAMAGE TO CROPS (FARM LAND)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	10		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
NRP - PERMITTING LIVESTOCK TO RUN AT LARGE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	10		
3.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER) **FORDTOWN AND NICHOLS ROAD, LAKE VIEW SC** ZIP CODE **29563** WEAPON TYPE

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK			LOCATION NO.
11/24/2007	0830		11/24/2007	0835	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME
					11/24/2007	0845	0910	0933
								C005

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE) **MILLER, CHARLES** RELATIONSHIP TO SUBJECT **AQ** RESIDENT **OSOU** RACE **W** SEX **M** AGE **55** ETH **N** DAYTIME PHONE **(843) 759-2907** EVENING PHONE

ADDRESS **147 S. FORDTOWN RD.** CITY **NICHOLS** STATE **SC** ZIP CODE **29581** LOCATION NO. **C005**

VICTIM'S NAME (LAST, FIRST, MIDDLE) **MILLER, CHARLES** RELATIONSHIP TO SUBJECT **AQ** RESIDENT **OSOU** RACE **W** SEX **M** AGE **55** ETH **N** DAYTIME PHONE **(843) 759-2907** EVENING PHONE

HEIGHT **6-0** WEIGHT **170** HAIR **BRO** EYES FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

ADDRESS **147 S. FORDTOWN RD.** CITY **NICHOLS** STATE **SC** ZIP CODE **29581** LOCATION NO. **C005**

VISIBLE INJURY (VICT. 1) YES NO EXPLAIN --

VICTIM (NO. 1) USING: ALCOHOL: YES NO UNK. DRUGS: YES NO UNK.

TWO-MAN VEH. ONE-MAN VEH. DETECTIVE/SPL.ASMT. OTHER ALONE ASSISTED **J - This Jurisdiction S - State O - Out of State U - Unknown**

SUSPECT SUBJECT NAME (LAST, FIRST, MIDDLE) **PAGE, JERRY WAYNE** RACE **W** SEX **M** AGE **61** ETH **N** DATE OF BIRTH **04/27/1946** HEIGHT **5-11** WEIGHT **180** HAIR **RED** EYES **BRO**

ADDRESS **1769 SCOTT ST.** CITY **LAKE VIEW** STATE **SC** ZIP CODE **29563** LOCATION NO.

ARRESTED NEAR OFFENSE SCENE YES NO DATE/TIME OF OFFENSE **11/24/2007 0830** DATE/TIME OF ARREST

Deputy Allan Rogers received a call to respond to Fordtown Road in Lake View S.C. in reference to cows causing damage to his property. Upon arrival, the victim (Charles Miller) stated that cows belonging to Jerry Page has stomped and eaten his crop causing approximately \$ 200.00 worth of damage. Deputy Rogers observed several cows walking on the victim's property at the time of this report. Deputy Rogers notified Jerry Page to put the cows back on his property. The victim was advised Criminal and Warrant procedures on this matter.

				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P	TYPE (GROUP)					77-Other	TOTAL VALUE
R	Burned						
O	Count./Forged						
P	Dest./Damaged					200.00	200.00
E	Recovered						
R	Seized						
T	Stolen						
Y	known						
A	SUBJECT IDENTIFIED	SUBJECT LOCATED	<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18	<input type="checkbox"/> EX-CLEAR UNDER 18		
D	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR 18 AND OVER		
M	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						
I	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER	
N	PVT ALLAN ROGERS	11/24/2007	23				
I	FOLLOW-UP INVESTIGATION OFFICER				000085		
S	<input type="checkbox"/> YES <input type="checkbox"/> NO						

AGENCY I.D.
CO170000

DILLON COUNTY SHERIFF'S OFFICE
PROPERTY LISTING

CASE NUMBER
2 0 0 7 - 3 5 0 1

NO. INQ. ENTD.

<input type="checkbox"/> ORIGINAL REPORT	<input type="checkbox"/> SUPPLEMENTAL REPORT	<input type="checkbox"/> ADDITIONAL VICTIMS	<input type="checkbox"/> ADDITIONAL STOLEN PROPERTY	PAGE 1
<input type="checkbox"/> MODIFIES ORIGINAL	<input type="checkbox"/> CASE STATUS CHANGE	<input type="checkbox"/> ADDITIONAL OFFENDERS	<input type="checkbox"/> ADDITIONAL RECOVERED PROPERTY	

DESTROYED/DAMAGED

CROPS AND FARM LAND 200.00

Make: Model: Cal: Serial #:

License:

TOTAL GROUP 200.00

TOTAL PROPERTY 200.00

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"/> UNFOUNDED	<input type="checkbox"/> ADM. CLOSED	<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	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER
PVT ALLAN ROGERS		11/24/2007	23				
FOLLOW-UP INVESTIGATION OFFICER						000086	
<input type="checkbox"/> YES <input type="checkbox"/> NO							

E V E N T

V I C T I M

1

S U B J E C T

1

N A R R A T I V E

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. NRP - PERMITTING LIVESTOCK TO RUN AT LARGE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	10		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
3.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER) **FORDTOWN AND NICHOLS ROAD, LAKE VIEW SC** ZIP CODE **29563** WEAPON TYPE

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK			LOCATION NO.
11/24/2007	1833		11/24/2007	1844	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME
					11/24/2007	1845	1900	1933

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE) **MILLER, CHARLES** RELATIONSHIP TO SUBJECT #1 **AQ** #2 #3 RESIDENT **OSOU** RACE **W** SEX **M** AGE **00** ETH **N** DAYTIME PHONE **(843) 759-2907** EVENING PHONE

ADDRESS **147 S. FORDTOWN RD.** CITY **NICHOLS** STATE **SC** ZIP CODE **29581** LOCATION NO. **C005**

VICTIM'S NAME (LAST, FIRST, MIDDLE) **MILLER, CHARLES** RELATIONSHIP TO SUBJECT #1 #2 #3 RESIDENT **OSOU** RACE **W** SEX **M** AGE **00** ETH **N** DAYTIME PHONE **(843) 759-2907** EVENING PHONE

HEIGHT **6-0** WEIGHT **170** HAIR **BRO** EYES FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

ADDRESS **147 S. FORDTOWN RD.** CITY **NICHOLS** STATE **SC** ZIP CODE **29581** LOCATION NO. **C005**

VISIBLE INJURY (VICT. 1) YES NO EXPLAIN -

VICTIM (NO. 1) USING: ALCOHOL: YES NO UNK. DRUGS: YES NO UNK.

TWO-MAN VEH. ONE-MAN VEH. DETECTIVE/SPL.ASMT. OTHER ALONE ASSISTED **J - This Jurisdiction S - State O - Out of State U - Unknown**

SUSPECT SUBJECT NAME (LAST, FIRST, MIDDLE) **PAGE, JERRY WAYNE** RACE **W** SEX **M** AGE **61** ETH **N** DATE OF BIRTH **04/27/1946** HEIGHT **5-11** WEIGHT **180** HAIR **RED** EYES **BRO**

RUNAWAY FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

WANTED ADDRESS **1769 SCOTT ST.** CITY **LAKE VIEW** STATE **SC** ZIP CODE **29563** LOCATION NO.

ARREST IAIL SUBJECT (NO. 1) USING: ALCOHOL: YES NO UNK. ARRESTED NEAR OFFENSE SCENE YES NO DATE/TIME OF OFFENSE **11/24/2007** DATE/TIME OF ARREST **1833**

DRUGS: YES NO UNK. TYPE: TOTAL # ARRESTED **0**

Deputy Allan Rogers received a call to respond to Fordtown Road in Lake View S.C. in reference to cows on his property. Upon arrival, the victim (Charles Miller) stated that six cows belonging to Jerry Page is on his property (again) after being warn to keep them in a fence. The victim stated that this is a on going problem with the subject and wanted this incident to be reported. The victim was advised Criminal and Warrant procedures on this matter.

				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY			
P	TYPE (GROUP)										TOTAL VALUE
R	Burned										
O	Count./Forged										
P	Dest./Damaged										
E	Recovered										
R	Seized										
T	Stolen										
Y	Unknown										
A	SUBJECT IDENTIFIED		SUBJECT LOCATED		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18		<input type="checkbox"/> EX-CLEAR UNDER 18		
D	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR 18 AND OVER		
M	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										
I	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER				DATE	UNIT NUMBER		
N	PVT ALLAN ROGERS	11/24/2007	23							000087	
I	FOLLOW-UP INVESTIGATION OFFICER										
S	<input type="checkbox"/> YES <input type="checkbox"/> NO										

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 90Z - ALL OTHER OFFENSES-ALLOWING LIVESTOCK TO ROAM	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	25		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
3.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER) **FORDTOWN ROAD/OVENBOTTOM, LAKEVIEW SC** ZIP CODE **29563** WEAPON TYPE

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK				LOCATION NO.
11/25/2007	1630		11/25/2007	1700	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME	
					11/25/2007	1700	1730	1800	

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE) **MILLER, CHARLES S.** RELATIONSHIP TO SUBJECT **OK** RESIDENT **J** RACE **S** SEX **O** AGE **U** ETH **W** DAYTIME PHONE **843-430-0064** EVENING PHONE

ADDRESS **147 SOUTH FORDTOWN RD** CITY **NICHOLS** STATE **SC** ZIP CODE **29581** LOCATION NO.

VICTIM'S NAME (LAST, FIRST, MIDDLE) **MILLER, CHARLES S.** RELATIONSHIP TO SUBJECT **OK** RESIDENT **J** RACE **S** SEX **O** AGE **U** ETH **W** DAYTIME PHONE **843-430-0064** EVENING PHONE

HEIGHT **5-11** WEIGHT **200** HAIR **GRY** EYES **GRN** FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

ADDRESS **147 SOUTH FORDTOWN RD** CITY **NICHOLS** STATE **SC** ZIP CODE **29581** LOCATION NO.

VISIBLE INJURY (VICT. 1) YES NO EXPLAIN -

VICTIM (NO. 1) USING: ALCOHOL: YES NO UNK. DRUGS: YES NO UNK.

TWO-MAN VEH. ONE-MAN VEH. DETECTIVE/SPL.ASMT. OTHER ALONE ASSISTED **J - This Jurisdiction S - State O - Out of State U - Unknown**

SUSPECT SUBJECT NAME (LAST, FIRST, MIDDLE) **PAGE, JERRY WAYNE** RACE **W** SEX **M** AGE **61** ETH **N** DATE OF BIRTH **04/27/1946** HEIGHT **5-11** WEIGHT **180** HAIR **RED** EYES **BRO**

ADDRESS **1769 SCOTT ST.** CITY **LAKE VIEW** STATE **SC** ZIP CODE **29563** LOCATION NO.

MAIL SUBJECT (NO. 1) USING: ALCOHOL: YES NO UNK. ARRESTED NEAR OFFENSE SCENE YES NO DATE/TIME OF OFFENSE **11/25/2007** DATE/TIME OF ARREST **1630**

SUMMONS DRUGS: YES NO UNK. TYPE: TOTAL # ARRESTED **0**

Both victims state that the subject allowed his cows to roam onto their land on this day. Victim 1 states that the cows were on his land in a wheat field adjacent to Fordtown road. Victim 2 states three cows were on his land on Ovenbottom road. LE was called but R/O did not see any livestock.

				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY			
TYPE (GROUP)								77-Other			TOTAL VALUE
Burned											
Count./Forged											
Dest./Damaged								100.00			100.00
Recovered											
Seized											
Stolen											
known											
SUBJECT IDENTIFIED		SUBJECT LOCATED		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18		<input type="checkbox"/> EX-CLEAR UNDER 18			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<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		UNIT NUMBER		APPROVING OFFICER			DATE	
PVT RANDY TYLER			11/25/2007		28						
FOLLOW-UP INVESTIGATION OFFICER										000088	
<input type="checkbox"/> YES <input type="checkbox"/> NO											

SUPPLEMENTAL INCIDENT REPORT

CASE NUMBER
2,007-4347

INQ. ENTD.

<input type="checkbox"/> ORIGINAL REPORT	<input type="checkbox"/> SUPPLEMENTAL REPORT	<input checked="" type="checkbox"/> ADDITIONAL VICTIMS	<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 RECOVERED PROPERTY

PAGE 1

VICTIM SUBJ OVERFL

<input type="checkbox"/> COMPLAINANT <input checked="" type="checkbox"/> VICTIM # 002	NAME (LAST, FIRST, MIDDLE) PAGE, MICHAEL RAE			RELATIONSHIP TO SUBJECT #1 #2 #3			RESIDENT O S O U	RACE W	SEX M	AGE 55	D.O.B.	ETH N
	HEIGHT 6-2	WEIGHT 240	HAIR RED	EYES BRO	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.							
<input type="checkbox"/> SUBJECT #												
<input type="checkbox"/> RUNAWAY												
<input type="checkbox"/> WANTED												
<input type="checkbox"/> WARRANT												
<input type="checkbox"/> ARREST												
<input type="checkbox"/> JAIL												
<input type="checkbox"/> SUMMONS												
<input type="checkbox"/>												
ADDRESS 247 HAYES RD												
CITY LAKE VIEW				STATE SC		ZIP CODE 29563		LOCATION NO.		DAY PHONE 843-845-1023		EVENING PHONE
<input checked="" type="checkbox"/> VICTIM NO. 002 VISIBLE INJURY: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES						VICTIM USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> UNK.			<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> DETECTIVE/SPL.ASMT <input type="checkbox"/> ALONE			
EXPLAIN:						DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE: <input checked="" type="checkbox"/> UNK.			<input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED			
<input type="checkbox"/> SUBJECT NO. _____ USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES												
<input type="checkbox"/> USING DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE: _____						<input type="checkbox"/> UNKNOWN						
JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY												
JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY												

NARRATIVE

A L M I N I S T	SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input 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 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) PVT RANDY TYLER			DATE 11/25/2007		UNIT NUMBER 28		APPROVING OFFICER			DATE		UNIT NUMBER
FOLLOW-UP INVESTIGATION OFFICER <input type="checkbox"/> YES <input type="checkbox"/> NO							000089					

AGENCY I.D.
C0170000

DILLON COUNTY SHERIFF'S OFFICE
PROPERTY LISTING

CASE NUMBER
2,007-4347

INQ. ENTD.
PAGE 1

- ORIGINAL REPORT
- SUPPLEMENTAL REPORT
- ADDITIONAL VICTIMS
- ADDITIONAL STOLEN PROPERTY
- MODIFIES ORIGINAL
- CASE STATUS CHANGE
- ADDITIONAL OFFENDERS
- ADDITIONAL RECOVERED PROPERTY

DESTROYED/DAMAGED

OTHER-FARM FIELDS 100.00
Make: Model: Cal: Serial #:

License:
TOTAL GROUP 100.00

TOTAL PROPERTY 100.00

SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input 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 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	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
PVT RANDY TYLER	11/25/2007	28			
FOLLOW-UP INVESTIGATION OFFICER <input type="checkbox"/> YES <input type="checkbox"/> NO				000090	

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 290 - COW'S DAMAGING WHEAT FIELD	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	10		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
3.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER) **WHEAT FIELD ON TRUIET LOOP RD., LAKEVIEW SC** ZIP CODE **29563** WEAPON TYPE

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	LOCATION NO.
02/06/2008	1715		02/06/2008	1853	02/06/2008	C001
DISP. DATE		DISP. TIME		TIME ARRIVED		DEPART. TIME

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE
MILLER, CHARLES S.	AQ	J	W	M	61	N	843-430-0064	

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
147 SOUTH FORDTOWN RD	NICHOLS	SC	29581	C001

VICTIM'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE
MILLER, CHARLES S.		J	W	M	61	N	843-430-0064	

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
5-11	200	GRY	GRN	

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
147 SOUTH FORDTOWN RD	NICHOLS	SC	29581	C001

VISIBLE INJURY (VICT. 1) YES NO EXPLAIN -

VICTIM (NO. 1) USING: ALCOHOL: YES NO UNK. DRUGS: YES NO UNK.

TWO-MAN VEH. ONE-MAN VEH. DETECTIVE/SPL.ASMT. OTHER ALONE ASSISTED **J - This Jurisdiction S - State O - Out of State U - Unknown**

<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)	RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
<input type="checkbox"/> RUNAWAY	PAGE, JERRY WAYNE	W	M	61	N	04/27/1946	5-11	180	RED	BRO

<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
<input type="checkbox"/> WARRANT	
<input type="checkbox"/> ARREST	

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
1769 SCOTT ST.	LAKE VIEW	SC	29563	

MAIL	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.	ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE/TIME OF OFFENSE	DATE/TIME OF ARREST
SUMMONS	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:	TOTAL # ARRESTED	02/06/2008	1715

ON THE EVENING OF 2-6-08 9-11 DISPATCHED DEPT. ROGERS KEN TO GO TO TRUIET LOOP RD. IN THE LAKEVIEW AREA OF DILLON CO. TO MEET WITH FARMER CHARLES MILLER BY ONE OF HIS WHEATFIELDS ON THE DIRT RD. VICTIM STATES HE WAS CHECKING ON HIS FARM. AT ABOUT 5.15 PM, WHEN HE SAW SEVEN COW'S BELONGING TO JERRY PAGE IN HIS WHEAT FIELD CAUSING DAMAGE IN THE AMOUNT OF \$400.00 AND VICTIM CALLED LAW ENFORCEMENT. VICTIM STATES THIS IS AN ONGOING PROBLEM THAT HAS LASTED FOR SEVERAL YEARS AND SOME OF THE CASES ARE PENDING IN DILLON CO. GENERAL SESSION'S COURT. DEPT. ROGERS LOOKED AT THE DAMAGE TO THE WHEAT FIELD AS BEST HE COULD BECAUSE OF DARKNESS AND A STORM BRINGING RAIN IN THE AREA AND REPORT WAS FILED AS WELL AS AN REPORT ON 2-5-08 BY LT. JACKSON THAT VICTIM STATED OCCURRED THE DAY BEFORE BY COW'S IN THE WHEAT FIELD. DEPT. ROGERS K. CALLED OWNER OF THE COW'S ON HIS CELL PHONE #843-845-7525 AT THE SCENE ON TRUIET LOOP RD. AND MR. PAGE ANSWERED AND DEPT. ROGERS EXPLAINED THE SITUATION TO MR. PAGE AND HE STATED HE WOULD GET DRESSED AND GO DOWN TO THE AREA TO SEE IF HE COULD GET THE COW'S BACK IN THE FENCE.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
1700000		77-Other	
TYPE (GROUP)			TOTAL VALUE
Burned			
Count./Forged			
Dest./Damaged		400.00	400.00
Recovered			
Seized			
Stolen			

SUBJECT IDENTIFIED	SUBJECT LOCATED	<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18	<input type="checkbox"/> EX-CLEAR UNDER 18
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. OFFENDER DEATH 2. NO PROSECUTION 3. EXTRADITION DENIED 4. VICTIM DECLINES COOPERATION 5. JUVENILE - NO CUSTODY

REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
PFC KEN ROGERS	02/06/2008	34			

FOLLOW-UP INVESTIGATION OFFICER		
<input type="checkbox"/> YES <input type="checkbox"/> NO		000091

AGENCY I.D.
C0170000

DILLON COUNTY SHERIFF'S OFFICE
PROPERTY LISTING

CASE NUMBER
2 0 0 8 - 0 1 4 8

NCIC
INQ. ENTD.

<input type="checkbox"/> ORIGINAL REPORT	<input type="checkbox"/> SUPPLEMENTAL REPORT	<input type="checkbox"/> ADDITIONAL VICTIMS	<input type="checkbox"/> ADDITIONAL STOLEN PROPERTY	PAGE 1
<input type="checkbox"/> MODIFIES ORIGINAL	<input type="checkbox"/> CASE STATUS CHANGE	<input type="checkbox"/> ADDITIONAL OFFENDERS	<input type="checkbox"/> ADDITIONAL RECOVERED PROPERTY	

DESTROYED/DAMAGED

WHEAT FIELD DAMAGED BY SEVEN COW'S BELONGING TO JERRY PAGE. 400.00

Make: Model: Cal: Serial #: License:

TOTAL GROUP 400.00

TOTAL PROPERTY 400.00

SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SUBJECT LOCATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ADM. CLOSED	<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	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER
PFC KEN ROGERS		02/06/2008	34				
FOLLOW-UP INVESTIGATION OFFICER <input type="checkbox"/> YES <input type="checkbox"/> NO						000092	

AGENCY I.D.
CO170000

DILLON COUNTY SHERIFF'S OFFICE
PROPERTY LISTING

CASE NUMBER
2,008-1249

INQ. ENTD.

<input type="checkbox"/> ORIGINAL REPORT	<input type="checkbox"/> SUPPLEMENTAL REPORT	<input type="checkbox"/> ADDITIONAL VICTIMS	<input type="checkbox"/> ADDITIONAL STOLEN PROPERTY	PAGE 1
<input type="checkbox"/> MODIFIES ORIGINAL	<input type="checkbox"/> CASE STATUS CHANGE	<input type="checkbox"/> ADDITIONAL OFFENDERS	<input type="checkbox"/> ADDITIONAL RECOVERED PROPERTY	

DESTROYED/DAMAGED

CROPS 300.00
 Make: Model: Cal: Serial #: License:
TOTAL GROUP 300.00

TOTAL PROPERTY 300.00

MINIST	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"/> UNFOUNDED	<input type="checkbox"/> ADM. CLOSED	<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	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER
	LT LES JACKSON			02/08/2008	SD108				
						FOLLOW-UP INVESTIGATION OFFICER <input type="checkbox"/> YES <input type="checkbox"/> NO		000094	

AGENCY I.D.
C0170000

DILLON COUNTY SHERIFF'S OFFICE
INCIDENT REPORT

CASE NUMBER
2008-0876

INQ. ENTD. NCIC

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 290 - VANDALISM OF PROPERTY COW EAT WEED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	10		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
3.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER) **TRUETT LOOP, LAKE VIEW SC** ZIP CODE **29565** WEAPON TYPE

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK			LOCATION NO.
02/09/2008	1420		02/09/2008	1450	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME
					02/09/2008	1420	1436	1450

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE) **MILLER, CHARLES S.** RELATIONSHIP TO SUBJECT #1 #2 #3 RESIDENT RACE SEX AGE ETH DAYTIME PHONE EVENING PHONE

ADDRESS **147 SOUTH FORDTOWN RD** CITY **NICHOLS** STATE **SC** ZIP CODE **29581** LOCATION NO.

VICTIM'S NAME (LAST, FIRST, MIDDLE) **MILLER, CHARLES S.** RELATIONSHIP TO SUBJECT #1 #2 #3 RESIDENT RACE SEX AGE ETH DAYTIME PHONE EVENING PHONE

HEIGHT **5-11** WEIGHT **200** HAIR **GRY** EYES **GRN** FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

ADDRESS **147 SOUTH FORDTOWN RD** CITY **NICHOLS** STATE **SC** ZIP CODE **29581** LOCATION NO.

VISIBLE INJURY (VICT. 1) YES NO EXPLAIN -

VICTIM (NO. 1) USING: ALCOHOL: YES NO UNK. DRUGS: YES NO UNK.

TWO-MAN VEH. ONE-MAN VEH. DETECTIVE/SPL.ASMT. OTHER ALONE ASSISTED **J - This Jurisdiction S - State O - Out of State U - Unknown**

SUSPECT SUBJECT NAME (LAST, FIRST, MIDDLE) **PAGE, JERRY WAYNE** RACE **W** SEX **M** AGE **61** ETH **N** DATE OF BIRTH **04/27/1946** HEIGHT **5-11** WEIGHT **180** HAIR **RED** EYES **BRO**

ADDRESS **1769 SCOTT ST.** CITY **LAKE VIEW** STATE **SC** ZIP CODE **29563** LOCATION NO.

'AIL SUBJECT (NO. 1) USING: ALCOHOL: YES NO UNK. ARRESTED NEAR OFFENSE SCENE YES NO DATE/TIME OF OFFENSE **02/09/2008 1420** DATE/TIME OF ARREST

GUMMONS DRUGS: YES NO UNK. TYPE: TOTAL # ARRESTED **0**

on the 02-09-2008 mr.miller reported to me that jerry page cows keeps get out an getting into his wheat field he also complained about mr. page has been driven threw his wheat field amount of damage 500 dollars

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
TYPE (GROUP)		77-Other	TOTAL VALUE
Burned			
Count./Forged			
Dest./Damaged		500.00	500.00
Recovered			
Seized			
Stolen			
Known			
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"/> UNFOUNDED	<input type="checkbox"/> ADM. CLOSED <input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> ARRESTED 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	UNIT NUMBER	APPROVING OFFICER
CPL JOHN W BROWN	02/09/2008	U115	
FOLLOW-UP INVESTIGATION OFFICER			
<input type="checkbox"/> YES <input type="checkbox"/> NO			

000095

AGENCY I.D.
00170000

DILLON COUNTY SHERIFF'S OFFICE
PROPERTY LISTING

CASE NUMBER
2 0 0 8 - 0 8 7 6

INQ. ENTD.

<input type="checkbox"/> ORIGINAL REPORT	<input type="checkbox"/> SUPPLEMENTAL REPORT	<input type="checkbox"/> ADDITIONAL VICTIMS	<input type="checkbox"/> ADDITIONAL STOLEN PROPERTY	PAGE 1
<input type="checkbox"/> MODIFIES ORIGINAL	<input type="checkbox"/> CASE STATUS CHANGE	<input type="checkbox"/> ADDITIONAL OFFENDERS	<input type="checkbox"/> ADDITIONAL RECOVERED PROPERTY	

DESTROYED/DAMAGED

WHEAT FIELD AND WHEAT 500.00
Make: Model: Cal: Serial #:

License:
TOTAL GROUP 500.00

TOTAL PROPERTY 500.00

L M I N I S T	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) CPL JOHN W BROWN		DATE 02/09/2008	UNIT NUMBER U115	APPROVING OFFICER		DATE
FOLLOW-UP INVESTIGATION OFFICER <input type="checkbox"/> YES <input type="checkbox"/> NO						000096	

AGENCY I.D.
C0170000

DILLON COUNTY SHERIFF'S OFFICE
INCIDENT REPORT

CASE NUMBER
2008-0355

NCIC
INQ. ENDT.

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 290 - VANDALISM OF PROPERTY	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	10		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2. 102 - ALLOWING DOMESTIC ANIMALS TO RUN AT LARGE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	10		
3.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER) **GARRIS & TULIP LOOP, LAKE VIEW SC** ZIP CODE **29563** WEAPON TYPE

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK			LOCATION NO.
02/13/2008	0915		02/13/2008	1023	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME
					02/13/2008	0930	0955	1023

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE) **MILLER, CHARLES** RELATIONSHIP TO SUBJECT #1 **OF** #2 #3 RESIDENT **SO** RACE **W** SEX **M** AGE **00** ETH **N** DAYTIME PHONE **(843) 759-2907** EVENING PHONE

ADDRESS **147 S. FORDTOWN RD.** CITY **NICHOLS** STATE **SC** ZIP CODE **29581** LOCATION NO.

VICTIM'S NAME (LAST, FIRST, MIDDLE) **MILLER, CHARLES** RELATIONSHIP TO SUBJECT #1 #2 #3 RESIDENT **SO** RACE **W** SEX **M** AGE **00** ETH **N** DAYTIME PHONE **(843) 759-2907** EVENING PHONE

HEIGHT **6-0** WEIGHT **170** HAIR **BRO** EYES FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

ADDRESS **147 S. FORDTOWN RD.** CITY **NICHOLS** STATE **SC** ZIP CODE **29581** LOCATION NO.

VISIBLE INJURY (VICT. 1) YES NO EXPLAIN --

VICTIM (NO. 1) USING: ALCOHOL: YES NO UNK. DRUGS: YES NO UNK.

TWO-MAN VEH. ONE-MAN VEH. DETECTIVE/SPL.ASMT. OTHER ALONE ASSISTED **J - This Jurisdiction S - State O - Out of State U - Unknown**

SUSPECT SUBJECT NAME (LAST, FIRST, MIDDLE) **PAGE, JERRY WAYNE** RACE **W** SEX **M** AGE **61** ETH **N** DATE OF BIRTH **04/27/1946** HEIGHT **5-11** WEIGHT **180** HAIR **RED** EYES **BRO**

ADDRESS **1769 SCOTT ST.** CITY **LAKE VIEW** STATE **SC** ZIP CODE **29563** LOCATION NO.

MAIL SUBJECT (NO. 1) USING: ALCOHOL: YES NO UNK. ARRESTED NEAR OFFENSE SCENE YES NO DATE/TIME OF OFFENSE **02/13/2008 0915** DATE/TIME OF ARREST

DRUGS: YES NO UNK. TYPE: TOTAL # ARRESTED **0**

ON THE ABOVE DATE THE COMP. STATED THAT THE SUBJECTS CATTLE HAD GOTTEN OUT OF THE FENCE AND WAS BACK ON HIS PROPERTY AND THE PROPERTY OF MICHAEL PAGE. WHEN R/O ARRIVED ON THE SCENE AND SAW THAT TWO OF MR. PAGE'S COWS WAS ON TULIP LOOP. R/O'S WENT ON GARRIS RD. SAW AROUND 5 HEAD OF CATTLE ON THAT HAD CROSSED THE STREET INTO ANOTHER PASTURE. SGT. BROWN INFORMED DISPATCH TO CALL MR. JERRY PAGE AND INFORM HIM THAT HIS CATTLE ARE OUT. THE ESTIMATED DAMAGE DONE TO THE FIELDS IS AROUND \$200.

				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P	TYPE (GROUP)					77-Other	TOTAL VALUE
R	Burned						
O	Count./Forged						
P	Dest./Damaged					200.00	200.00
E	Recovered						
R	Seized						
T	Stolen						
Y	Unknown						
A	SUBJECT IDENTIFIED	SUBJECT LOCATED	<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18	<input type="checkbox"/> EX-CLEAR UNDER 18		
D	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR 18 AND OVER		
M	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						
I	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER	
N	PVT TASH RUNNELS	02/13/2008	131			000097	
S	CPL JOHN W BROWN	02/13/2008	115	FOLLOW-UP INVESTIGATION OFFICER			
T				<input type="checkbox"/> YES <input type="checkbox"/> NO			

AGENCY I.D.
CO170000

DILLON COUNTY SHERIFF'S OFFICE
PROPERTY LISTING

CASE NUMBER
2 0 0 8 - 0 3 5 5

INQ. ENTD.

<input type="checkbox"/> ORIGINAL REPORT	<input type="checkbox"/> SUPPLEMENTAL REPORT	<input type="checkbox"/> ADDITIONAL VICTIMS	<input type="checkbox"/> ADDITIONAL STOLEN PROPERTY	PAGE 1
<input type="checkbox"/> MODIFIES ORIGINAL	<input type="checkbox"/> CASE STATUS CHANGE	<input type="checkbox"/> ADDITIONAL OFFENDERS	<input type="checkbox"/> ADDITIONAL RECOVERED PROPERTY	

DESTROYED/DAMAGED

OTHER 200.00
Make: Model: Cal: Serial #:

License:
TOTAL GROUP 200.00

TOTAL PROPERTY 200.00

M I N I S T	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"/> UNFOUNDED	<input type="checkbox"/> ADM. CLOSED	<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	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER
	PVT TASH RUNNELS		02/13/2008	131	FOLLOW-UP INVESTIGATION OFFICER		000099	
CPL JOHN W BROWN		02/13/2008	115	<input type="checkbox"/> YES <input type="checkbox"/> NO				

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 290 - VANDALISM OF PROPERTY	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	10		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
3.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER) **TRUETT LOOP, LAKE VIEW SC** ZIP CODE **29563** WEAPON TYPE

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISP. DATE	DISP. TIME	DISPATCH DATE/TIME 24 HR. CLOCK	DEPART. TIME	LOCATION NO.
02/15/2008	0800		02/15/2008	0800	02/15/2008	0800	0800	0900	

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE) **MILLER, CHARLES** RELATIONSHIP TO SUBJECT #1 **OK** #2 #3 RESIDENT **O** RACE **S** SEX **O** AGE **U** ETH **W** DAYTIME PHONE **M** EVENING PHONE **00** **N** **(843) 759-2907** **H** **B**

ADDRESS **147 S. FORDTOWN RD.** CITY **NICHOLS** STATE **SC** ZIP CODE **29581** LOCATION NO.

VICTIM'S NAME (LAST, FIRST, MIDDLE) **MILLER, CHARLES** RELATIONSHIP TO SUBJECT #1 #2 #3 RESIDENT **O** RACE **S** SEX **O** AGE **U** ETH **W** DAYTIME PHONE **M** EVENING PHONE **00** **N** **(843) 759-2907** **H** **B**

HEIGHT **6-0** WEIGHT **170** HAIR **BRO** EYES FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

ADDRESS **147 S. FORDTOWN RD.** CITY **NICHOLS** STATE **SC** ZIP CODE **29581** LOCATION NO.

VISIBLE INJURY (VICT. 1) YES NO EXPLAIN -

VICTIM (NO. 1) USING: ALCOHOL: YES NO UNK. DRUGS: YES NO UNK.

TWO-MAN VEH. ONE-MAN VEH. DETECTIVE/SPL.ASMT. OTHER ALONE ASSISTED **J - This Jurisdiction S - State O - Out of State U - Unknown**

SUSPECT SUBJECT NAME (LAST, FIRST, MIDDLE) **PAGE, JERRY WAYNE** RACE **W** SEX **M** AGE **61** ETH **N** DATE OF BIRTH **04/27/1946** HEIGHT **5-11** WEIGHT **180** HAIR **RED** EYES **BRO**

RUNAWAY FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

WANTED ADDRESS **1769 SCOTT ST.** CITY **LAKE VIEW** STATE **SC** ZIP CODE **29563** LOCATION NO.

ARREST SUBJECT (NO. 1) USING: ALCOHOL: YES NO UNK. ARRESTED NEAR OFFENSE SCENE YES NO DATE/TIME OF OFFENSE **02/15/2008** DATE/TIME OF ARREST **0800**

JAIL DRUGS: YES NO UNK. TYPE: TOTAL # ARRESTED **0**

SUMMONS

Complainant states that the subjects cows were out in his filed destroying his crops.

NARRATIVE

		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
TYPE (GROUP)				77-Other	TOTAL VALUE
Burned					
Count./Forged					
Dest./Damaged				200.00	200.00
Recovered					
Seized					
Stolen					
Unknown					
SUBJECT IDENTIFIED		SUBJECT LOCATED		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<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	
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	UNIT NUMBER	APPROVING OFFICER	
PVT RANDY TYLER		02/15/2008	28		
				FOLLOW-UP INVESTIGATION OFFICER	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	

AGENCY I.D.
C0170000

DILLON COUNTY SHERIFF'S OFFICE
PROPERTY LISTING

CASE NUMBER
2 0 0 8 - 0 1 2 4

NCIC
INQ. ENTD.

<input type="checkbox"/> ORIGINAL REPORT	<input type="checkbox"/> SUPPLEMENTAL REPORT	<input type="checkbox"/> ADDITIONAL VICTIMS	<input type="checkbox"/> ADDITIONAL STOLEN PROPERTY	PAGE 1
<input type="checkbox"/> MODIFIES ORIGINAL	<input type="checkbox"/> CASE STATUS CHANGE	<input type="checkbox"/> ADDITIONAL OFFENDERS	<input type="checkbox"/> ADDITIONAL RECOVERED PROPERTY	

DESTROYED/DAMAGED

OTHER-WHEAT 200.00
 Make: Model: Cal: Serial #:

License: **TOTAL GROUP 200.00**

TOTAL PROPERTY 200.00

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"/> UNFOUNDED	<input type="checkbox"/> ADM. CLOSED	<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	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER
PVT RANDY TYLER		02/15/2008	28				
FOLLOW-UP INVESTIGATION OFFICER <input type="checkbox"/> YES <input type="checkbox"/> NO						000101	

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 290 - VANDALISM OF PROPERTY	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	10		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
3.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER) **GARRIS ROAD, LAKEVIEW SC** ZIP CODE **29536** WEAPON TYPE

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME	LOCATION NO.
02/20/2008	0800		02/20/2008	1200	02/20/2008	0830	0900	0930	

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE
PAGE, MICHAEL RAE	OK	<input checked="" type="checkbox"/>	O	W	M	56	N 843-845-1023	H B

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
247 HAYES RD	LAKE VIEW	SC	29563	C001

VICTIM'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE
PAGE, MICHAEL RAE		<input checked="" type="checkbox"/>	O	W	M	56	N 843-845-1023	H B

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
6-2	240	RED	BRO	

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
247 HAYES RD	LAKE VIEW	SC	29563	C001

VISIBLE INJURY (VICT. 1) YES NO EXPLAIN --
 VICTIM (NO. 1) USING: ALCOHOL: YES NO UNK. DRUGS: YES NO UNK.

TWO-MAN VEH. ONE-MAN VEH. DETECTIVE/SPL.ASMT. OTHER ALONE ASSISTED **J - This Jurisdiction S - State O - Out of State U - Unknown**

<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)	RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
<input type="checkbox"/> RUNAWAY	PAGE, JERRY WAYNE	W	M	61	N	04/27/1946	5-11	180	RED	BRO

<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
<input type="checkbox"/> WARRANT	
<input type="checkbox"/> ARREST	

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
1769 SCOTT ST.	LAKE VIEW	SC	29563	

MAIL	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.	ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE/TIME OF OFFENSE	DATE/TIME OF ARREST
JUMMONS	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:	TOTAL # ARRESTED	02/20/2008	0800

Complainant state that the subjects cows went onto his property destroying his crops. Estimated damage \$400.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P	TYPE (GROUP)	77-Other	TOTAL VALUE
R	Burned		
O	Count./Forged		
P	Dest./Damaged	400.00	400.00
E	Recovered		
R	Seized		
T	Stolen		
Y	Unknown		
A	SUBJECT IDENTIFIED	SUBJECT LOCATED	<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED <input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18
D	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED <input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER
M	REASON FOR EXCEPTIONAL CLEARANCE:	1. <input type="checkbox"/> OFFENDER DEATH	2. <input type="checkbox"/> NO PROSECUTION
I	REPORTING OFFICER(S)	DATE	UNIT NUMBER
N	PVT RANDY TYLER	02/21/2008	28
I	APPROVING OFFICER	DATE	UNIT NUMBER
S			
T	FOLLOW-UP INVESTIGATION OFFICER		
	<input type="checkbox"/> YES <input type="checkbox"/> NO		000102

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INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 290 - VANDALISM OF PROPERTY	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	10		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
3.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER) **TRUETT LOOP, LAKEVIEW SC** ZIP CODE **29563** WEAPON TYPE

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	LOCATION NO.
02/21/2008	0800		02/21/2008	2300	DISP. DATE: 02/21/2008 DISP. TIME: 0900 TIME ARRIVED: 0930 DEPART. TIME: 1000	

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE
MILLER, CHARLES	#1 OK #2 #3	<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	W	M	00	N		
ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.				
147 S FORDTOWN RD	LAKE VIEW	SC	29563	C001				

VICTIM'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE
MILLER, CHARLES	#1 #2 #3	<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	W	M	00	N		
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				
6-0	170	BRO	BRO					
ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.				
147 S FORDTOWN RD	LAKE VIEW	SC	29563	C001				

VISIBLE INJURY (VICT. 1) YES NO EXPLAIN -

VICTIM (NO. 1) USING: ALCOHOL: YES NO UNK. DRUGS: YES NO UNK.

TWO-MAN VEH. ONE-MAN VEH. DETECTIVE/SPLASMT. OTHER ALONE ASSISTED **J - This Jurisdiction S - State O - Out of State U - Unknown**

<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)	RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
<input type="checkbox"/> RUNAWAY	PAGE, JERRY WAYNE	W	M	61	N	04/27/1946	5-11	180	RED	BRO
<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.									
<input type="checkbox"/> WARRANT	ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.					
<input type="checkbox"/> ARREST	1769 SCOTT ST.	LAKE VIEW	SC	29563						
JAIL	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.	ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE/TIME OF OFFENSE	DATE/TIME OF ARREST						
SUMMONS	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:	TOTAL # ARRESTED	0	02/21/2008 0800						

Complainant states that the subjects cows came onto his property and destroyed the corps there. Estimated value \$400.

		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P	TYPE (GROUP)			77-Other	TOTAL VALUE
R	Burned				
O	Count./Forged				
P	Dest./Damaged			400.00	400.00
E	Recovered				
R	Seized				
T	Stolen				
V	Unknown				
SUBJECT IDENTIFIED		SUBJECT LOCATED		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED <input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<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	UNIT NUMBER	APPROVING OFFICER	DATE
PVT RANDY TYLER		02/21/2008	28		
				FOLLOW-UP INVESTIGATION OFFICER	000104
				<input type="checkbox"/> YES <input type="checkbox"/> NO	

AGENCY I.D.
C0170000

DILLON COUNTY SHERIFF'S OFFICE
PROPERTY LISTING

CASE NUMBER
2 0 0 8 - 0 6 5 6

NO. INQ. ENTD.

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|--|--|---|--|--------|
| <input type="checkbox"/> ORIGINAL REPORT | <input type="checkbox"/> SUPPLEMENTAL REPORT | <input type="checkbox"/> ADDITIONAL VICTIMS | <input type="checkbox"/> ADDITIONAL STOLEN PROPERTY | PAGE 1 |
| <input type="checkbox"/> MODIFIES ORIGINAL | <input type="checkbox"/> CASE STATUS CHANGE | <input type="checkbox"/> ADDITIONAL OFFENDERS | <input type="checkbox"/> ADDITIONAL RECOVERED PROPERTY | |

DESTROYED/DAMAGED

OTHER 400.00
Make: Model: Cal: Serial #:

License:
TOTAL GROUP 400.00

TOTAL PROPERTY 400.00

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"/> UNFOUNDED	<input type="checkbox"/> ADM. CLOSED	<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	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER
PVT RANDY TYLER		02/21/2008	28				
FOLLOW-UP INVESTIGATION OFFICER <input type="checkbox"/> YES <input type="checkbox"/> NO						000105	

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 290 - VANDALISM OF PROPERTY COW OUT EAT IN FIELD	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	10		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
3.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER) **SOUTH FORDTOWN RD, LAKE VIEW SC** ZIP CODE **29563** WEAPON TYPE

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME	LOCATION NO.
03/03/2008	1720		03/03/2008	1830	03/03/2008	1720		1830	C005

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE) **MILLER, CHARLES** RELATIONSHIP TO SUBJECT #1 #2 #3 RESIDENT RACE **W** SEX **M** AGE **00** ETH **N** DAYTIME PHONE **H** EVENING PHONE **H**

ADDRESS **147 S FORDTOWN RD** CITY **LAKE VIEW** STATE **SC** ZIP CODE **29563** LOCATION NO.

VICTIM'S NAME (LAST, FIRST, MIDDLE) **MILLER, CHARLES** RELATIONSHIP TO SUBJECT #1 #2 #3 RESIDENT RACE **W** SEX **M** AGE **00** ETH **N** DAYTIME PHONE **H** EVENING PHONE **H**

HEIGHT **6-0** WEIGHT **170** HAIR **BRO** EYES **BRO** FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

ADDRESS **147 S FORDTOWN RD** CITY **LAKE VIEW** STATE **SC** ZIP CODE **29563** LOCATION NO.

VISIBLE INJURY (VICT. 1) YES NO EXPLAIN -

VICTIM (NO. 1) USING: ALCOHOL: YES NO UNK. DRUGS: YES NO UNK.

TWO-MAN VEH. ONE-MAN VEH. DETECTIVE/SPLASMT. OTHER ALONE ASSISTED **J - This Jurisdiction S - State O - Out of State U - Unknown**

SUSPECT SUBJECT NAME (LAST, FIRST, MIDDLE) **PAGE, JERRY WAYNE** RACE **W** SEX **M** AGE **61** ETH **N** DATE OF BIRTH **04/27/1946** HEIGHT **5-11** WEIGHT **180** HAIR **RED** EYES **BRO**

RUNAWAY FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

WANTED ADDRESS **1769 SCOTT ST.** CITY **LAKE VIEW** STATE **SC** ZIP CODE **29563** LOCATION NO.

ARREST SUBJECT (NO. 1) USING: ALCOHOL: YES NO UNK. ARRESTED NEAR OFFENSE SCENE YES NO DATE/TIME OF OFFENSE **03/03/2008 1720** DATE/TIME OF ARREST

SUMMONS DRUGS: YES NO UNK. TYPE: TOTAL # ARRESTED **0** **03/03/2008 1720**

NARRATIVE
on the 03-03-2008 i officers brown was on the way to a call when i notices two cows out in the road in i stop in put them back in the fence an as i was pull off they came back out an after i finshup on the call i stop back ther in put the cows back inb in ask 911- dispatch to call mr. page to put his cow back in the cow was inside so i then pull off headed back to dillonb when mr.miller call to report that mr. page cow was out in his fields eaten

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
TYPE (GROUP)	18-Livestock		TOTAL VALUE
Burned			
Count./Forged			
Dest./Damaged	500.00		500.00
Recovered			
Seized			
Stolen			
Unknown			
SUBJECT IDENTIFIED	SUBJECT LOCATED	<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<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	UNIT NUMBER	APPROVING OFFICER
CPL JOHN W BROWN	03/03/2008	U115	
FOLLOW-UP INVESTIGATION OFFICER			
<input type="checkbox"/> YES <input type="checkbox"/> NO			

000106

AGENCY I.D.
C0170000

DILLON COUNTY SHERIFF'S OFFICE
PROPERTY LISTING

CASE NUMBER
2,008-1090

INQ. ENTD.

- ORIGINAL REPORT
 - SUPPLEMENTAL REPORT
 - ADDITIONAL VICTIMS
 - ADDITIONAL STOLEN PROPERTY
 - MODIFIES ORIGINAL
 - CASE STATUS CHANGE
 - ADDITIONAL OFFENDERS
 - ADDITIONAL RECOVERED PROPERTY
- PAGE 1

DESTROYED/DAMAGED

COW OUT EATTEN IN FEILD

500.00

Make: Model: Cal: Serial #:

License:

TOTAL GROUP

500.00

TOTAL PROPERTY

500.00

SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input 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 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	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
CPL JOHN W BROWN	03/03/2008	U115			
FOLLOW-UP INVESTIGATION OFFICER <input type="checkbox"/> YES <input type="checkbox"/> NO				000107	

AGENCY I.D.
C0170000

DILLON COUNTY SHERIFF'S OFFICE
INCIDENT REPORT

CASE NUMBER
2008-0680

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INQ. ENTD.

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 290 - VANDALISM OF PROPERTY	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
3.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER) **182 HAYES RD., LAKE VIEW SC** ZIP CODE **29563** WEAPON TYPE

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME	LOCATION NO.
08/13/2008	0100		08/13/2008	0115	//				C001

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE) **RAY, CHRISTINE** RELATIONSHIP TO SUBJECT **AQ** RESIDENT **OSOU** RACE **W** SEX **F** AGE **86** ETH **N** DAYTIME PHONE **(803) 759-2733** EVENING PHONE

ADDRESS **182 HAYES RD.** CITY **LAKE VIEW** STATE **SC** ZIP CODE **29563** LOCATION NO. **C001**

VICTIM'S NAME (LAST, FIRST, MIDDLE) **RAY, CHRISTINE** RELATIONSHIP TO SUBJECT **AQ** RESIDENT **OSOU** RACE **W** SEX **F** AGE **86** ETH **N** DAYTIME PHONE **(803) 759-2733** EVENING PHONE

HEIGHT **5-1** WEIGHT **200** HAIR **BLN** EYES FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

ADDRESS **182 HAYES RD.** CITY **LAKE VIEW** STATE **SC** ZIP CODE **29563** LOCATION NO. **C001**

VISIBLE INJURY (VICT. 1) YES NO EXPLAIN --

VICTIM (NO. 1) USING: ALCOHOL: YES NO UNK. DRUGS: YES NO UNK.

TWO-MAN VEH. ONE-MAN VEH. DETECTIVE/SPL.ASMT. OTHER ALONE ASSISTED **J - This Jurisdiction S - State O - Out of State U - Unknown**

SUSPECT SUBJECT NAME (LAST, FIRST, MIDDLE) **PAGE, JERRY WAYNE** RACE **W** SEX **M** AGE **62** ETH **N** DATE OF BIRTH **04/27/1946** HEIGHT **5-11** WEIGHT **180** HAIR **RED** EYES **BRO**

RUNAWAY FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

WANTED ADDRESS **1769 SCOTT ST., P.O. BOX 661** CITY **LAKE VIEW** STATE **SC** ZIP CODE **29563** LOCATION NO.

ARREST SUBJECT (NO. 1) USING: ALCOHOL: YES NO UNK. ARRESTED NEAR OFFENSE SCENE YES NO DATE/TIME OF OFFENSE **08/13/2008 0100** DATE/TIME OF ARREST

JAIL SUBJECT (NO. 1) USING: ALCOHOL: YES NO UNK. ARRESTED NEAR OFFENSE SCENE YES NO DATE/TIME OF OFFENSE **08/13/2008 0100** DATE/TIME OF ARREST

SUMMONS DRUGS: YES NO UNK. TYPE: TOTAL # ARRESTED **0** **08/13/2008 0100**

ON THE ABOVE DATE, DEP. DANIELS SPOKE TO THE COMP. WHO STATED THAT SHE WAS AWAKENED BY A NOISE OUTSIDE HER RESIDENCE. WHEN THE COMP. LOOKED OUTSIDE SHE SAW APPROX. 40 COWS IN HER YARD, UNDER HER CARPORT, AND ON HER BACK PORCH. THE COWS DAMAGED THE COMP. VEHICLE BY LEANING ON IT CAUSING A DENT IN THE FRONT DRIVERS SIDE FENDER. DEPUTIES SPOKE TO THE SUBJ. WHO IS THE OWNER OF THE LIVESTOCK WHO RESPONDED TO PUT THE COWS BACK IN THE FENCE. DEPUTIES ADVISED THE SUBJ. TO SPEAK WITH THE COMP. IN REFERENCE TO THE DAMAGE TO HER VEHICLE AT HIS EARLIEST CONVENIENCE.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
TYPE (GROUP)	03-Motor Vehicle -		TOTAL VALUE
Burned			
Count/Forged			
Dest./Damaged	5000.00		5000.00
Recovered			
Seized			
Stolen			
Unknown			
SUBJECT IDENTIFIED	SUBJECT LOCATED	<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<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	UNIT NUMBER	APPROVING OFFICER
CPL KEVIN DANIELS	08/13/2008	121	
FOLLOW-UP INVESTIGATION OFFICER		DATE	
<input type="checkbox"/> YES <input type="checkbox"/> NO		000108	

AGENCY I.D.
C0170000

DILLON COUNTY SHERIFF'S OFFICE
PROPERTY LISTING

CASE NUMBER
2 0 0 8 - 0 6 8 0

INQ. ENTD.

<input type="checkbox"/> ORIGINAL REPORT	<input type="checkbox"/> SUPPLEMENTAL REPORT	<input type="checkbox"/> ADDITIONAL VICTIMS	<input type="checkbox"/> ADDITIONAL STOLEN PROPERTY	PAGE 1
<input type="checkbox"/> MODIFIES ORIGINAL	<input type="checkbox"/> CASE STATUS CHANGE	<input type="checkbox"/> ADDITIONAL OFFENDERS	<input type="checkbox"/> ADDITIONAL RECOVERED PROPERTY	

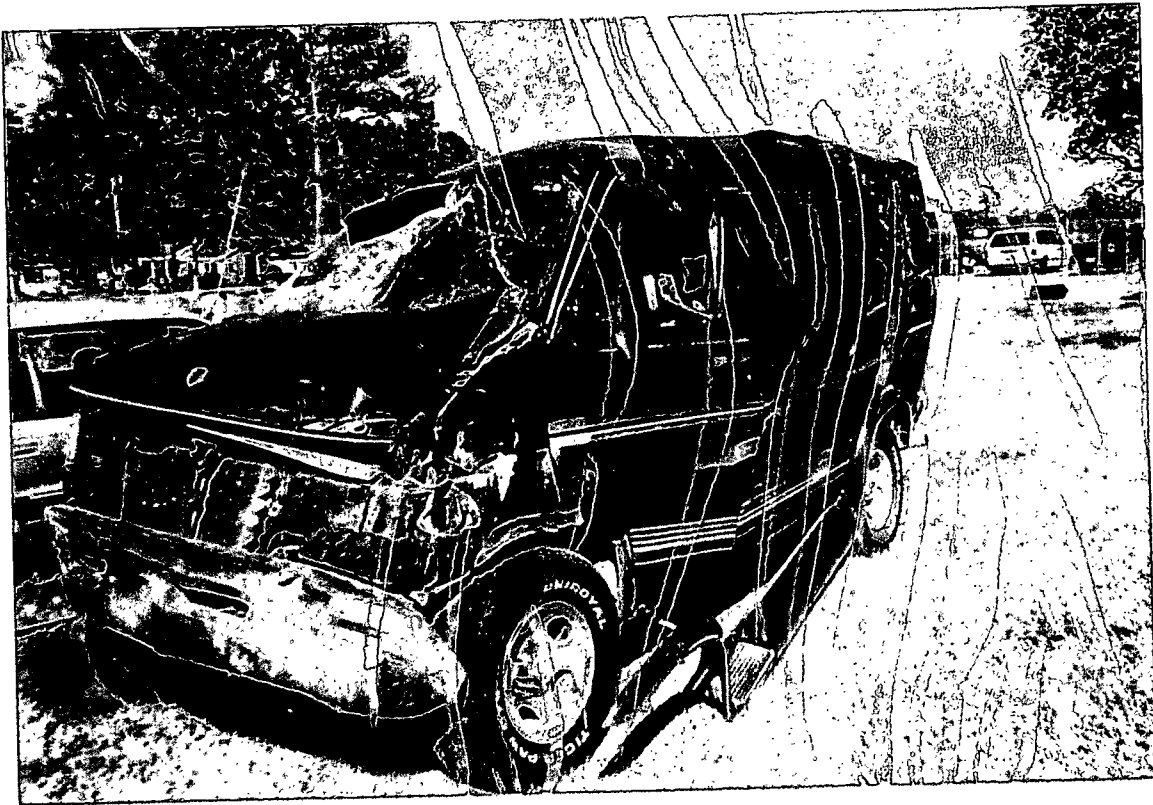
DESTROYED/DAMAGED

OLDSMOBILE 5,000.00
 Make: Model: Cal: Serial #:
 License:

TOTAL GROUP 5,000.00

TOTAL PROPERTY 5,000.00

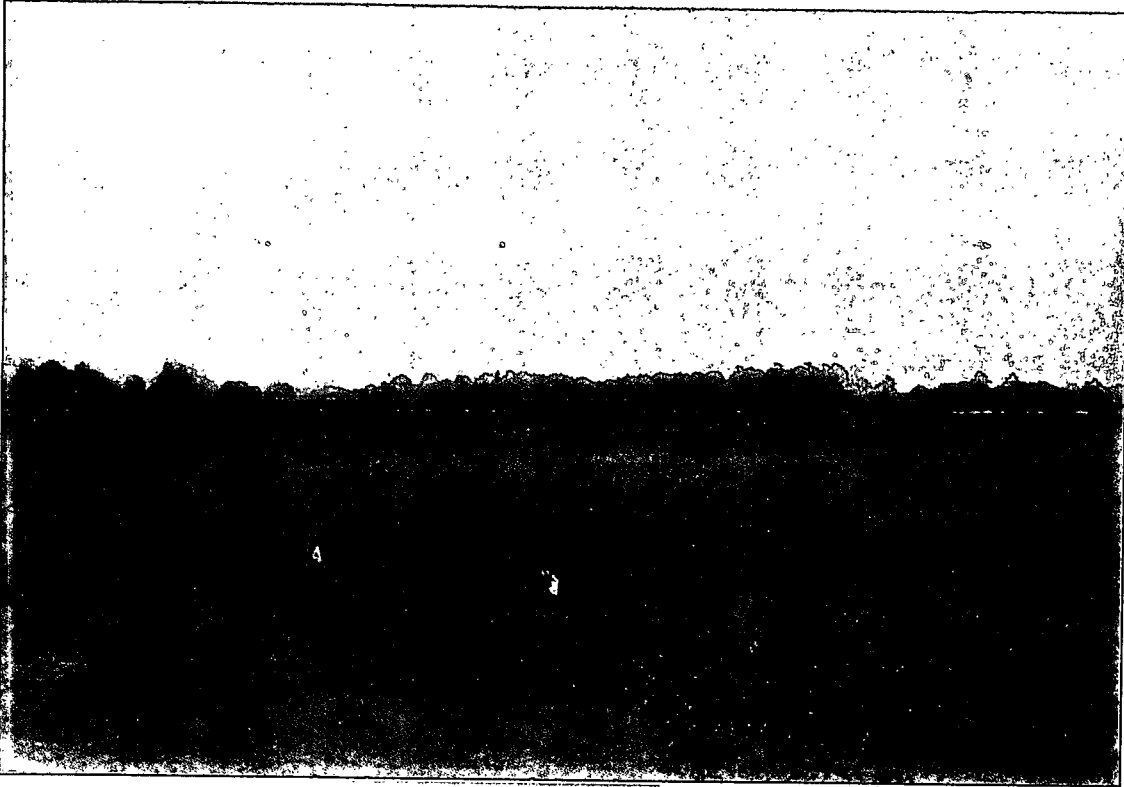
SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SUBJECT LOCATED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> 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) CPL KEVIN DANIELS		DATE 08/13/2008	UNIT NUMBER 121	APPROVING OFFICER		DATE	UNIT NUMBER 000109
				FOLLOW-UP INVESTIGATION OFFICER <input type="checkbox"/> YES <input type="checkbox"/> NO			



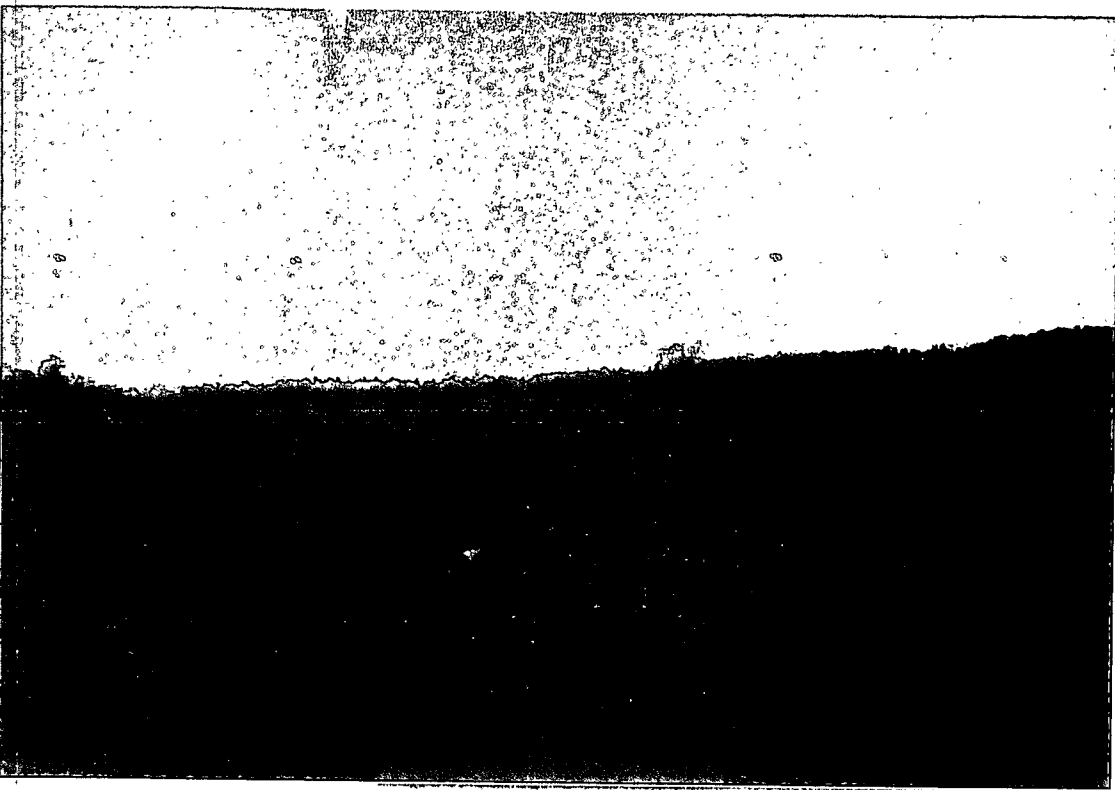
000110

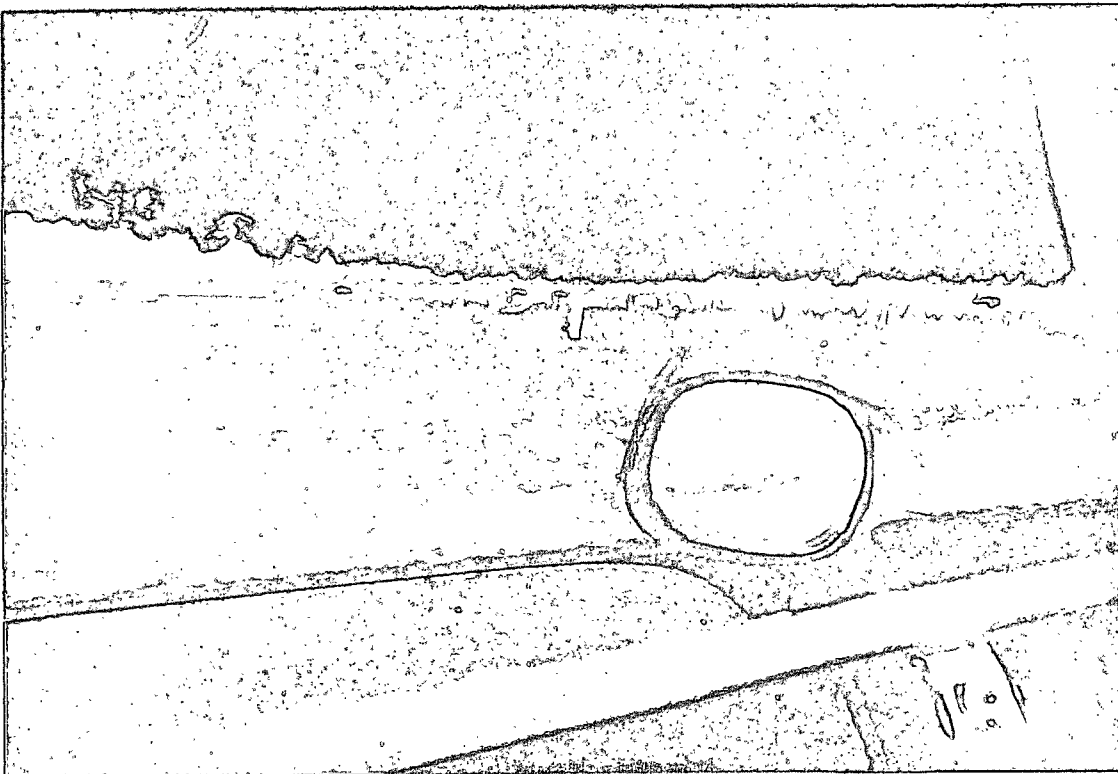
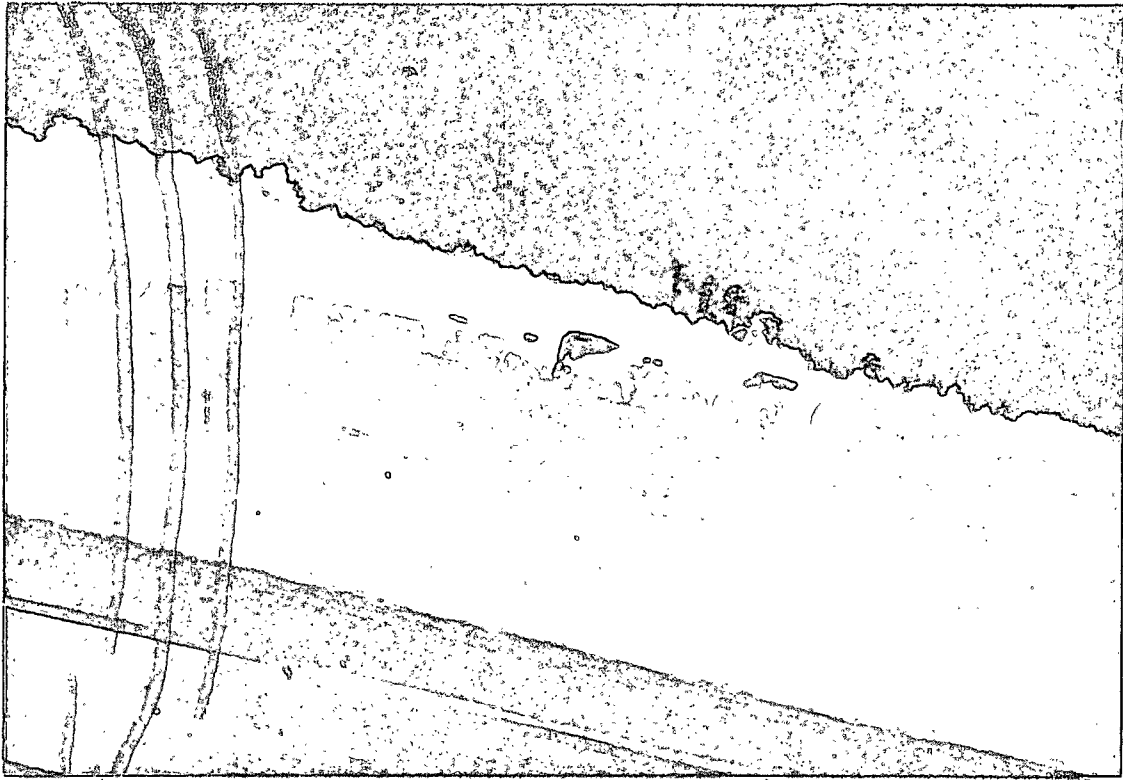


000111



000112





000114



000115

Jerry W Page received payments totaling \$276,736 from 1995 through 2010

1. Year	Conservation Subsidies	Disaster Subsidies	Commodity Subsidies	Total USDA Subsidies 1995-2010
1995	\$0	\$0	\$3,966	\$3,966
1996	\$0	\$0	\$6,867	\$6,867
1997	\$0	\$96	\$2,240	\$2,336
1998	\$0	\$0	\$6,819	\$6,819
1999	\$0	\$12,489	\$10,908	\$23,397
2000	\$0	\$6,234	\$20,685	\$26,918
2001	\$0	\$0	\$17,602	\$17,602
2002	\$0	\$4,177	\$2,408	\$6,585
2003	\$885	\$7,904	\$7,796	\$16,585
2004	\$4,626	\$0	\$4,871	\$9,497
2005	\$39,031	\$32,404	\$5,815	\$77,250
2006	\$0	\$0	\$5,532	\$5,532
2007	\$524	\$0	\$4,627	\$5,151
2008	\$15,035	\$27,627	\$5,150	\$47,812
2009	\$10,696	\$0	\$4,641	\$15,337
2010	\$0	\$0	\$5,083	\$5,083
Total	\$70,797	\$90,931	\$115,009	\$276,736

Crop Summary for Jerry W Page

Crop

Payments 1995-2010



000116

Wheat Subsidies**	\$38,525
Corn Subsidies**	\$38,441
Tobacco Subsidies	\$16,345
Soybean Subsidies**	\$11,721
Livestock Subsidies	\$10,169
Oat Subsidies**	\$253

Counties where payments were made from

County	Subsidy Payments 1995-2010
Robeson County, North Carolina	\$14,798
Dillon County, South Carolina	\$207,348
Total	\$276,736

Note: The information on conservation spending for 2010 is incomplete due to missing data from USDA's Natural Resource Conservation Service. Payment data currently are not included for the Environmental Quality Incentives Program, but will be added once NRCS makes it available.

The information provided for the Wetland Reserve Program (WRP) provides an inaccurate picture of how WRP payments are distributed. USDA's Natural Resource Conservation Service uses title companies as intermediaries to finalize wetlands easements under the Wetlands Reserve Program. As a result, the data provided to us shows large sums of money going to these title companies. In reality, the payments are ultimately distributed to landowners participating in the WRP.

Unfortunately, NRCS has not provided the data to show where these farms and wetlands are located or which farmers or landowners are enrolling in the program, so EWG is unable to allocate these large sums of money to individuals beyond the title companies. Therefore, these companies skew the conservation rankings and payment concentration, which EWG cannot avoid unless and until NRCS makes available the additional farm attribution data. Therefore, we have not included WRP payments in the 2010 data update.

Finally, we have separated data on farm commodity, disaster and conservation payments in order to provide a more accurate picture of top recipients and concentration of payments among the three main categories of USDA programs.

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

RECEIVED

OCT 20 2014

APPEAL FROM DILLON COUNTY
Court of Common Pleas

SC Court of Appeals

Jerry M. Angelo, Special Referee

Case No. 2010-CP-17-062
Appellate Case No. 2014-001580

Jammie Anderson,.....Respondent,

v.

Jerry W. Page and James Page, individually and d/b/a James
Page Farms.....Defendants,

Of whom Jerry W. Page is the Appellant.

CERTIFICATE OF COUNSEL

The undersigned hereby certifies that the Record on Appeal contains all material proposed to be included by any of the parties and not any other material.

October ~~20~~ 2014



Michael C. Abbott
ABBOTT & MCKISSICK LAW FIRM, LLC
702 W. Evans Street
Post Office Box 148
Florence, SC 29503
(843) 669-0089
Attorney for Appellant

000118

Abbott &
McKissick
Law Firm, LLC

RECEIVED

OCT 20 2014

SC Court of Appeals

Michael C. Abbott
Robert D. McKissick

P.O. Box 148
702 W. Evans Street
Florence, SC 29503

(843) 669-0089
(843) 669-0085 Fax
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October 20, 2014

The Honorable Jenny Abbott Kitchings
Clerk, South Carolina Court of Appeals
Post Office Box 11629
Columbia, SC 29211

Re: Jammie Anderson
vs. Jerry W. Page and James Page,
individually, and d/b/a James Page
Farms Of whom Jerry W. Page is the
Appellant
Appellate Case No. 2014-001580
Case No. 2011-CP-17-062
Our File #2014117

Dear Ms. Kitchings:

Please find enclosed for filing the following documents regarding the above referenced matter:

1. One unbound and fourteen (14) bound copies of the Record on Appeal; and
2. Original and one (1) copy of Proof of Service.

I would appreciate you filing the original Proof of Service and stamping as received the copy of same and returning the copy to me in the enclosed self-addressed, stamped envelope.

If you have any questions or concerns, please do not hesitate to let me know.

With kindest regards, I am

Yours very truly,



MICHAEL C. ABBOTT

MCA/kch
Enclosures

cc: George D. Jebaily, Esquire
Mr. Jerry W. Page

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

RECEIVED

OCT 20 2014

APPEAL FROM DILLON COUNTY
Court of Common Pleas

SC Court of Appeals

Jerry M. Angelo, Special Referee

Case No. 2011-CP-17-062
Appellate Case No. 2014-001580

Jammie Anderson.....Respondent,

v.


Jerry W. Page and James, individually d/b/a James
Page Farms.....Defendants,

Of whom Jerry W. Page is the Appellant.

PROOF OF SERVICE

I certify that I have served the Record on Appeal on George D. Jebaily, Other Counsel of Record, by hand delivering a copy of it to George D. Jebaily, Esquire, Jebaily Law Firm, PA, 291 W. Evans Street, Post Office Box 1871, Florence, SC 29503.

October 20, 2014



Michael C. Abbott
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