

**THE SCHOOL DISTRICT OF GREENVILLE COUNTY**  
**PSYCHOLOGICAL EVALUATION**

**STUDENT'S NAME:** Antonio Calloway

**DATES OF EVALUATION: 9-23-02**

ID NUMBER: 100-368611-100

## SUPPLEMENTAL

**SCHOOL:** Boys' Home of the South

DATE OF BIRTH: 8-5-92

**PLACEMENT:** 4<sup>th</sup> grade

**CHRONOLOGICAL AGE:** 10 years

**GUARDIAN:** Mary Hasuly (DSS Caseworker)

**EXAMINER:** Sheri Farrington

PHONE NUMBER: -3443

**EXAMINER'S CERTIFICATION:**  
School Psychologist II

**REASON FOR REFERRAL:**

Supplemental testing was completed on Antonio to determine his level of adaptive skills. Antonio was removed from his home in June which delayed collecting data for supplemental testing.

**ADAPTIVE BEHAVIOR DOMAIN:**

### **Scales of Adaptive Behavior – Revised (SIB-R)**

| Domain                                  | Standard Score | Percentile | Range                  |
|-----------------------------------------|----------------|------------|------------------------|
| Motor Skills                            | 83             | 3          | Low Average            |
| Social Interaction/Communication Skills | 64             | 1          | Severely Below Average |
| Personal Living Skills                  | 98             | 45         | Average                |
| Community Living Skills                 | 65             | 1          | Severely Below Average |
| <b>Broad Independence</b>               | <b>72</b>      | <b>3</b>   | <b>Below Average</b>   |

The Scales of Independent Behavior – Revised (SIB-R) is a questionnaire completed by the caregivers during an interview session with the examiner. Marisa Merchant, Program Director at Pendleton Place, completed the questionnaire due to Antonio's current family situation. Antonio was in the care of Pendleton Place after being removed from his home by DDS. He has limited contact with his mother. This tool is used to evaluate a student's level of adaptive skills in a home setting. According to the ratings, Antonio's adaptive skills appeared in the below average to severely below average range (considering the standard error of measurement). Information gathered indicated that Antonio's adaptive skills appeared significantly weaker than his peers, specifically in the areas of social/communication skills and community living skills. In the area of Motor Skills, Antonio rides a two-wheeled bicycle, joins and pulls up a separated zipper, and catches a bounced tennis-sized ball with two hands. In the area of Social Interaction & Communication

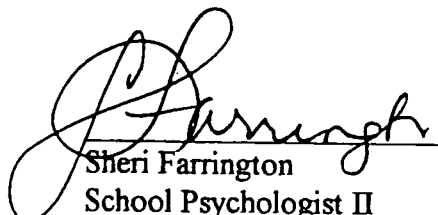
Skills, Antonio identifies his printed name, speaks in three- or four-word sentences, and asks simple questions. In the area of Personal Living Skills, Antonio tests the temperature of cooked food before eating it, finds where the men's bathroom is an unfamiliar public location, and ties his shoelaces. In the area of Community Living Skills, Antonio names the days of the week and months of the year, requests work materials from an appropriate person when needed, and indicates when an assigned chore is completed.

### SUMMARY:

Antonio, a ten-year-old male, was referred for a psychoeducational evaluation for the purpose of assisting school personnel in planning an appropriate educational program. His teacher was concerned with Antonio's progress in all academic areas. On previous testing, Antonio's visual motor skills appeared in the below average range. His overall level of cognitive functioning appeared in the severely below average range. Academically, he had difficulty achieving at grade. However, his level of achievement is commensurate with his current level of cognitive functioning. On supplemental testing, Antonio's level of adaptive behavior appeared in the below average to severely below average range.

Based on assessment results, Antonio displays a profile much like a child with a Mental Disability. All relevant educational data should be submitted for review to a multidisciplinary team to determine the student's most appropriate educational placement. A school psychologist will be available to serve as a committee participant and interpret test results.

I enjoyed working with Antonio, please feel free to contact me if you have any questions.

  
Sheri Farrington  
School Psychologist II  
294-4397

**THE SCHOOL DISTRICT OF GREENVILLE COUNTY  
PSYCHOLOGICAL EVALUATION**

|                                        |                                                     |
|----------------------------------------|-----------------------------------------------------|
| STUDENT'S NAME: Antonio Calloway       | DATES OF EVALUATION: 9-23-02                        |
| ID NUMBER:                             | SUPPLEMENTAL                                        |
| SCHOOL: Boys' Home of the South        | DATE OF BIRTH: 8-5-92                               |
| PLACEMENT: 4 <sup>th</sup> grade       | CHRONOLOGICAL AGE: 10 years                         |
| GUARDIAN: Mary Hasuly (DSS Caseworker) | EXAMINER: Sheri Farrington                          |
| PHONE NUMBER: 3443                     | EXAMINER'S CERTIFICATION:<br>School Psychologist II |

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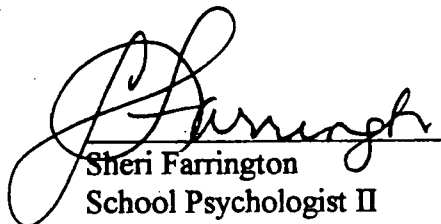
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### SUMMARY:

Antonio, a ten-year-old male, was referred for a psychoeducational evaluation for the purpose of assisting school personnel in planning an appropriate educational program. His teacher was concerned with Antonio's progress in all academic areas. On previous testing, Antonio's visual motor skills appeared in the below average range. His overall level of cognitive functioning appeared in the severely below average range. Academically, he had difficulty achieving at grade. However, his level of achievement is commensurate with his current level of cognitive functioning. On supplemental testing, Antonio's level of adaptive behavior appeared in the below average to severely below average range.

Based on assessment results, Antonio displays a profile much like a child with a Mental Disability. All relevant educational data should be submitted for review to a multidisciplinary team to determine the student's most appropriate educational placement. A school psychologist will be available to serve as a committee participant and interpret test results.

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Sheri Farrington  
School Psychologist II  
294-4397

**THE SCHOOL DISTRICT OF GREENVILLE COUNTY  
PSYCHOLOGICAL EVALUATION**

STUDENT'S NAME: Antonio Calloway

DATES OF EVALUATION: 6-5-02 and 6-6-02

ID NUMBER:

FIRST EVALUATION

SCHOOL: Hollis Academy

DATE OF BIRTH: 8-5-92

PLACEMENT: 3<sup>rd</sup> grade

CHRONOLOGICAL AGE: 9 years

GUARDIAN: Susan Walker

EXAMINER: Sheri Farrington

ADDRESS: 11 Piedmont Avenue  
Greenville, SC 29611

EXAMINER'S CERTIFICATION:  
School Psychologist II

PHONE NUMBER: -0038

SOURCE OF REFERRAL: Ms. Kelly, classroom teacher

**REASON FOR REFERRAL:**

Antonio was referred for a psychological evaluation for the purpose of assisting school personnel in planning an appropriate educational program. His teacher is concerned with Antonio's progress in all academic areas.

**SCREENING INFORMATION:**

VISION: 08-01-01; passed

HEARING: 08-01-01; passed

SPEECH: 02-27-02; adequate for testing

**BACKGROUND INFORMATION:**

Information provided by Antonio's guardian, Susan Walker, on the Social and Developmental form indicated that he was born a healthy baby. No birth or pregnancy complications were noted. Developmental milestones were accomplished as follows: sat up at 5 months, crawled by 7 months, walked alone at 10 ½ months, toilet trained by 2 years, spoke first words at 9 months, and put words together into sentences by 3 years of age. Antonio's grandmother reports he has kidney problems. He is currently in good health and taking no medication. She is concerned that Antonio is having difficulties in school with reading and comprehension.

### **SCHOOL HISTORY:**

A review of school records indicates that Antonio attends third grade at Hollis Academy. Antonio participates in the Communities to Schools program and the Sunshine Club. Both groups offer support to children who are experiencing difficulties at school in the areas of academics and behavior. According to his teacher, Antonio attempts all tasks. However, Antonio becomes frustrated on more difficult tasks. He willingly accepts assistance from his teacher and his classmates. Antonio has a limited ability to maintain his attention and focus. He struggles to achieve at grade level in all areas.

### **BEHAVIORAL OBSERVATIONS:**

Antonio was reluctant to enter the testing session. Rapport between the examiner and student was adequate for testing. Throughout testing, he appeared lethargic and apprehensive. He attempted tasks but was quickly frustrated by test demands. He was fidget and restless, often moving in his chair. Antonio reported that he did not like school. Antonio attempted all tasks but his level of frustration may have affected his performance.

### **TEST ADMINISTERED:**

Developmental Test of Visual Motor Integration (VMI)  
Wechsler Intelligence Scale for Children - III (WISC-III)  
Diagnostic Achievement Battery-Third Edition (DAB-3)

### **TEST RESULTS AND INTERPRETATION:**

The purpose of this psychoeducational evaluation was to determine Antonio's strengths and weaknesses in three domains: perceptual/motor skills development, cognitive ability, and academic achievement.

### **VISUAL-MOTOR DOMAIN:**

#### **Developmental Test of Visual-Motor Integration (VMI)**

The Developmental Test of Visual-Motor Integration (VMI) was administered to assess Antonio's skills in copying written material. It is a pencil and paper measure of visual-motor skills in which the student copies geometric designs, which are arranged in increasing difficulty. Antonio's score appeared in the below average range.

### **COGNITIVE DOMAIN:**

Antonio's level of intellectual functioning was assessed using the Wechsler Intelligence Scale for Children - Third Edition (WISC-III). The WISC-III provides an overall score for general intelligence. This instrument was developed on the premise that intelligence may be defined as the overall capacity of an individual's ability to understand and cope with the environment. Antonio's performance on the WISC-III yielded the following results.

#### **Wechsler Intelligence Scale for Children - Third Edition (WISC-III)**

| Scale       | IQ | Percentile | Range                  |
|-------------|----|------------|------------------------|
| Verbal      | 65 | 1          | Severely Below Average |
| Performance | 72 | 3          | Below Average          |
| Full Scale  | 66 | 1          | Severely Below Average |

#### **Individual Subtest**

| Verbal        | Scaled Score | Performance         | Scaled Score |
|---------------|--------------|---------------------|--------------|
| Information   | 4            | Picture Completion  | 8            |
| Similarities  | 2            | Coding              | 4            |
| Arithmetic    | 2            | Picture Arrangement | 5            |
| Vocabulary    | 5            | Block Design        | 5            |
| Comprehension | 6            | Object Assembly     | 5            |

On the WISC-III, Antonio's overall cognitive ability appeared in the severely below average range. His Verbal ability, which relies on the use and understanding of language, appeared in the severely below average range (VIQ = 65). His Performance ability appeared in the below average range (PIQ = 72). This ability relies on skills involved in non-verbal reasoning, perceptual organization, and visual-motor integration. No significant discrepancy exists between Antonio's Verbal and Performance scores. Thus, verbal and nonverbal skills appear to be about equally developed.

An analysis of this profile suggested that an individual at this level of functioning may require considerable structure, need more repetition to master a task, have memory deficits, and have difficulty generalizing information readily.

### **ACADEMIC ACHIEVEMENT DOMAIN:**

#### **Diagnostic Achievement Battery - Third Edition (DAB-3)**

The Diagnostic c Achievement Battery - Third Edition (DAB-3) was used to assess Antonio's level of academic achievement. The following results were reported:

| Subtests                     | Standard Score | Percentile   | Grade Equivalent |
|------------------------------|----------------|--------------|------------------|
| Story Comprehension          | 3 (65)         | 1            | <1.0             |
| Characteristics              | 7 (85)         | 16           | 1.7              |
| <b>LISTENING COMPOSITE</b>   | <b>70</b>      | <b>2</b>     |                  |
| Synonyms                     | 6 (80)         | 9            | 2.0              |
| Grammatic Completion         | 5 (75)         | 5            | <1.0             |
| <b>SPEAKING COMPOSITE</b>    | <b>73</b>      | <b>3</b>     |                  |
| Alphabet/Word Knowledge      | 4 (70)         | 2            | <1.0             |
| Reading Comprehension        | 1 (55)         | <1           | <1.0             |
| <b>READING COMPOSITE</b>     | <b>55</b>      | <b>&lt;1</b> |                  |
| Capitalization               | 3 (65)         | 1            | <1.0             |
| Punctuation                  | 8 (90)         | 25           | 3.0              |
| Spelling                     | 3 (65)         | 1            | 1.2              |
| Writing: Contextual Language | 3 (65)         | 1            | <1.0             |
| Writing: Story Construction  | 5 (75)         | 5            | 1.2              |
| <b>WRITING COMPOSITE</b>     | <b>63</b>      | <b>&lt;1</b> |                  |
| Math Reasoning               | 4 (70)         | <1           | <1.0             |
| Math Calculation             | 1 (55)         | <1           | <1.0             |
| <b>MATH COMPOSITE</b>        | <b>55</b>      | <b>&lt;1</b> |                  |

### Language Skills

In the area of listening, Antonio's skills appeared in the below average range. He was more successful at listening when information was presented in context. In the area of oral expression, his skills appeared in the below average range. He was able provide synonyms for words but struggled to respond correctly to grammatical questions.

### Reading

Antonio's overall reading skills appeared in the severely below average range. When reading, he struggled to use decoding skills to sound out unfamiliar words. Antonio attempted to read unfamiliar words by guessing the word using the first letter. His reading comprehension skills appeared in the severely below average range. He was more successful at decoding words then understanding what he read.

### Written Expression

Antonio's overall writing skills appeared in the severely below average range. He was successful on punctuation exercises. Typically, he placed a period at the end of a sentence. He randomly capitalized letters in sentences. His spelling skills appeared in the severely below average range. He had difficulty spelling target words based on the meaning as used in sentences. Antonio became very

frustrated when asked to write a story. His story was composed of three incoherent sentences containing nonsense words. Ideas and thoughts were not expressed clearly.

### Mathematics

In the area of mathematics, Antonio's overall skills appeared in the severely below average range. He struggled to understand math concepts involving time, money, value, and word problems. He struggled to add single digit numbers.

Overall, Antonio struggled to achieve at grade level. However, his achievement is commensurate with his current level of cognitive functioning.

### SUMMARY:

Antonio, a nine-year-old male, was referred for a psychoeducational evaluation for the purpose of assisting school personnel in planning an appropriate educational program. His teacher is concerned with Antonio's progress in all academic areas. On current testing, Antonio's visual motor skills appeared in the below average range. His overall level of cognitive functioning appeared in the severely below average range. Academically, he had difficulty achieving at grade. However, his level of achievement is commensurate with his current level of cognitive functioning.

Based on assessment results, Antonio is struggling with learning academic and everyday type activities. In order to determine eligibility for services, adaptive behavior must be assessed. Several efforts have been made to contact Antonio's guardian (all phone numbers provided are not current). The examiner will continue to collect information regarding Antonio's skills. All relevant educational data should be submitted for review to a multidisciplinary team to determine the student's most appropriate educational placement. A school psychologist will be available to serve as a committee participant and interpret test results.

### RECOMMENDATIONS:

The following suggestions are provided to help develop an appropriate educational program for Antonio.

- 1) Provide Antonio with many opportunities to experiment and practice new concepts with concrete materials in real or simulated situations.
- 2) Use a variety of "hands-on" and concrete activities to teach Antonio the value of money, how to count money, and to give simple change.
- 3) Provide Antonio with instruction on how to tell time to the hour and half hour.

4) The following language activities are recommended:

- Activities involving abstract words, antonyms, synonyms, generalization, and classifications.
- Activities focusing on the recognition of differences and likenesses in objects and concepts.
- Activities focusing on cause-and-effect, sequential, and part-whole relationships.
- Story completion exercises that emphasize sequential processing skills.

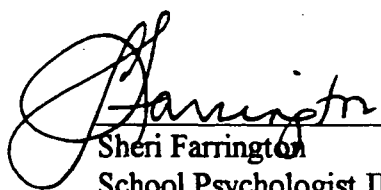
5) Continue to encourage Antonio to discuss experiences, ask questions, and make a dictionary of new words he learns.

6) Play verbal enrichment games and exercise (e.g., Scrabble, cross word puzzles).

7) Provide concise and clear directions to Antonio. Ask him to restate the directions to insure that he understands.

8) Provide many opportunities for success for Antonio to build his level of self-esteem with regards to school.

I enjoyed working with Antonio, please feel free to contact me if you have any questions.



Sheri Farrington  
School Psychologist II  
241-4786

FILED-CLERK OF COURT  
GREENVILLE SOUTH CAROLINA  
GUARDIAN AD LITEM REPORT AND RECOMMENDATIONS  
JUN 4 8 02 AM  
GREENVILLE COUNTY

DATE: June 3, 2002  
FAMILY COURT

FILE NUMBER: 00-DR-23-5665

DEFENDANTS: SUSAN WALKER, ROOSEVELT WALKER, TASHINA  
WASHINGTON, MICHAEL WASHINGTON, FREDERICK  
DOWNEE.

RE: MINOR CHILDREN:  
TATIUANNA CALLOWAY 03-18-88  
COURTNEY CALLOWAY 11-10-89  
TIFFANY DAVIS 04-23-91  
ANTONIO CALLOWAY 08-05-92

PERSONS INTERVIEWED

|                    |                                |
|--------------------|--------------------------------|
| Deborah Hines      | Caseworker                     |
| Tatiuanna Calloway | Minor Child                    |
| Courtney Calloway  | Minor Child                    |
| Tiffany Davis      | Minor Child                    |
| Antonio Calloway   | Minor Child                    |
| Roosevelt Walker   | Maternal Grandfather           |
| Roy Gullick        | Department of Juvenile Justice |
| Tashina Washington | Mother                         |

SUMMARY AND CONCLUSIONS:

The minor children came into the care of Department of Social Services after a report of sexual abuse to Tatiuanna Calloway by Michael Washington, Tashina Washington's husband and Tatiuanna's mother. All four (4) children have had prior involvement with Department of Social Services. Tatiuanna is currently at the Lancaster Girls Home. The other three children appear to be living with their mother.

On June 1, 2002, I visited the grandparents' home, where the children were court ordered to be residing at. Ruth Ward, a staff member of the GAL program, also accompanied me on this home visit. Roosevelt Walker allowed Ruth and I into his home and spoke with us for a little bit. He showed me the room in which Tatiuanna is going to stay in when she returns from Lancaster Girls Home. While speaking with Mr. Walker, I asked about Michael Washington. Mr. Roosevelt told us that "Michael hasn't been around the house since he's been served with papers", and indicated that he will return once the hearing on June 4, 2002 was held. It is my understanding that Mr. Washington was

only recently served with the court papers. The children, whom are supposed to be living with the grandparents, were not there, nor were there any signs of them living there. When questioned about this, Mr. Walker told me that the children live with their mother.

Mrs. Ward and I then proceeded to the mothers' home, which is 2 houses down from the grandparents home. After about 5 minutes, and waking them up, Tashina Washington came to the door. Upon entering the clean 2-bedroom home, I encountered the children. They had been in the room having a pillow fight. All three sleep in one room, which also concerns me. Tashina Washington allowed us into her home and to interview the children out of her presence.

Once the interviews were conducted, Ms. Washington approached me and told me that the caseworker, Ms. Hines, told her that I was going to recommend the removal of the children. I then informed Ms. Washington, that I was Guardian of her children, and my job was to make sure the children were being taken care of and are happy, and based on my interviews with the family and all people involved, I make a recommendation to the Courts. I am very concerned that Ms. Hines' would knowingly and purposefully share information that I considered to be privileged conversations and that could have possibly endangered me.

During my telephone conversations with Mr. Hines, I asked her if she knew that the children were living with the mother, and she confirmed that she did. She also confirmed that she knew that Tashina and Michael were married, and that when Tatiuanna came home on a weekend furlough from Lancaster Girls Home, she also knew that Michael was living in the mother's home. I am very concerned that DSS was aware that everyone was violating a court order and no measures were taken to protect these children.

#### Tatiuanna Calloway

During my interview with Tatiuanna on May 29, 2002, via telephone at Lancaster Girls Home, she was very excited to leave the "Girls Home" and live with her grandmother. She said that her grandmother has a room ready for her. She also indicated that she is ready to start a new life.

When asked about weekend home visits spent with her mother, Tatiuanna told me that Michael Washington was living in the house with her mom and that he spent the night when she was there. Tatiuanna added that she did not feel comfortable with him there. Tatiuanna further told me that Michael Washington is living with her mother, brothers, and sister, and that she is fearful for her younger sister, Tiffany. Tatiuanna also informed me that she has told her mother about what Michael was doing but that her mother only punished her and did nothing else.

Due to time constraints, I was unable to visit Tatiuanna at Lancaster Girls Home.

**Courtney Calloway (10 yoa)**

During my interview with Courtney, he was shy at first but after 10 minutes her was talkative. Courtney is on the honor roll at Hollis Academy. He loves football and would like to play someday. A couple of weeks before my interview with Courtney, he was hospitalized for a ruptured appendix. While interviewing Courtney, I inquired as to where Michael Washington was at and the last time he saw Michael. Courtney said that he doesn't come around anymore but added that he sometimes likes it when Michael is there because Michael gives him an allowance. Courtney told me that he wants to live with his mother.

**Tiffany Davis (11 yoa)**

Tiffany is obviously the leader of the brothers. It was obvious they look to her to make the first move, especially with me. Tiffany is also an honor roll student at Hollis Academy and will be attending Parker Middle School next year. Tiffany did not answer any questions about Michael Washington, stating that she did not know when he was last there.

**Antonio Calloway (8 yoa)**

Antonio was very shy and did not wish to speak with me at all.

**CONCLUSIONS**

It is this Guardian's opinion that the children are protecting their mother with regards to Michael Washington living in the home. I feel that Michael Washington is still in the home at least 90% of the time, that he will continue to live in the home, and that only recently he has left the home in fear of being "caught" by DSS. It is my belief that any contact with Michael Washington is detrimental to the children, especially to the primary victim, Tatiuanna Calloway, and her sister, Tiffany Davis. I do not believe that Tiffany would tell anyone if something was being done to her.

While I recognize that the children will be traumatized by being removed from their mother and grandparents, I do not feel that either the children's grandparents, or their mother, can or will protect them from Mr. Washington, as they have all ignored a court order by allowing the children to live with the mother AND by allowing Mr. Washington to have contact with the children by living with them.

**RECOMMENDATIONS****FINDING:**

That the Family Court find that the minor child, Tatiuanna Calloway, was sexually abused by Michael Washington and that

such finding be entered into the Department of Social Services Central Registry.

**PLACEMENT:**

That the minor children Tiffany Davis, Courtney Calloway and Antonio Calloway be placed in the custody of DSS at this time based on the grandparents and mother allowing Michael Washington to have contact with the children, despite the restraining order prohibiting such contact.

**TREATMENT RECOMMENDATIONS:**

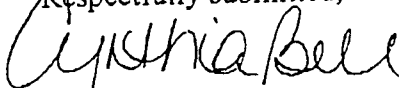
After reviewing the facts and records in this case and interviewing all relevant parties, I recommend the following to be in the best interest of the minor children, subject to any additional information, which may be disclosed at the hearing:

1. That Tatiuanna Calloway remain at the Lancaster Girls Home throughout the summer and continue in foster care placement thereafter.
2. That Tiffany Davis, Courtney Calloway and Antonio Calloway participate in the summer camp and activities provided by Camp Opportunity located in Greenville beginning from the date of this Order.
3. That Tiffany, Courtney and Antonio participate in the Big Brother/Big Sister Program sponsored by the Phyllis Wheatley Foundation beginning from the date of this Order.
4. That all children receive psychological evaluations, follow the recommendations of the evaluations, successfully complete any recommended treatment, as previously ordered.
5. That paternity be established for Tiffany Davis and child support be ordered in an amount to be determined by the court, as previously ordered.
6. That paternity tests be administered to Michael Washington and Frederick Downer to establish paternity of Tatiuanna Calloway and child support be determined and ordered, as previously ordered.
7. That Michael Washington be restrained from having any contact, direct or indirect, with Tiffany Davis, Courtney Calloway and Antonio Calloway until deemed appropriate by Department of Social Services, the therapist for Tatiuanna, his therapist, and the GAL.
8. That Michael Washington participate in and successfully complete sexual abuse counseling for perpetrators.

9. That Tashina Washington receive counseling to address issues of her failure to protect Tatiuanna from being sexually abused.
10. That Susan Walker, Roosevelt Walker and Tashina Washington not allow any contact, direct or indirect, between the minor children and Michael Washington, until deemed appropriate by Mr. Washington's therapist, the Guardian ad Litem and the Department of Social Services.
11. That Tatiuanna Culloway receive counseling to address sexual abuse issues by someone specializing in child sexual abuse and continue with counseling until released by her therapist. Any contact between Tatiuanna and Michael Washington should only occur at the recommendation of the child's therapist and Mr. Washington's therapist.
12. That the Guardian ad Litem be allowed to continue monitoring and be informed of all matters relating to this case.

This report is submitted pursuant to the South Carolina Code Annot. Section 20-7-122(5)(1976).

Respectfully submitted,



Cynthia M. Bell

Ruth Ward

Guardian ad Litem

## THE SCHOOL DISTRICT OF GREENVILLE COUNTY

## SUPPLEMENTAL EVALUATION

STUDENT'S NAME: Antonio Calloway

DATES OF EVALUATION: 10/24/02

ID NUMBER:

SUPPLEMENTAL EVALUATION

SCHOOL: Fork Shoals Elementary

DATE OF BIRTH: 8/5/92

PLACEMENT: 4<sup>th</sup> grade

CHRONOLOGICAL AGE: 10-2

PARENT'S NAME: Mary Hasaly

RACE/SEX: BM

ADDRESS: P.O. Box 10887  
Greenville, SC 29603

EXAMINER: Jason Mullis

PHONE NUMBER: i-0038

EXAMINER'S CERTIFICATION:  
School Psychologist IISOURCE OF REFERRAL: Fork Shoals Elementary  
Assistance Team**REASON FOR REFERRAL:**

Antonio was referred for a psychoeducational evaluation for the purpose of assisting school personnel in planning an appropriate educational program for him. Antonio received a full psychoeducational evaluation in June 2002. Results of the evaluation indicated below average to deficient cognitive abilities and academic achievement. Adaptive functioning measures indicated average to below average abilities. He received average scores in the area of Personal Living Skills and low average abilities in the area of Motor Skills. He performed in the significantly below average range in the areas of Social Interactions, Community Living, and overall Broad Independent Scores. This examiner and the school's assistance team recommended conducting further evaluation in the area of nonverbal cognitive functioning.

**BACKGROUND INFORMATION:**

Please see full psychological dated 6/5/02 for complete background information.

**EVALUATION PROCEDURES:**

Universal Nonverbal Intelligence Test (UNIT)

**BEHAVIORAL OBSERVATIONS:**

At the time of the assessment session, rapport with Antonio was easily established and maintained. He spoke freely with the examiner throughout the evaluation and cooperated well by readily answering questions. He was observed to exhibit a consistent good effort on all tasks and his response to success and failure seemed appropriate. The results of this assessment are considered to be a valid estimate of Antonio's present level of functioning.

## **TEST RESULTS AND INTERPRETATION:**

### **COGNITIVE DOMAIN:**

#### **Universal Nonverbal Intelligence Test (UNIT)**

The Universal Nonverbal Intelligence Test (UNIT) is a set of individually administered specialized tasks. These tasks are designed to measure the general intelligence and cognitive ability in children and adolescents who may be disadvantaged by traditional verbal and language loaded measures. The UNIT was administered to assess Antonio's nonverbal intelligence.

| <u>Quotient</u>      | <u>Standard Score</u> | <u>%ile Rank</u> | <u>Classification</u> |
|----------------------|-----------------------|------------------|-----------------------|
| Memory Quotient      | 79                    | 8                | Delayed               |
| Reasoning Quotient   | 82                    | 12               | Low Average           |
| Symbolic Quotient    | 76                    | 5                | Delayed               |
| Nonsymbolic Quotient | 85                    | 16               | Low Average           |
| Full-Scale IQ        | 79                    | 8                | Delayed               |

When considering Antonio's performance on the UNIT Primary Scales, his Memory quotient of 79 is commensurate with the Reasoning Quotient of 82. The "true" Memory Quotient is expected to lie within a range of scores between 74 and 88 with 90 percent confidence. His current short-term memory skills are classified as Delayed and are ranked at the 8 percentile. His "true" Reasoning Quotient is expected to lie within a range of scores between 77 and 91 with 90 percent confidence. His current reasoning abilities are classified as Low Average and are ranked at the 12 percentile.

Within the UNIT Secondary Scales Antonio's Symbolic Quotient of 76 is commensurate with the Nonsymbolic Quotient of 85. The "true" Symbolic Quotient is expected to lie within a range of scores between 71 and 87 with 90 percent confidence. His symbolic skills are classified as Delayed and are ranked at the 5 percentile. His "true" Nonsymbolic Quotient is expected to lie within a range of scores between 79 and 93 with 90 percent confidence. His current Nonsymbolic processing abilities are classified as Low Average and are ranked at the 16 percentile.

Antonio is 10 years old. Based on his performance on the UNIT, his overall intelligence is currently classified in the Delayed range of ability, with a Full Scale IQ of 79. The UNIT FSIQ is considered to be an optimal estimate of the "overall" cognitive functioning because of the consistent nature of performance on the Primary and Secondary Scales. His performance on the Primary Scales of the UNIT indicates that the memory abilities appear commensurate with the reasoning skills. When considering his performance on the Secondary scales of the UNIT, the ability to use symbolic cues to process information (e.g., verbal mediation) appears consistent with the ability to solve problems using Nonsymbolic cues and mediation.

**SUMMARY:**

Antonio's performance on the UNIT indicates nonverbal intelligence scores falling in the below average to low average range. He had scores in the Nonsymbolic and Reasoning areas, which fall in the low average range. His Memory Quotient, Symbolic Quotient and Full-Scale IQ score fell in the below average range. Comparing Antonio's UNIT scores with his academic achievement scores obtained in June 2002, Antonio has a significant discrepancy between his cognitive abilities and academic achievement in Total Reading and Total Math. Based on the supplemental testing, Antonio is displaying the profile much like a student with learning disabilities in the areas of Basic Reading, Reading Comprehension, Math Calculations, and Math Reasoning.

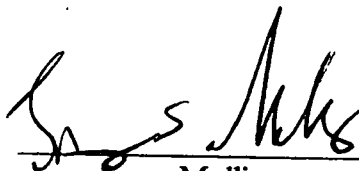
All relevant educational data should be submitted for review to a multidisciplinary team to determine the student's most appropriate educational placement. A school psychologist will be available to serve as a committee participant and interpret test results.

**RECOMMENDATIONS:**

The following suggestions are provided to help develop an appropriate educational program for Antonio.

1. Interact frequently with Antonio in the classroom in order to maintain his involvement in an activity (i.e. ask him questions, ask his opinion, staying close to him, seat Antonio near the teacher's desk, and etc.).
2. Assign Antonio to a seat near the teacher and make a special effort to involve him in class activities. Try to have him assume specific tasks such as passing out papers, filing materials, etc., to keep him alert and interested.
3. Try to "catch" Antonio behaving appropriately. Focus and comment on specific and appropriate behaviors to increase Antonio's awareness of which behaviors earn positive attention. Comment upon other student's appropriate behaviors will also increase this awareness. It may be possible to anticipate and forestall Antonio's inappropriate behaviors by giving him a special job to do.
4. Reinforce learned concepts by reviewing frequently and using drill periods of short duration.
5. Classroom assignments for Antonio should be well structured and within the range of his achievement level.

It was a pleasure to have the opportunity to work with Antonio. If you have questions regarding this evaluation, please contact me at 967-1806.



Jason Mullis  
School Psychologist II

MAY 20 4 22 PM '03

South Carolina Department  
Of Social Services,

FAMILY COURT PERMANENCY PLANNING ORDER

Plaintiff,

(Child(ren) in Foster Care)

C.A. No.: 2000-DR-23-5665

Susan Walker, Roosevelt Walker,  
Tashina Washington, Michael Washington,  
Frederick Downer, Phillip Anthony Davis,

Defendants,

IN THE INTEREST OF:

Tatituana Calloway, DOB: 03/18/88

Tiffany Davis, DOB: 04/23/91

Courtney Calloway, DOB: 11/10/89

Antonio Calloway, DOB: 09/05/92

Minor Child(ren) Under the Age of 18

Michael Washington DOB 12/26/02

DATE OF HEARING:

May 20, 2003

TRIAL JUDGE:

The Honorable Stephen S. Bartlett

PLAINTIFF'S ATTORNEY:

Allison P. Dunham

**CASEWORKER:**

✓ Mary Hasuly

DEFENDANT'S ATTORNEY:

✓Theresa Horton, Esq. for Susan Walker

DEFENDANT'S ATTORNEY:

✓Chad L. Bacon, Esq. for Roosevelt Walker

DEFENDANT'S ATTORNEY:

✓ Doug Lineberry, Esq. for Michael Washington

DEFENDANT'S ATTORNEY:

✓ Gregory Morton, Esq. for Tashina Washington

DEFENDANT'S ATTORNEY:

~~S. Paul Aaron, Esq.~~ for Phillip Anthony Davis (Pro Se)

**GUARDIAN AD LITEM:**

Linda Ellison / Jennifer Mair (on her behalf)

GUARDIAN'S ATTORNEY:

~~Tronice Reynolds Flowers~~ Carol Simpson

**COURT REPORTER:**

Maria Smith

This matter is before the Court for a permanency planning hearing pursuant to S.C. Code Section 20-7-766 (1976), as amended. This matter is before the Court by virtue of a previous action. Therefore, this Court has jurisdiction of both the parties and the subject matter of this action.



It appears that all of the Defendant(s) and other interested parties have been served with notice of this review. The Defendant(s) and other interested parties have been notified of the date, time and place of the hearing by personally delivering written notice to them or sending written notice to their last known address, unless noted below.

The following persons were present for the hearing: All parties were

present, except Frederick Downer, whose whereabouts  
are unknown.

The Plaintiff presented a supplemental report to the Court with its pleadings as required by South Carolina Code Section 20-7-766(B), as well as the recommended permanency plan.

This permanency plan was outlined by the Plaintiff. The parties

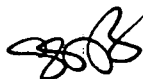
☒ were/ ☐ were not in agreement with the Court ordering the placement plan presented, with any noted changes or amendments in the plan attached hereto. If the parties were not in agreement, they were not in agreement regarding the following issues:

All parties are in agreement

\_\_\_\_\_. The parties were in agreement regarding all other issues before the Court unless noted above. With regards to those issues on which the parties were in agreement, all parties stated to the Court that they fully understood the agreement, felt it to be fair, equitable and reasonable and in the best interests of the minor children. With regards to those issues which were contested, the Court finds the following:

N/A Issues not agreed upon are continued for a contested trial and set as the \_\_\_\_\_ (A,B,C)

case on \_\_\_\_\_, 200\_\_ at 9:00 a.m. at the Greenville Family Court; OR



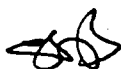
N/A Testimony was taken regarding the contested issues by the Court and all parties were given the opportunity to present testimony and evidence to the Court.

Based upon an examination of all pleadings, consideration of the testimony presented and the recommendation of the Guardian ad Litem, this Court makes the following findings regarding the permanent plan and this case as marked below:

N/A The Court finds that the parties are not in agreement and that the findings required to be made by the Court by S.C. Code Section 20-7-766 (1976), as amended, are continued until the trial of this case on the date and time stated above.

✓ The Court finds that the permanent plan dated May 20, 2003, which is incorporated and attached hereto, with any noted changes and amendments is adopted and ordered by the Court. The Court further finds, as required by S.C. Code Section 20-7-766(1976), and consistent with the permanent plan being adopted by the Court, the following: The Court finds that the minor child(ren), see attached Permanent Plan, \_\_\_\_\_ should/ \_\_\_\_\_ should not be returned to the custody of the parent(s), \_\_\_\_\_. If the Court finds that the minor child(ren), \_\_\_\_\_ should be returned to the custody of the parent(s), the Court finds that this return would not cause an unreasonable risk of harm to the child(ren)'s life, physical health or safety or mental well-being and further orders that the Department of Social Services shall monitor this case for the time stated in the permanency plan dated May 20, 2003, attached hereto and incorporated herein.

The Court finds that the Department of Social Services has offered services to the parents to facilitate reunification as stated in the Supplemental Report, attached to the pleadings and incorporated herein. The Court further finds that the Defendant's ✓ ~~\_\_\_\_\_ have~~ ✓ have not



complied with the placement plan previously ordered by the Court as further stated in the Supplemental report, attached to the pleadings and incorporated herein.

The Court finds that the frequency of visitation and support by the parents is as stated in the Plaintiff's Supplemental report, attached to the pleadings and incorporated herein.

The Court ☒ does/ ☐ ~~does not~~ recommend the continuation of previous services to facilitate reunification, as stated in the Plaintiff's Supplemental Report, attached to the pleadings and incorporated herein.

The Court finds that the return of the minor child(ren)<sup>1</sup>, if not ordered herein, to the parent(s) ☒ can/ ☐ cannot <sup>be</sup> expected within the next six (6) months. *Tati taura, Courtney, and Antonio, Tiffany has been previously placed with her natural father, Phillip Davis.*  
The Court finds that the minor child(ren)'s placement(s), as stated in the Plaintiff's

Supplemental Report, attached to the pleadings and incorporated herein, ☒ is/ ☐ ~~is not~~ appropriate.

The Court finds that the Department of Social Services efforts to reunite the minor child(ren) and remedy the conditions which required removal ☒ have/ ☐ have not been reasonable.

The Court orders the following plan, in addition to the permanent plan attached hereto and incorporated herein:

WTA The Department of Social Services is to file an action for termination of parental rights with regards to the minor child(ren), \_\_\_\_\_, no later than 60 days from the date of this Order; OR

WTA Custody of the minor child(ren), \_\_\_\_\_, should be placed with a suitable relative or nonrelative, \_\_\_\_\_, with monitoring not to exceed 12 months;

*88B*

NA The child(ren), \_\_\_\_\_, has special needs or circumstances,  
as shown by clear and convincing evidence, and should be placed in permanent foster care with

an identified caregiver, \_\_\_\_\_.

☒ The child(ren), Tatiana Calloway, <sup>Courtney Calloway and Antonio Calloway</sup> may be returned to the parents no  
later than six (6) months from the date of the Court's order, provided that treatment services  
continue to be ordered and complied fully with by the Defendant(s).

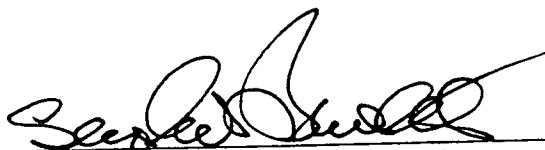
NA The child(ren), \_\_\_\_\_, are sixteen (16) years of age or  
older and unwilling or unable to adapt to permanent placement and should be assisted with  
independent living;

NA The child(ren), \_\_\_\_\_, has physical, mental or  
psychological problems or special treatment needs consisting of \_\_\_\_\_  
and either is unable or unwilling to adapt to permanent placement or must remain in specialized  
foster care due to this condition.

The attorney for the Guardian *ad litem* shall be paid per the guidelines by the Governor's  
Office, Division of Guardian *ad litem* Program for services rendered.

AND IT IS SO ORDERED.

Date: 5/20/03

  
\_\_\_\_\_  
Judge, Thirteenth Judicial Circuit  
Family Court

PERMANENT PLAN -- PERMANENCY PLANNING HEARING  
May 20, 2003

Case Name: South Carolina Department of Social Services vs. Susan Walker, Roosevelt Walker, Tashina Washington, Michael Washington, Fred Downer, and Phillip Anthony Davis

Court File Number: 2000-DR-23-5665

|             |                           |               |
|-------------|---------------------------|---------------|
| Child(ren): | Tatitauna Calloway        | DOB: 03-18-88 |
|             | Cortney Calloway          | 11-10-89      |
|             | Tiffany Davis             | 04-23-91      |
|             | Antonio Calloway          | 08-05-92      |
|             | Michael Unique Washington | 12-26-02      |

**A. PLACEMENT OF CHILD(REN):**

1. That Tatitauna Calloway shall remain in the temporary legal custody of the Department of Social Services.
2. That Cortney Calloway and Antonio Calloway shall remain in the legal and physical custody of Susan and Roosevelt Walker.
3. That Tiffany Davis shall remain in the custody of her father, Phillip Anthony Davis.

**B. TREATMENT GOALS FOR DEFENDANT RELATING TO REMOVAL CONDITIONS:**

1. That Tashina Washington has successfully completed DSS approved parenting classes through SHARE.
2. That Tashina Washington, Susan Walker, and Roosevelt Walker have successfully completed mental health assessments.
3. That defendants have completed assessments at the Alcohol and Drug Abuse Commission.
4. That Tashina Washington shall set and keep an appointment to be evaluated for substance abuse by the Alcohol and Drug Abuse Commission, Morgan Manor, (864-467-3790). An appointment shall be made by the defendant by May 30, 2003. This evaluation is to be completed and presented to the Department of Social Services. The defendant shall further follow all treatment recommendations, including attending all appointments set, until successfully terminated by her counselor, to include submitting to random drug screening to include random hair strand drug tests.



5. That Michael Washington has completed the assessment with Dr. Karl Bodtorf.
6. That all defendants will secure and maintain appropriate housing, to include running water, heat, stove and refrigerator operational plumbing and secure doors and shall maintain a minimum level of cleanliness in her home, keeping all food covered, dishes washed, kitchen surfaces wiped clean, trash removed and adequate linens on the beds.
7. That all defendants shall refrain from the use of illegal substances.

C. **VISITATION /CONTACT ISSUES:**

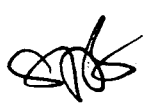
1. That Tashina Washington shall have <sup>reasonable</sup> visitation with Cortney Calloway, Tiffany Davis, and Antonio Calloway ~~at the discretion of the legal custodian~~ and said visitation shall be as often as can be arranged between Ms. Washington and the legal custodian.
2. That Susan and Roosevelt Walker shall have unsupervised visitation with Tatitauna Calloway at their home twice monthly or as often as can be arranged at the discretion of DSS.
3. That Tashina Washington shall have supervised visitation with Tatitauna Calloway at least twice monthly at the discretion of DSS to be supervised by DSS or a DSS designee.
4. Any contact between Michael Washington and the minor children shall be at the discretion of each child's legal custodian.

- D. **CHILD SUPPORT:** That the defendant, Tashina Washington, shall pay child support in the amount of \$39.72 weekly, plus 5% collection costs, payable through the Greenville County Family Court, with SCDSS designated as the payee. Start date is ~~10 days from the date of this order~~ <sup>June 20, 2003.</sup> Directions for payment are attached.

E. **ACCESS TO INFORMATION/AUTHORIZATION:**

1. That the Department of Social Services be allowed access to all medical, school, criminal, or professional records that may be necessary to implement this treatment plan.
2. That the Guardian ad litem shall continue to monitor this case and have access to information necessary to monitor.

- F. **SERVICES OFFERED FOR REUNIFICATION:** DSS has provided the following Services to facilitate reunification: referral to parenting classes, referral to mental health counseling, referral to Alcohol and Drug Abuse Commission, visitation, and caseworker counseling.



G. **SERVICES FOR THE CHILD(REN) OR FOSTER PARENTS:**

1. That all children shall continue to attend school in accordance with the South Carolina Compulsory School Act.
2. That Tatitauna Calloway shall continue to attend mental health counseling and follow all recommendations.
3. That Tatitauna Calloway shall cooperate with DSS and her placement.

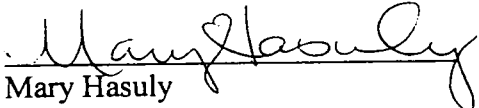
H. **REASONABLE EFFORTS BY DSS:** That prior to this hearing the Plaintiff made reasonable efforts to reunite the child with the Defendants by providing the above-stated services, visitation, and placement of the minor child(ren).

I. **ADDITIONAL PROVISIONS:**

1. That the treatment cases involving Cortney Calloway, Tiffany Davis, and Antonio Calloway shall be closed. The treatment case involving Michael Unique Washington shall remain open.
2. That Phillip Anthony Davis shall be dismissed as a party.
3. That <sup>Paul Aaron</sup>~~Aaron Mayer~~ shall be relieved as counsel.

J. **TYPE OF HEARING:** That this hearing shall serve as a Permanency Planning Hearing.

K. **REVIEW:** That this case shall be reviewed as required by law or upon motion of any Party.

  
Mary Hasuly  
Senior Human Service Specialist



|                                  |   |                              |
|----------------------------------|---|------------------------------|
| STATE OF SOUTH CAROLINA          | ) | IN THE FAMILY COURT          |
|                                  | ) | THIRTEENTH JUDICIAL CIRCUIT  |
| COUNTY OF GREENVILLE             | ) |                              |
| South Carolina Department of     | ) |                              |
| Social Services,                 | ) |                              |
|                                  | ) |                              |
| Plaintiff,                       | ) |                              |
|                                  | ) | COMPLAINT FOR INTERVENTION   |
|                                  | ) | (S.C. Code Section 20-7-738) |
| vs.                              | ) |                              |
| Susan Walker                     | ) |                              |
| Roosevelt Walker                 | ) |                              |
| Tashina Washington               | ) |                              |
| Michael Washington               | ) |                              |
| Fredrick D. Downer               | ) |                              |
|                                  | ) |                              |
| Defendants,                      | ) | C.A. No.: 2000-DR-23-_____   |
|                                  | ) |                              |
| In the Interest of:              | ) |                              |
| Taituana Calloway; DOB: 3-18-88  | ) |                              |
| Tiffany Davis; DOB: 4-23-91      | ) |                              |
| Courtney Calloway; DOB: 11-10-89 | ) |                              |
| Antonio Calloway; DOB: 9-5-92    | ) |                              |
|                                  | ) |                              |
| Minors Under the Age of 18.      | ) |                              |

South Carolina Department of Social Services, Plaintiff, of Greenville, South Carolina, having sufficient knowledge and information to believe that a case has arisen which invokes the jurisdiction of the Court pursuant to S.C. Code Section 20-7-738 (1976), as amended, alleges:

1. That the above-named children are less than eighteen (18) years of age and reside in Greenville County at the following address: 26 Piedmont Avenue, Greenville, SC 29611.
2. That the names, addresses and relationship of the Defendants to the minor children are as follows:

| <u>Name</u>      | <u>Address</u>                          | <u>Relationship</u>      |
|------------------|-----------------------------------------|--------------------------|
| Susan Walker     | Piedmont Avenue<br>Greenville, SC 29611 | Grandmother with custody |
| Roosevelt Walker | Piedmont Avenue<br>Greenville, SC 29611 | Grandfather with custody |

|                    |                                             |                      |
|--------------------|---------------------------------------------|----------------------|
| Tashina Washington | 4450 Broad River Road<br>Columbia, SC 29210 | Mother               |
| Michael Washington | McGee Street<br>Greenville, SC 29601        | Stepfather           |
| Fredrick D. Downer | Vestview Homes<br>Greenville, SC 29601      | Father to Tatitauana |

3. That the above-named children were abused and/or neglected as defined by Section 20-7-490 of the South Carolina Code of Laws (1976), as amended, in that the said children were harmed or threatened with harm when Defendant, while responsible for the children's welfare did or allowed the following: Tatitauana Calloway made a statement of sexual abuse against Michael Washington, her stepfather. She told case manager and Lorraine Henderson this happened on Thanksgiving day 1999. She stated he put his penis in her vagina, that he stopped when her sister and brother came in the room. The alleged incident happened at the residence of her mother and stepfather.

4. That the harm stated above and other factors alleged below indicated that the children cannot be protected adequately at this time from future harm without the intervention of the Plaintiff and court-ordered protection services.

5. That as a result of the harm alleged herein, the child's physical and /or mental condition was and/or is as follows: good.

6. That the South Carolina Department of Social Services in Greenville County has worked with and offered to the Defendant the following preventive services, which have been inadequate to prevent the need for the intervention of the Plaintiff: foster care services were offered to Tashina Washington, the mother who is now incarcerated. No preventative services have been offered to the grandparents who now have custody of the children. The attitude of the parent towards these preventive services and the intervention of the Plaintiff has been as follows: Tashina was not cooperative with services. Susan and Roosevelt Walker, were indirectly involved, only as grandparents getting custody of the children. Both were cooperative.

7 That the above-named Defendants are not in agreement with the intervention of the Plaintiff and the protective/preventive services offered.

8. That the Plaintiff has made reasonable efforts to prevent or eliminate the need for the intervention by the Plaintiff, as stated in paragraph Number 6 of this Complaint.

9. That the minor children can be adequately protected in the home from further harm or endangerment, at this time, through the provision of protective services as outlined by the Plaintiff in its treatment plan.

WHEREFORE, Plaintiff prays to the Court for the following relief:

(A) That the custody of the children shall remain with the guardians, Susan and Roosevelt Walker.

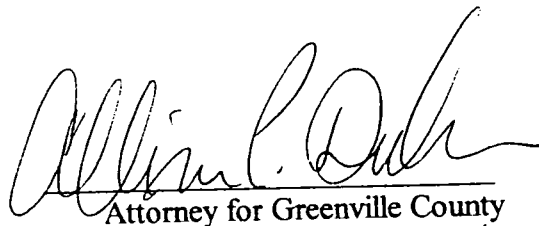
(B) That the Court approve the treatment plan presented by the Plaintiff at the hearing:

(C) That the Defendants be ordered to cooperate with Plaintiff in carrying out all terms of the treatment plan and to notify Plaintiff of any change of condition;

(D) That the Court order payment of the \$100.00 mandatory fee required by Section 20-7-1440;

(E) That the Court make a finding regarding the alleged abuse/neglect of the minor children by the Defendant and that the children cannot be protected from further harm without intervention, as alleged in this Complaint;

(F) For any and all further relief that the Court deems necessary and proper.



Attorney for Greenville County

South Carolina D.S. S. Allison P. Dunham

SC BAR #8864

Dated: 11/14/00  
Greenville, South Carolina

WA

STATE OF SOUTH CAROLINA )

COUNTY OF GREENVILLE )

Plaintiff, )

vs. )

Susan Walker )

Roosevelt Walker )

Tashina Washington )

Michael Washington )

Frederick D. Downer )

Defendants, )

In the Interest of: )

Tatituana Calloway; DOB: 3-18-88 )

Tiffany Davis; DOB: 4-23-91 )

Courtney Calloway; DOB: 11-10-89 )

Antonio Calloway; DOB: 9-5-92 )

Minors under the Age of 18. )

IN THE FAMILY COURT

THIRTEENTH JUDICIAL CIRCUIT

VERIFICATION

C.A. No.: 2000-DR-23-

PERSONALLY APPEARED BEFORE ME, the Affiant, Margaret Young, who being duly sworn, deposes and says that she is the Plaintiff's agent in the foregoing action and that she has read the within Complaint and, upon information and belief, knows the content of said Complaint to be true.



Margaret Young

Human Services Specialist II

Greenville County, South Carolina D.S.S.

SWORN TO BEFORE ME this

17 day of November, 2000

  
Notary Public for South Carolina.

My Commission Expires: 3-23-2009

wa

TREATMENT PLAN  
November 2, 2000

Department of Social Services -vs- Susan Walker  
Roosevelt Walker  
Tashina Washington  
Michael Washington  
Frederick Downer

Re: Tatitauna Calloway, DOB: 03-18-88  
Tiffany Davis, DOB: 4-23-91  
Courtney Calloway, DOB: 11-10-89  
Antonio Calloway, DOB: 9-5-92

Number: 2000-DR-23-

- A. FINDING : That there be a finding of sexual abuse against Michael Washington as to the minor child Tatitauna Calloway.
- B. PLACEMENT OF CHILD: That the minor children Tatitauna Calloway, Tiffany Davis, Courtney Calloway, Antonio Calloway shall remain in the custody of Susan Walker their grandmother.
- C. TREATMENT GOALS FOR DEFENDANTS.
1. That Susan Walker shall attend and participate in therapy sessions with Tatitauna Calloway as recommended by the child's therapist. That she shall attend the sessions until deemed no longer needed by the therapist beginning from the date of this order.
  2. That Susan Walker shall cooperate with Department of Social Services and the treatment plan.
  3. That all Defendants will cooperate with the Department of Social Services and referrals made by the Department of Social Services.
  4. That the Defendants shall keep the Plaintiff informed of any changes in their circumstances, to include but not limited to, any changes in address, household composition, employment, or telephone number, and that such changes shall be reported to the Greenville County Department of Social Services within 3 working days of such changes occurring.
  6. That Michael Washington shall be restrained from having any contact with the minor children until deemed appropriate by Department of Social Services, the therapist for Tatituaná, his therapist, and the GAL.

That he attend sexual abuse counseling for perpetrators. That he shall attend the sessions until deemed completed by his therapist beginning from the date of this order.

REQUIREMENTS/SERVICES FOR CHILD. Not applicable

E. VISITATION. Not applicable.

F. REVIEW. The case shall be reviewed in six months.

G. REASONABLE EFFORTS BY DSS. Not applicable

H. ACCESS TO INFORMATION/AUTHORIZATION.

1. That the Department of Social Services be allowed access to all medical, school, criminal, or professional records that may be necessary to implement this treatment plan.

2. That the Guardian ad Litem shall continue to monitor this case and have access to information necessary to monitor.

I. ADDITIONAL PROVISIONS. Not applicable.

J. TYPE OF HEARING. That this hearing shall serve as an intervention hearing.

Respectfully submitted

*Margaret Young*

Margaret Young

Human Services Specialist II

EXHIBITS

F,G,H

## SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

RECORD SUMMARY REPORT DATED 10/30/12

C0511

CALLOWAY, ANTONIO COURVESIER FBI # 700817CD3 SID# SC01860915 SCDC # 343102

OFFENDER TYPE.: ADULT-STRAIGHT SENTENCE

INSTITUTION ...: LEE CORR INST

SECURITY/CUST.: 3 MINIMUM IN

CURR INCARC SENT...: 25 YRS 0 MOS 0 DYS

CENTRAL MONITORING.: YES

SOCIAL SECURITY #....:

DORM.....: SUM1107T

RACE.....: B SEX....: M

PROJ MAXOUT DATE: 07/26/2034

PROJ PAROLE DATE: 00/00/0000

EWC JOB...: NO CURRENT JOB

EDUC PGM.: SPECIAL EDUCATION

EWC LEVEL: 0 EEC LEVEL:

ASSIGNMENT...: GENERAL DETAIL UNEM

CURRENT PROGRAM...: NO CURRENT PROGRAM

AGE...: 20 DATE OF BIRTH...: 8/ 5/92

## PREVIOUS NUMBERS:

\*\* NO PREVIOUS NUMBERS \*\*

| CURRENT OFFENSES        | SENTENCE |     |     | COUNTY     | SENTENCE   |      |          |
|-------------------------|----------|-----|-----|------------|------------|------|----------|
|                         | YRS      | MOS | DYS |            | START      | V/NV | CATEGORY |
| FIREARMS PROVISION      | 5        | 0   | 0   | GREENVILLE | 5/14/2012  | N    | 3        |
| ATTEMPTED ARMED ROBBERY | 10       | 0   | 0   | GREENVILLE | 10/26/2011 | V    | 4        |
| ARMED ROBBERY           | 20       | 0   | 0   | GREENVILLE | 10/26/2011 | V    | 4        |
| KIDNAPPING              | 25       | 0   | 0   | GREENVILLE | 10/26/2011 | V    | 5        |
| ATTEMPTED MURDER        | 25       | 0   | 0   | GREENVILLE | 10/26/2011 | V    | 4        |

| PREVIOUS SCDC OFFENSES (COMPLETE) | SENTENCE |     |     | COUNTY     | SENTENCE  |      |          |
|-----------------------------------|----------|-----|-----|------------|-----------|------|----------|
|                                   | YRS      | MOS | DYS |            | START     | V/NV | CATEGORY |
| MOVING TRAFFIC VIOL               | 0        | 0   | 0   | GREENVILLE | 8/19/2011 | N    | 1        |
| POSS METH/COC BASE 1ST            | 1        | 0   | 296 | GREENVILLE | 8/ 6/2010 | N    | 2        |

PRIOR COMMITMENTS OVER 90 DAYS:

\*MISSING PRIORS DATA\*

DETAINERS (HOLD, WANTED, NOTIFY):

\*NO DETAINERS\*

ESCAPES:

\*NO ESCAPE HISTORY\*

CRIMINAL CHARGES:

\*NO CRIMINAL CHARGES HISTORY\*

ASSAULTIVE DISCIPLINARIES:

9/25/11 POSSESSION OF A WEAPON NOT GUILTY MAJOR

NON-ASSAULTIVE DISCIPLINARIES:

9/25/11 REFUSING OR FAILING OBEY CONVICTED MAJOR

9/25/11 UNAUTH I/M ORGAN/PART ST OTHER

8/11/11 OUT OF PLACE CONVICTED ADMIN

6/ 9/11 REFUSING OR FAILING OBEY CONVICTED ADMIN

4/21/11 DISORDERLY CONDUCT CONVICTED ADMIN

4/21/11 OUT OF PLACE CONVICTED ADMIN

4/21/11 REFUSING OR FAILING OBEY CONVICTED ADMIN

4/20/11 CREATING UNNECESSARY NOI CONVICTED ADMIN

4/20/11 USE OBSCENE, VULGAR, PROFA CONVICTED ADMIN

4/20/11 DISRESPECT CONVICTED ADMIN

4/ 7/11 EXHIBITIONISM AND PUBLIC CONVICTED MAJOR

2/27/11 FALSE STATEMENT TO HARM CONVICTED ADMIN

2/21/11 REFUSING OR FAILING OBEY CONVICTED ADMIN

2/21/11 INTERFERING WITH COUNT CONVICTED ADMIN

1/ 5/11 INTERFERING WITH COUNT CONVICTED ADMIN

11/29/10 DISRESPECT OTHER

11/29/10 INTERFERING WITH COUNT CONVICTED ADMIN

11/29/10 DISRESPECT CONVICTED ADMIN

HISTORY OF MOVEMENTS:

10/10/12 LEE INCARCERATED ADMINISTRATIVE

5/16/12 KIRKLAND INCARCERATED R&amp;E PROCESSING

5/16/12 PERRY INCARCERATED NEW ADMISSION

CMTI330D

SCDC OFFENDER MANAGEMENT SYSTEM

10/30/12

OMCOMITA

RELEASE DATE SCREEN

C051123

SCDC# > 343102

LOC: LEE

CALLOWAY, ANTONIO COURVESIER

SCDC CLASSIFICATION... VIOLENT

OFFENDER TYPE...: ADULT-STRAIGHT SENTENCE

SEXUAL REGISTRY... Y

SEXUAL PREDATOR... NOT APP

DNA STATUS..... COMPLETED

GPS REQUIREMENT... N

PREA DECISION....

CURRENT SENTENCE: 025-00-000

CONSECUTIVE SENTENCE...: N

025-00-000

CURRENT SENT START DATE: 10/26/2011

PROJECTED COMPLETION DATES

MAXOUT DATE ..... 07/26/2034

CURRENT EWC .. NOT CURRENTLY EARNING EWC

YOA SIX YEAR DATE: / /

CURRENT EEC .. NOT CURRENTLY EARNING EEC

INITIAL PAROLE DATE: 00/00/0000

NEXT PAROLE HEARING DATE: 00/00/0000

TOTAL GT DAYS EARNED ..... 000033

LABOR CREW/WORK PROG DATE: 99/99/9999

TOTAL EARNED WORK CREDITS ... 000000

LABOR CREW DISQ REASON:

TOTAL EDUCATION CREDITS .... 000000

CURRENT OR PRIOR SEX CONDUCT CONVICT

TOTAL EXTRA EARNED CREDITS .. 000

SUPERVISED REENTRY DATE... 00/00/00

TOTAL SERVICE TIME EARNED ... 000364

ISS.....

PFKEYS: 5: HISTORY OF DATE CHANGES

4-©

1 Sess-1

167.7.50.33

SCDC1659

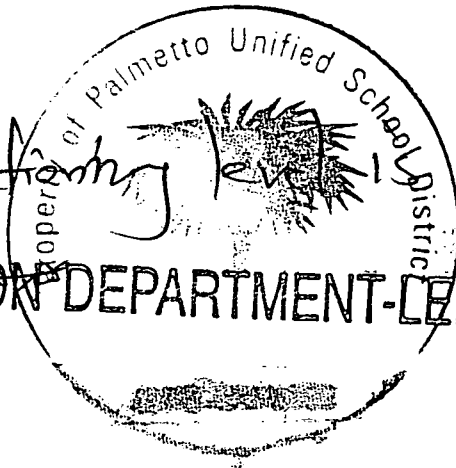
3/11

REQUEST to staff

|                                                  |                                        |
|--------------------------------------------------|----------------------------------------|
| To: Education Building Title: Education Building | Date: 5-22-14                          |
| Institution: Lee, Cork, Inst.                    | Inmate Name: Antonio C. Calloway       |
| SCDC: 343162                                     | Housing Area: Chesterfield South #1240 |

I'm writing this Request to inform whom  
 Ever maybe in concern, my Reading Level is 2.8 GE  
Math Level 2.5 GE, Lang 1.9 GE I need to know what  
grade levels are those that's what I'm in need  
 of thank you for your attention in this matter.  
 Respectfully,  
 Antonio Calloway

Your academic functioning level is about  
 2nd grade level



8/12/14

A. Jones

|                                                                                             |                                  |                         |
|---------------------------------------------------------------------------------------------|----------------------------------|-------------------------|
| Student Name<br><b>Galloway, Antonio C.</b>                                                 |                                  |                         |
| Student ID<br><b>480000510320</b>                                                           | Grade<br><b>09</b>               | Gender<br><b>M</b>      |
| Birth Place<br><b>Columbia</b>                                                              | Date Of Birth<br><b>08/05/92</b> | Ethnic Code<br><b>B</b> |
| Parent Guardian<br><b>Rosevelt Walker</b><br>1 Piedmont Ave<br>Greenville, SC 29611<br>5052 |                                  |                         |

Official Transcript  
Uniform Grade Table- Pg.2

Enter Date: **08/29/08**  
 Leave Date: **11/10/08**  
 Class Of: **2010**  
 Diploma Type: **Non-Diploma**

|                                                                                                                                                                                                    |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| School Name/Address<br><b>Carolina Academy</b><br><b>2725 Anderson Road</b><br><b>Greenville, SC 29611</b><br>Tel: <b>864-355-2300</b> Fax: <b>355-2375</b><br>School Alternate Number: <b>107</b> |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

| Crs ID                                | Course Title           | Grade | Credit |
|---------------------------------------|------------------------|-------|--------|
| Carolina Academy                      |                        |       |        |
| Grd 09                                | 6/2007 Term: 2         |       |        |
| 331052CW                              | Global Studies 1       | 18    | 0.000  |
| 344107CW                              | Physical Education 1A  | 23    | 0.000  |
| 379927CH                              | Freshman Success       | 16    | 0.000  |
| 39982400                              | Occupational English 1 | 41    | 0.000  |
| 39984400                              | Occupational Science 1 | 59    | 0.000  |
| 39985400                              | Career Prep 1          | 36    | 0.000  |
| 39987400                              | Occupational Finance 1 | 32    | 0.000  |
| 580802TH                              | Cons & Homemaking 1    | 19    | 0.000  |
| Crd Att: 7.000 Cmp: 0.000 Year: 0.000 |                        |       |        |
| Carolina Academy                      |                        |       |        |
| Grd 09                                | 6/2008 Term: 2         |       |        |
| 344101CW                              | Physical Education 1A  | 60    | 0.000  |
| 39982000                              | Occupational English 1 | 57    | 0.000  |
| 39984000                              | Occupational Science 1 | 62    | 0.000  |
| 39985000                              | Career Prep 1          | 51    | 0.000  |
| Crd Att: 4.000 Cmp: 0.000 Year: 0.031 |                        |       |        |
| GPA Summary                           |                        |       |        |
| Total GPA: 0.011                      |                        |       |        |
| Total Credits Attempted: 11.000       |                        |       |        |
| Total Credits Earned: 0.000           |                        |       |        |

*This is an official educational record(s) issued by the Greenville County School District. In accordance with the Family Educational Rights and Privacy Act, this information is being released on the condition that the recipient agrees not to permit anyone else to have access to such information without written consent of the student or eligible student.*

Student is ranked in top 5% 30% of class using the Uniform Grading Scale

*Maria Beltran*  
 Assistant to the Superintendent for Information Assurance

**Do not accept if unsealed and unsigned**

Transcript is unofficial unless signed by a school official

Date: 08/13/13

**Greenville County Schools  
Special Education Services**

IEP Section I

**Individualized Education Program(IEP)**

**FILE COPY**

| STUDENT INFORMATION                                                                                                                                                                                                                                                                                                                      |                                                     |                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------------------|
| Name: Antonio Calloway                                                                                                                                                                                                                                                                                                                   | Student ID: 480000610320                            | Date of Birth: 08/05/1992                                   |
| Gender: Male                                                                                                                                                                                                                                                                                                                             | School for this IEP: Carolina High                  |                                                             |
| Grade for this IEP: 9                                                                                                                                                                                                                                                                                                                    | Primary Disability: Specific Learning Disability    |                                                             |
| Percent of time student spends in regular education environment:                                                                                                                                                                                                                                                                         |                                                     |                                                             |
| <input type="checkbox"/> 80-100%                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> 40-79%                     | <input checked="" type="checkbox"/> 0-39%                   |
| Date of IEP meeting: 09/12/2008                                                                                                                                                                                                                                                                                                          | School Year: 2008-2009                              | <input checked="" type="checkbox"/> Excluding Summer Months |
| Type of IEP: Annual                                                                                                                                                                                                                                                                                                                      | Anticipated Date of Annual Review: 05/14/2009       |                                                             |
| IEP Initiation date: 09/12/2008                                                                                                                                                                                                                                                                                                          | IEP ending date: 06/04/2009                         |                                                             |
| Last Eval/Review Date: 09/22/2006                                                                                                                                                                                                                                                                                                        | Anticipated date of 3 year Reevaluation: 09/24/2008 |                                                             |
| 2/27/08 PARENT/GUARDIAN INFORMATION                                                                                                                                                                                                                                                                                                      |                                                     |                                                             |
| Parent/Guardian Name: Rosevelt Walker_MM                                                                                                                                                                                                                                                                                                 |                                                     | Address:                                                    |
| Phone: 2695052                                                                                                                                                                                                                                                                                                                           |                                                     | Piedmont Ave                                                |
| Language:                                                                                                                                                                                                                                                                                                                                |                                                     | Greenville, SC 29611                                        |
| Parent/Guardian Name: Rosevelt Walker_RR                                                                                                                                                                                                                                                                                                 |                                                     | Address:                                                    |
| Phone: 2695052                                                                                                                                                                                                                                                                                                                           |                                                     | Piedmont Ave                                                |
| Language:                                                                                                                                                                                                                                                                                                                                |                                                     | Greenville, SC 29611                                        |
| TRANSITION                                                                                                                                                                                                                                                                                                                               |                                                     |                                                             |
| Transition service needs must be discussed for students age thirteen and older during the effective dates of the IEP. Transition services will be discussed for younger students if the parent(s) or the IEP team determines it is appropriate.                                                                                          |                                                     |                                                             |
| <input checked="" type="radio"/> Yes - transition service needs will be discussed during this IEP.<br><input type="radio"/> NA - student is not of transition age.                                                                                                                                                                       |                                                     |                                                             |
| <b>Student interests and preferences:</b><br>Antonio likes computers but he has not made a career decision. Antonio also wants to go to the Donaldson Career Center to take construction with an emphasis on plumbing.                                                                                                                   |                                                     |                                                             |
| <b>SC Career Cluster:</b><br>na                                                                                                                                                                                                                                                                                                          |                                                     |                                                             |
| For students age thirteen and older during the effective dates of the IEP, transition service needs, focusing on the courses of study and including linkage to post secondary goals, are as follows:<br>The student will complete the required units, work component, and portfolio to receive a Greenville County Occupational Diploma. |                                                     |                                                             |
| For students age sixteen and older during the effective dates of the IEP, transition services include objectives in the areas of:                                                                                                                                                                                                        |                                                     |                                                             |
| <input checked="" type="checkbox"/> Instruction<br><input type="checkbox"/> community experiences                                                                                                                                                                                                                                        |                                                     |                                                             |
| <input type="checkbox"/> related services<br><input checked="" type="checkbox"/> employment/other post-school living objectives                                                                                                                                                                                                          |                                                     |                                                             |
| <b>Age of Majority:</b> For students age seventeen and older during the effective dates of the IEP, the IEP team verifies that the student has been informed of all rights under the IDEA, and the parents have been notified that the rights will be transferred to the student at age eighteen.                                        |                                                     |                                                             |
| <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable                                                                                                                                                                                                                                       |                                                     |                                                             |

**Greenville County Schools  
Special Education Services**

**Individualized Education Program(IEP)**

**IEP Section I**

**Diploma/Certificate**

☐ Regular State high school diploma (exit exam)

Anticipated Date of Graduation:

☐ State certificate

☐ District certificate

☒ District Diploma

☐ Not applicable for grades K-8

☐ Not applicable for GED Program

**Greenville County Schools  
Special Education Services**

IEP Section II

Name: Antonio Calloway

ID: 480000610320

Grade: 09

IEP Meeting Date: 09/12/2008

**ACADEMIC AND FUNCTIONAL STRENGTHS AND NEEDS**

**Describe the academic and functional strengths and needs of the student and how the disability affects involvement and progress in the general curriculum or, for preschool children, involvement in appropriate activities. Test scores alone are insufficient:**

Antonio has begun the year well. He continues to put forth a great effort. He has shown improvement in reading comprehending information from textual material. He can also write to express meaning in personal and business situations. He will need to continue working on selecting and using various sequential patterns to organize information. Antonio will need to use personal learning strategies to gain meaning from written material.

Antonio wants to go to the Donaldson Center and take carpentry and concentrate on plumbing. He is also interested in working in some capacity in the real estate market.

Antonio did not pass any classes his 2007-2008 year.

He had an attendance problem that effected his grade. The second half of the year he withdrew from school on April 29, 2008.

He enjoys doing computer activities. However, Antonio is currently not passing keyboarding. He is slow getting his work done when he does complete it. He complete about 1 of every 10 documents.

Antonio is strong in math but struggles when math involves reading (word problems, directions, etc.).

Antonio is passing math and can use a calculator to work out his problems. He does need to use the calculator in his math work.

**FUNCTIONAL BEHAVIOR**

**Does the student's behavior warrant a Functional Behavioral Assessment?**

☐ Yes ☒ No

*If yes, include findings of FBA in the Present Levels of Functional Performance*

**PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE**

*For any areas where special education is needed for the student to progress in the general curriculum, indicate specific present levels of performance to use in the development of the goals, accommodations, modifications, related and supplementary services.*

**ACADEMIC ACHIEVEMENT**

| Area(s) of Assessment | Date(s)    | Method of Assessment*                                       | Findings                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------------------|------------|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Occupational English  | 09/10/2008 | Curriculum Based Assessment/Occupational Diploma Curriculum | Antonio has begun the year well. He continues to put forth a great effort. He has shown improvement in reading comprehending information from textual material. He can also write to express meaning in personal and business situations. He will need to continue working on selecting and using various sequential patterns to organize information. Antonio will need to use personal learning strategies to gain meaning from written material. |
| Occupational Math     | 09/10/2008 | Curriculum Based Assessment/Occupational Diploma Curriculum | Antonio received a 50 in math before withdrawing from school in 2008. Antonio is strong in math but struggles when math involves reading (word problems, directions, etc.). Antonio is passing math and can use a calculator to work out his problems. He does need to use the calculator in his math work.                                                                                                                                         |
| Career Preparation    | 09/10/2008 | Curriculum Based Assessment/Occupational Diploma Curriculum | Antonio received a 51 for his first semester grade in Occ. Career Preparation in 2008. The last few weeks he has completed most of his assignments and has been highly motivated.                                                                                                                                                                                                                                                                   |

**FUNCTIONAL PERFORMANCE**

**Greenville County Schools  
Special Education Services**

**IEP Section II**

|                               |                         |                  |                                     |
|-------------------------------|-------------------------|------------------|-------------------------------------|
| <b>Name:</b> Antonio Calloway | <b>ID:</b> 480000610320 | <b>Grade:</b> 09 | <b>IEP Meeting Date:</b> 09/12/2008 |
|-------------------------------|-------------------------|------------------|-------------------------------------|

| <b>Area(s) of Assessment</b>                                                         | <b>Date(s)</b> | <b>Method of Assessment*</b>          | <b>Findings</b>                                                                                                                                                                                                               |
|--------------------------------------------------------------------------------------|----------------|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Transition                                                                           | 09/10/2008     | Student Interview/Teacher Observation | Antonio enjoys computers and is interested in real estate but is main interest right now is in constuction. He wants to go to Donaldson Career Center and take construction. He wants to concentrate in the area of plumbing. |
| <i>*Indicate name of test, observation/checklist, or other method of assessment.</i> |                |                                       |                                                                                                                                                                                                                               |

**Greenville County Schools  
Special Education Services**

IEP Section III

Name: Antonio Calloway

ID: 480000610320

Grade: 09

IEP Meeting Date: 09/12/2008

**ACCOMMODATIONS TO THE GENERAL CURRICULUM**

Based on the student's disability, describe accommodations (supplementary aids) needed to participate and progress in the general curriculum:

Antonio needs to use a calculator. He needs to write all assignments in his agenda on a daily basis. He needs to be seated away from distractions.

**MODIFICATIONS IN THE GENERAL CURRICULUM**

Does the Student's Level of Performance Require program modifications in the general curriculum? ☒ Yes ☐ No

If yes, describe the content areas and modifications required.

In elective classes, a modified grading scale may be used where a score of at least 60% would be passing. The curriculum requirements may be altered by the general educator so that Antonio may be successful.

**SUPPLEMENTARY SERVICES**

Describe specific supplementary services and training of personnel needed for participation in the general curriculum, and indicate the anticipated frequency and location:

| Service                                                                                                                                                   | Location       | Frequency    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------|
| Special education personnel will provide general education educators with a copy of Antonio's IEP accommodations needed in the general education setting. | School Setting | 2 times/year |

**Greenville County Schools  
Special Education Services**

**IEP Section IV**

**Name:** Antonio Calloway

**ID:** 480000610320

**Grade:** 09

**IEP Meeting Date:** 09/12/2008

**IEP GOALS AND OBJECTIVES**

**Goal 1 of 6 : H-1**

The student will increase functional work skills.

☒ **Instructional/Special Education**

☒ **Transition**

☐ **Related Service:**

**Location of Services:** Variety of locations in the school setting

**SHORT-TERM OBJECTIVE/BENCHMARKS**

**Objective:** The student will increase continuous work to 20 minute periods.

**Criteria for Mastery:** 80% Mastery

**Evaluation Method:** Teacher Observation

**Objective:** The student will decrease to 2 the number of teacher contacts required to maintain continuous work for 20 minute periods.

**Criteria for Mastery:** 80% Mastery

**Evaluation Method:** Teacher Observation

**Objective:** The student will obey all classroom rules.

**Criteria for Mastery:** 90% of the time

**Evaluation Method:** Teacher Observation & Records

**Objective:** The student will accept the consequences for any misbehavior without complaining.

**Criteria for Mastery:** 90% of the time

**Evaluation Method:** Teacher Records

**Greenville County Schools  
Special Education Services**

IEP Section IV

Name: Antonio Calloway

ID: 480000610320

Grade: 09

IEP Meeting Date: 09/12/2008

**IEP GOALS AND OBJECTIVES**

**Goal 2 of 6 : T1**

The student will demonstrate appropriate task related behavior skills.

☒ Instructional/Special Education

☐ Transition

☐ Related Service:

Location of Services: Variety of locations in the school setting

**SHORT-TERM OBJECTIVE/BENCHMARKS**

**Objective:** The student will demonstrate accepting negative feedback.

**Criteria for Mastery:** 80% Mastery

**Evaluation Method:** Teacher Observation

**Objective:** The student will demonstrate resisting peer pressure.

**Criteria for Mastery:** 80% Mastery

**Evaluation Method:** Teacher Observation

**Objective:** The student will demonstrate appropriate negotiating skills.

**Criteria for Mastery:** 80% Mastery

**Evaluation Method:** Teacher Observation

**Objective:** The student will demonstrate following directions.

**Criteria for Mastery:** 80% Mastery

**Evaluation Method:** Teacher Observation

**Objective:** The student will demonstrate appropriate conversational skills.

**Criteria for Mastery:** 80% Mastery

**Evaluation Method:** Teacher Observation

**Objective:** The student will enter classroom and take seat without disturbing objects and other people.

**Criteria for Mastery:** 80% Mastery

**Evaluation Method:** Teacher Observation

**Objective:** The student will know and follow classroom rules.

**Criteria for Mastery:** 80% Mastery

**Evaluation Method:** Teacher Observation

**Objective:** The student will behave respectfully toward teachers and administrators.

**Criteria for Mastery:** 80% Mastery

**Evaluation Method:** Teacher Observation

**Greenville County Schools  
Special Education Services**

**IEP Section IV**

**Name:** Antonio Calloway

**ID:** 480000610320

**Grade:** 09

**IEP Meeting Date:** 09/12/2008

**IEP GOALS AND OBJECTIVES**

**Goal 3 of 6 : CPOD1**

"Given instruction in the areas of community awareness, history, personal responsibility, and career planning the student will master the standards needed to earn an Occupational Diploma unit in Career Preparation."

☒ **Instructional/Special Education**

☐ **Transition**

☐ **Related Service:**

**Location of Services:** Special Education Classroom

**SHORT-TERM OBJECTIVE/BENCHMARKS**

**Objective:** The student will develop orientation and mobility skills for the community.

**Criteria for Mastery:** 70% Mastery

**Evaluation Method:** Curriculum Based Assessment

**Objective:** The student will explain the significant impact of current events.

**Criteria for Mastery:** 70% Mastery

**Evaluation Method:** Curriculum Based Assessment

**Objective:** The student will recognize the importance of career exploration based on skills and preferences.

**Criteria for Mastery:** 70% Mastery

**Evaluation Method:** Curriculum Based Assessment

**Objective:** The student will exhibit appropriate work habits and behaviors to increase skills in career preparation.

**Criteria for Mastery:** 70% Mastery

**Evaluation Method:** Curriculum Based Assessment

**Greenville County Schools  
Special Education Services**

**IEP Section IV**

**Name:** Antonio Calloway

**ID:** 480000610320

**Grade:** 09

**IEP Meeting Date:** 09/12/2008

**IEP GOALS AND OBJECTIVES**

**Goal 4 of 6 : EOD1**

"Given instruction in the areas of syntax, semantics, vocabulary, writing, and communication the student will master the standards needed to earn an Occupational Diploma unit in Occupational English."

☒ **Instructional/Special Education**

☐ **Transition**

☐ **Related Service:**

**Location of Services:** Special Education Classroom

**SHORT-TERM OBJECTIVE/BENCHMARKS**

**Objective:** The student will read and view non-print and print media critically and selectively.

**Criteria for Mastery:** 70% Mastery

**Evaluation Method:** Curriculum Based Assessment

**Objective:** The student will increase knowledge of appropriate technology and/or software in the communication process.

**Criteria for Mastery:** 70% Mastery

**Evaluation Method:** Curriculum Based Assessment

**Objective:** The student will write to clarify information to organize thinking.

**Criteria for Mastery:** 70% Mastery

**Evaluation Method:** Curriculum Based Assessment

**Objective:** The student will use personal learning strategies to gain meaning from written material.

**Criteria for Mastery:** 70% Mastery

**Evaluation Method:** Curriculum Based Assessment

**Greenville County Schools  
Special Education Services**

**IEP Section IV**

|                               |                         |                  |                                     |
|-------------------------------|-------------------------|------------------|-------------------------------------|
| <b>Name:</b> Antonio Calloway | <b>ID:</b> 480000610320 | <b>Grade:</b> 09 | <b>IEP Meeting Date:</b> 09/12/2008 |
|-------------------------------|-------------------------|------------------|-------------------------------------|

**IEP GOALS AND OBJECTIVES**

**Goal 5 of 6 : MOD1**

"Given instruction in the areas of numeric function and operations, fractions, money skills, measurement, time/calendar skills, and basic algebraic skills the student will master the standards needed to earn an Occupational Diploma unit in Occupational Math."

☒ **Instructional/Special Education**

☐ **Transition**

☐ **Related Service:**

**Location of Services:** Special Education Classroom

**SHORT-TERM OBJECTIVE/BENCHMARKS**

|                              |                                                                                                |
|------------------------------|------------------------------------------------------------------------------------------------|
| <b>Objective:</b>            | The student will demonstrate proficiency in numeric function and operations.                   |
| <b>Criteria for Mastery:</b> | 70% Mastery                                                                                    |
| <b>Evaluation Method:</b>    | Curriculum Based Assessment                                                                    |
| <b>Objective:</b>            | The student will demonstrate basic calculator skills.                                          |
| <b>Criteria for Mastery:</b> | 70% Mastery                                                                                    |
| <b>Evaluation Method:</b>    | Curriculum Based Assessment                                                                    |
| <b>Objective:</b>            | The student will add and subtract fractions with like denominators.                            |
| <b>Criteria for Mastery:</b> | 70% Mastery                                                                                    |
| <b>Evaluation Method:</b>    | Curriculum Based Assessment                                                                    |
| <b>Objective:</b>            | The student will solve problems requiring knowledge of the value of coins or amounts of money. |
| <b>Criteria for Mastery:</b> | 70% Mastery                                                                                    |
| <b>Evaluation Method:</b>    | Curriculum Based Assessment                                                                    |

**Greenville County Schools  
Special Education Services**

**IEP Section IV**

|                               |                         |                  |                                     |
|-------------------------------|-------------------------|------------------|-------------------------------------|
| <b>Name:</b> Antonio Calloway | <b>ID:</b> 480000610320 | <b>Grade:</b> 09 | <b>IEP Meeting Date:</b> 09/12/2008 |
|-------------------------------|-------------------------|------------------|-------------------------------------|

| <b>IEP GOALS AND OBJECTIVES</b>                                                          |                                                                                                                                           |
|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Goal 6 of 6 : A01</b><br>The student will develop career goals and employment skills. |                                                                                                                                           |
| <input checked="" type="checkbox"/> <b>Instructional/Special Education</b>               |                                                                                                                                           |
| <input checked="" type="checkbox"/> <b>Transition</b>                                    |                                                                                                                                           |
| <input type="checkbox"/> <b>Related Service:</b>                                         |                                                                                                                                           |
| <b>Location of Services:</b> Variety of locations in the school setting                  |                                                                                                                                           |
| <b>SHORT-TERM OBJECTIVE/BENCHMARKS</b>                                                   |                                                                                                                                           |
| <b>Objective:</b>                                                                        | Given potential job situations, the student will develop a list of ways to find and keep jobs.                                            |
| <b>Criteria for Mastery:</b>                                                             | 80% mastery                                                                                                                               |
| <b>Evaluation Method:</b>                                                                | Teacher Observation                                                                                                                       |
| <b>Objective:</b>                                                                        | Given specific job choices, the student will follow steps necessary to search for the job opportunities available in the local community. |
| <b>Criteria for Mastery:</b>                                                             | 80% mastery                                                                                                                               |
| <b>Evaluation Method:</b>                                                                | Teacher Observation                                                                                                                       |
| <b>Objective:</b>                                                                        | Given a job application form, the student will complete the application with (no, verbal, manual) assistance.                             |
| <b>Criteria for Mastery:</b>                                                             | 80% mastery                                                                                                                               |
| <b>Evaluation Method:</b>                                                                | Teacher Observation                                                                                                                       |
| <b>Objective:</b>                                                                        | Given on the job training, the student will avoid unnecessary absences.                                                                   |
| <b>Criteria for Mastery:</b>                                                             | 80% mastery                                                                                                                               |
| <b>Evaluation Method:</b>                                                                | Teacher Observation                                                                                                                       |
| <b>Objective:</b>                                                                        | Given on the job training, the student will practice punctuality.                                                                         |
| <b>Criteria for Mastery:</b>                                                             | 80% mastery                                                                                                                               |
| <b>Evaluation Method:</b>                                                                | Teacher Observation                                                                                                                       |

**Greenville County Schools  
Special Education Services**

IEP Section V

|                               |                         |                  |                                     |
|-------------------------------|-------------------------|------------------|-------------------------------------|
| <b>Name:</b> Antonio Calloway | <b>ID:</b> 480000610320 | <b>Grade:</b> 09 | <b>IEP Meeting Date:</b> 09/12/2008 |
|-------------------------------|-------------------------|------------------|-------------------------------------|

| <b>SPECIAL EDUCATION SERVICES</b>                                                                                                                                                                                                                                                    |                     |                                 |                                           |                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------|-------------------------------------------|---------------------------------|
| <b>Describe special education services to be provided for this student (must be based on peer reviewed research)</b>                                                                                                                                                                 |                     |                                 |                                           |                                 |
| Area of Service                                                                                                                                                                                                                                                                      | Direct/<br>Indirect | Describe Instructional Delivery | Location                                  | Length/<br>Frequency            |
| Career Preparation                                                                                                                                                                                                                                                                   | Direct              | Direct Instruction              | Special Ed Classroom                      | 450 minutes/week                |
| Occupational English                                                                                                                                                                                                                                                                 | Direct              | Direct Instruction              | Special Ed Classroom                      | 450 minutes/week                |
| Occupational Math                                                                                                                                                                                                                                                                    | Direct              | Direct Instruction              | Special Ed Classroom                      | 450 minutes/week                |
| Transition                                                                                                                                                                                                                                                                           | Direct              |                                 | Variety of location in the school setting | 50 minutes<br>50 minutes/Weekly |
| <b>Specify total amount of minutes per week the student receives special education and related services (actual service minutes, regardless of setting):</b>                                                                                                                         |                     |                                 |                                           |                                 |
| <b>Direct/Indirect minutes per week:</b> 1350.00                                                                                                                                                                                                                                     |                     |                                 |                                           |                                 |
| <b>RELATED SERVICES</b>                                                                                                                                                                                                                                                              |                     |                                 |                                           |                                 |
| Goals, objectives, and levels of performance are required for all related services other than routine or maintenance types, which require descriptions of the service. If an instructional activity is involved, however, goals, objectives, and levels of performance are required. |                     |                                 |                                           |                                 |
| <b>Are related services required for this student to benefit from special education?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                                               |                     |                                 |                                           |                                 |
| If yes, specify and state frequency and location for each:                                                                                                                                                                                                                           |                     |                                 |                                           |                                 |
| Area of Service                                                                                                                                                                                                                                                                      | Related Service     | Direct/<br>Indirect Mins        | Location                                  | Length/<br>Frequency            |

**Greenville County Schools  
Special Education Services**

IEP Section VI

|                        |                  |           |                              |
|------------------------|------------------|-----------|------------------------------|
| Name: Antonio Calloway | ID: 480000610320 | Grade: 09 | IEP Meeting Date: 09/12/2008 |
|------------------------|------------------|-----------|------------------------------|

| PARTICIPATION IN STATEWIDE TESTING                                                                                                                                                                                                                                          |                                  |                       |                       |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------|-----------------------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Based on this student's present levels of performance and on his or her goals and objectives, the student will participate in the following statewide and/or districtwide testing. Accommodations and modifications must reflect those used in daily classroom instruction: |                                  |                       |                       |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Test                                                                                                                                                                                                                                                                        | Participation                    |                       |                       |                       | Section/Conditions <sup>1</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                             | Yes                              | No                    | NA <sup>2</sup>       | Prev Pass             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| HSAP                                                                                                                                                                                                                                                                        | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="checkbox"/> English language arts<br><div style="margin-left: 20px;"> <input type="radio"/> Standard, no accommodations<br/> <input checked="" type="radio"/> Standard, with accommodations<br/> <input type="radio"/> Non-Standard, with modifications<br/><br/> <input checked="" type="radio"/> Test previously taken<br/> <input type="radio"/> No test previously taken<br/> <input type="radio"/> Test previously passed                 </div> <input checked="" type="checkbox"/> Mathematics<br><div style="margin-left: 20px;"> <input type="radio"/> Standard, no accommodations<br/> <input checked="" type="radio"/> Standard, with accommodations<br/> <input type="radio"/> Non-Standard, with modifications<br/><br/> <input checked="" type="radio"/> Test previously taken<br/> <input type="radio"/> No test previously taken<br/> <input type="radio"/> Test previously passed                 </div> |
|                                                                                                                                                                                                                                                                             |                                  |                       |                       |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <div style="display: flex; justify-content: space-between;"> <div> English language arts:<br/><br/> Mathematics: </div> <div> Accommodations/Modifications<br/> small group<br/> Oral Administration<br/><br/> small group<br/> oral administration </div> </div>           |                                  |                       |                       |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| PACT                                                                                                                                                                                                                                                                        | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                             | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| SC - Alternate <sup>3</sup>                                                                                                                                                                                                                                                 | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                             | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

**Greenville County Schools  
Special Education Services**

**IEP Section VI**

|                               |                         |                  |                                     |
|-------------------------------|-------------------------|------------------|-------------------------------------|
| <b>Name:</b> Antonio Calloway | <b>ID:</b> 480000610320 | <b>Grade:</b> 09 | <b>IEP Meeting Date:</b> 09/12/2008 |
|-------------------------------|-------------------------|------------------|-------------------------------------|

|                                                                                                                                                                                                                                                                       |                                                |                                    |                                                           |                                                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCRA</b>                                                                                                                                                                                                                                                           | <b>Yes</b><br><input type="radio"/>            | <b>No</b><br><input type="radio"/> | <b>NA</b><br><input checked="" type="radio"/>             |                                                                                                                                                                                     |
| <b>SCRA - Alternate<sup>4</sup> Scoring</b>                                                                                                                                                                                                                           | <b>Yes</b><br><input type="radio"/>            | <b>No</b><br><input type="radio"/> | <b>NA</b><br><input checked="" type="radio"/>             |                                                                                                                                                                                     |
| <b>Alternate Reason:</b>                                                                                                                                                                                                                                              |                                                |                                    |                                                           |                                                                                                                                                                                     |
| <b>Test</b>                                                                                                                                                                                                                                                           | <b>Participation</b>                           |                                    |                                                           | <b>Section/Conditions</b>                                                                                                                                                           |
| <b>English Language Development Assessment (ELDA):</b>                                                                                                                                                                                                                | <b>Yes</b><br><input type="radio"/>            | <b>No</b><br><input type="radio"/> | <b>NA<sup>5</sup></b><br><input checked="" type="radio"/> |                                                                                                                                                                                     |
| <b>End-of-Course Examination Program</b>                                                                                                                                                                                                                              | <b>Yes</b><br><input type="radio"/>            | <b>No</b><br><input type="radio"/> | <b>NA<sup>6</sup></b><br><input checked="" type="radio"/> |                                                                                                                                                                                     |
| <b>NORM-REFERENCED TESTS/FIELD TESTS</b>                                                                                                                                                                                                                              |                                                |                                    |                                                           |                                                                                                                                                                                     |
| Norm-referenced tests (NRT) and field tests are administered to a sample of students each year. If the student is included in that sample but will not participate in the NRT or a field test, explain why the NRT or a field test is not appropriate for him or her: |                                                |                                    |                                                           |                                                                                                                                                                                     |
| <b>District Assessment</b>                                                                                                                                                                                                                                            | <b>Yes</b><br><input checked="" type="radio"/> | <b>No</b><br><input type="radio"/> | <b>NA</b><br><input type="radio"/>                        | <b>If yes , specify title: MAP Test-if given</b><br><b>If the student is not participating in standard district assessment, state reason and specify alternate assessment used:</b> |
|                                                                                                                                                                                                                                                                       |                                                |                                    |                                                           |                                                                                                                                                                                     |
| <b>Accommodations/Modifications</b>                                                                                                                                                                                                                                   |                                                |                                    |                                                           |                                                                                                                                                                                     |

<sup>1</sup> Standard, no accommodations: student will participate in testing under standard conditions with no accommodations.  
 Standard, with accommodations: student will participate in testing under standard conditions with accommodations.

The justification for accommodations must be evident in other IEP Components.

Non-standard, with modifications: student will participate in statewide testing with modifications under non-standard conditions. The justification for modifications must be evident in other IEP Components.

<sup>2</sup> Not applicable at this age/grade level

<sup>3</sup> The SC-Alternate should be administered to students who meet all the participation criteria for alternate assessment. Students age 8-13 and age 15 as of Sept 1 of the testing year will participate

<sup>4</sup> The SCRA Alternate Scoring should be used with students who meet all the participation criteria for alternate assessment and are age 5 or 6 on Sept. 1 of the testing year

<sup>5</sup> Not applicable: The student is not determined to have limited English proficiency

<sup>6</sup> Not applicable: Not enrolled in EOCEP courses

**Greenville County Schools  
Special Education Services**

**IEP Section VII**

**Name:** Antonio Calloway

**ID:** 480000610320

**Grade:** 09

**IEP Meeting Date:** 09/12/2008

**PHYSICAL EDUCATION**

☒ Regular

☐ Adaptive (Describe modifications below.)

☐ Specially designed (Include goals and objectives.)

☐ Not applicable

☐ Requirements met

**Modifications needed:**

**CAREER AND TECHNOLOGICAL EDUCATION**

☒ Regular

☐ Adaptive (Describe modifications below.)

☐ Specially Designed instruction (Include goals and objectives)

☐ Not applicable

**Modifications needed:**

**DISCIPLINE**

The student will follow rules and policies as outlined in the school's student handbook. ☉ Yes ○ No  
Explain adaptations to be made:

**ACADEMIC PLANS FOR STUDENTS**

Grades 3 – 8 only: If the student requires an APS, will the IEP serve as the Academic Plan for the student? ○ Yes ○ No ☉ NA

**REPORTING TO PARENTS**

How and when will the student's progress toward annual goals be reported to the parent?  
Every 4 1/2 weeks through interim and quarterly reports

**PROMOTION/RETENTION**

Are alternative promotion/retention standards required?

☉ Yes ○ No

If yes, describe: Student will be promoted based upon satisfactory progress (70%) made on goals and objectives. District attendance standards apply.

**Greenville County Schools  
Special Education Services**

**IEP Section IX**

|                               |                         |                  |                                     |
|-------------------------------|-------------------------|------------------|-------------------------------------|
| <b>Name:</b> Antonio Calloway | <b>ID:</b> 480000610320 | <b>Grade:</b> 09 | <b>IEP Meeting Date:</b> 09/12/2008 |
|-------------------------------|-------------------------|------------------|-------------------------------------|

**Least Restrictive Environment (LRE)**

| <b>PLACEMENT SETTING</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Explain the extent if any which the student <u>WILL NOT</u> participate with non-exceptional students in the regular class and/or in extracurricular and other non-academic activities. Present levels of educational performance must explain why full participation is not possible in the areas checked.</p>                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                 |
| <b>School Age (6 - 21)</b><br><input checked="" type="checkbox"/> English Language Arts<br><input type="checkbox"/> Language<br><input type="checkbox"/> Spelling<br><input type="checkbox"/> Reading<br><input type="checkbox"/> Writing<br><input type="checkbox"/> Study Skills<br><input checked="" type="checkbox"/> Math<br><input checked="" type="checkbox"/> Science<br><input checked="" type="checkbox"/> Social Studies                                                                                                                                                                                                          | <input type="checkbox"/> Art<br><input type="checkbox"/> Foreign Language<br><input type="checkbox"/> Health<br><input type="checkbox"/> Physical Education<br><input type="checkbox"/> Electives (as listed below)                                                                                                                                                                                                                                                                                                                                                             | <b>Preschool</b><br><input type="checkbox"/> Cognitive<br><input type="checkbox"/> Communications<br><input type="checkbox"/> Fine Motor<br><input type="checkbox"/> Gross Motor<br><input type="checkbox"/> Self-Help<br><input type="checkbox"/> Social/Emotional/Affective Development                                                                                                                                                                                                                                             | <b>Other</b><br><input type="checkbox"/> Assemblies<br><input type="checkbox"/> Home room<br><input type="checkbox"/> Meals<br><input type="checkbox"/> Recess<br><input type="checkbox"/> Extra-curricular<br><input type="checkbox"/> Other (as listed below) |
| <b>Amount of time in Regular Education Environment (hours/periods):</b> 7.5<br><b>Amount of time in Special Education Environment (hours/periods):</b> 22.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                 |
| <b>PLACEMENT OPTIONS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                 |
| <b>Ages 6 - 21</b><br><input type="radio"/> (A) Inside Regular Class 80% or more of the day<br><input type="radio"/> (B) Inside Regular Class 79-40% of the day<br><input checked="" type="radio"/> (C) Inside Regular Class less than 40% of the day<br><input type="radio"/> (D) Separate School<br><input type="radio"/> (E) Residential Facility<br><input type="radio"/> (F) Homebound/Hospital<br><input type="radio"/> Medical Homebound<br><input type="radio"/> Hospital<br><input type="radio"/> Home-based<br><input type="radio"/> (G) Correctional Facilities<br><input type="radio"/> (H) Parentally Placed In Private Schools |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Ages 3 - 5</b><br><input type="radio"/> (A) In Regular Early Childhood Program at Least 80% of the Time<br><input type="radio"/> (B) In Regular Early Childhood Education Program 40-79% of the Time<br><input type="radio"/> (C) In Regular Early Childhood Program Less Than 40% of the Time<br><input type="radio"/> (D) Separate Class<br><input type="radio"/> (E) Separate School<br><input type="radio"/> (F) Residential Facility<br><input type="radio"/> (G) Home<br><input type="radio"/> (H) Service Provider Location |                                                                                                                                                                                                                                                                 |
| <b>LEAST RESTRICTIVE ENVIRONMENT CONSIDERATIONS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                 |
| <input checked="" type="radio"/> Yes <input type="radio"/> No<br><input checked="" type="radio"/> Yes <input type="radio"/> No<br><input checked="" type="radio"/> Yes <input type="radio"/> No<br><input checked="" type="radio"/> Yes <input type="radio"/> No<br><input checked="" type="radio"/> Yes <input type="radio"/> No                                                                                                                                                                                                                                                                                                            | The school the student would normally attend, if not exceptional, was considered.<br>Only schools and classroom settings that are appropriate to the student's chronological age were considered.<br>Education in a regular classroom with the use of supplementary aids and services was considered.<br>The potentially harmful effects on the exceptional student and the quality of the student's services which might result from particular educational environments/placements were considered.<br>Integration with age-appropriate non-exceptional peers was considered. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                 |

**Greenville County Schools  
Special Education Services**

IEP Section VIII

Name: Antonio Calloway

ID: 480000610320

Grade: 09

IEP Meeting Date: 09/12/2008

| SPECIAL FACTORS THE TEAM MUST CONSIDER FOR THE IEP DEVELOPMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Assistive Technology Services/Devices</b><br>Does the student require assistive technology devices and services?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="radio"/> Yes, concern addressed in the IEP<br><input checked="" type="radio"/> No, not a concern                                                                                    |
| <b>Behavior</b><br>In the case of a student whose behavior impedes his/her learning or that of others, do strategies and supports, including positive behavioral interventions, address that behavior?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="radio"/> Yes, concern addressed in the IEP<br><input checked="" type="radio"/> No, not a concern                                                                                    |
| <b>Braille (Blind/Visually Impaired only)</b><br>Does a student who is blind or visually impaired require instruction in Braille as determined by the IEP team after an evaluation of the student's reading and writing skills, needs, and appropriate reading and writing media (including an evaluation of the student's future needs for instruction in Braille or the use of Braille)?<br><br><div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <b>If a concern, justify:</b> Braille instruction is not required for this student at this time. The evaluation of his or her reading and writing skills and current and future needs indicate that the absence of Braille instruction or use will not impair the student's ability to read and write effectively.           </div> | <input type="radio"/> Yes, concern addressed in the IEP<br><input checked="" type="radio"/> No, not a concern                                                                                    |
| <b>Communication Needs:</b><br>Have the communication needs of the student been considered? And in the case of a student who is deaf or hard of hearing, has the student's language and communication needs, opportunities for direct communication with peers and professional personnel in the student's age and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the student's language and communication mode been considered?                                                                                                                                                                                                                                                                                                             | <input type="radio"/> Yes, concern addressed in the IEP<br><input checked="" type="radio"/> No, not a concern                                                                                    |
| <b>Evaluation:</b><br>Were the results of the most recent evaluations considered?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input checked="" type="radio"/> Yes<br><input type="radio"/> No                                                                                                                                 |
| Were the results of the student's performance on any general statewide or districtwide assessment considered?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input checked="" type="radio"/> Yes<br><input type="radio"/> No                                                                                                                                 |
| <b>Limited English Proficiency</b><br>In the case of a student with limited English Proficiency, were the student's language needs as they relate to the student's IEP considered?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="radio"/> Yes, concern addressed in the IEP<br><input checked="" type="radio"/> No, not a concern                                                                                    |
| <b>Strengths/Concerns</b><br>Were the strengths of the student and the concerns of the parent(s) for enhancing the child's education considered?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input checked="" type="radio"/> Yes<br><input type="radio"/> No                                                                                                                                 |
| <b>Extended School Year</b><br>Were the student's needs for extended school year services considered?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="radio"/> Yes, concern addressed in the IEP. (See attached ESY Student Eligibility Review form)<br><input checked="" type="radio"/> No, ESY determination deferred until: 05/01/2008 |
| Based on the results of the ESY Eligibility Review, will the student receive extended school year services?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="radio"/> Yes (See attached Extended School Year Addendum form)<br><input type="radio"/> No<br><input type="radio"/> N/A                                                             |

## IEP Section X

**IEP Meeting Date: 09/12/2008**

The individuals listed below, including the parents, guardian or adult student, have attended the IEP/LRE meeting and participated as equal members in the development of this IEP:

| Signature        | Position           | Date    |
|------------------|--------------------|---------|
| W. J. King       | Student            | 9/12/08 |
| Dr. J. J. King   | Reg. Ed.           | 9/12/08 |
| Richard N. Jolly | Asst. Dir. - LEA   | 9-12-08 |
| William C. Jolly | Student            | 9-12-08 |
| Richard N. Jolly | Special Ed Teacher | 9-12-08 |

## PARENT STATEMENT

I have read or have had explained to me the IEP team documents, and I understand that I will receive a copy of these documents. I have received a copy of the Listing of Parental Rights.

**Signature of parent/legal guardian/surrogate parent/adult student**

Date \_\_\_\_\_

Meeting was held over the phone and parent gave verbal agreement.

# TRANSFER OF RIGHTS AT AGE OF MAJORITY

Student Name: Antonio Calloway Date: 9-12-08

Parent(s): Tashera Washington

## Parent Notice:

At age 18, your child will be entitled to make his/her own educational decisions. As a special education student, he/she has certain rights under federal and state law. As you know, these rights are explained in the "Parent Handbook to Special Education". A copy is attached for you and your child. Please discuss this responsibility with him/her. In addition, these rights will be explained to your child by his/her special education teacher, Talmadge Barry Cannon

If you have any questions, please do not hesitate to call me at 864-355-2300

Tashera M. Washington  
PARENT SIGNATURE

9-14-08  
DATE

---

## Student Notice:

As a special education student, you have certain rights under federal and state law. A "Parent Handbook to Special Education" has been provided to you and reviewed with you in an effort to help you better understand this very important responsibility.

The "Parent Handbook to Special Education" was reviewed with me by my special education teacher.

Antonio Calloway  
STUDENT SIGNATURE

9/12/08  
DATE

# THE SCHOOL DISTRICT OF GREENVILLE COUNTY

## MEETING SUMMARY

Date 9-12-08 ID# 480000610320  
Name Antonio Calloway School Carolina High  
Address 2725 Anderson Rd Greenville, SC 29611

### Minutes of the Meeting:

The committee met to conduct a return to district meeting for Antonio. Mr. Walker attended via a telephone conversation conference. Mr. Cannon gave a report on Antonio's present levels and <sup>Career</sup> interests. Antonio is making progress in all classes except keyboarding. Mr. Cannon has been speaking with Mrs. Williamson, and Mrs. Williamson stated that Antonio will not turn in all assignments. His behavior was discussed and the committee agreed that Antonio's behavior has improved but he will need goals will be written for behavior. Accomodation to regular ed were discussed and Antonio will need extra time to complete an assignment and a calculator. Goals and objectives were discussed for transition, behavior, English, Math, Science, and Career Prep. <sup>Mr. Cannon</sup> He discussed that when Antonio is promoted to 10<sup>th</sup> grade, he will attend the career center, he will be served in the self contained setting. Mr. Walker stated that he will continue talking to Antonio and hopes that he will continue to do well. Mr. Cannon also mentioned that Antonio has not met the PE requirement. The IEP was accepted and will be implemented a written

Signature of Committee Members /Position

*Will By Special*  
*Jeffery J. [unclear] Reg Ed.*  
*Deanne W. [unclear] Asst Dir.*  
*Antonio Calloway Student*  
*Talwadge Cannon Spec. Ed Teacher*

Signature of Committee Members/Position

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Greenville County Schools  
Special Education Services  
Letter of Invitation to IEP Meeting**

Tashera Washington

**Student's Name:** Antonio Calloway  
**Student ID:** 480000610320  
**School:** Carolina Academy  
**District:** Greenville County Schools  
**First Invitation date:** 09/03/2008  
**Second Invitation date:** 09/05/2008

Dear Tashera Washington,

You are invited to participate as an equal member of an individualized education program (IEP) team that will meet on Wednesday, September 10, 2008 at 12:30 PM at Conference Room for the following purpose(s):

- ☐ To discuss the findings of the recent evaluation/reevaluation and determine eligibility/continued eligibility for special education services. Before we begin the IEP meeting, we will provide you with a copy of the evaluation report and discuss it with you. If you prefer to have a copy of the evaluation report prior to the meeting, please contact us, and we will send one to you.
- ☐ To develop an initial IEP if appropriate.
- ☒ To conduct an annual review of your child's IEP.
- ☐ To conduct a special review of your child's IEP. (If this is a proposed change in identification or placement, please see attachment.)
- ☐ To discuss transition service needs or to develop a transition plan.
- ☐ To review existing evaluation data and develop a reevaluation plan.
- ☐ To conduct a manifestation determination review meeting.
- ☐ Other:

If it is determined that your child qualifies for or should continue in a program of special education, an IEP will be developed and the least restrictive placement will be determined. An IEP is a written document that includes goals and objectives to ensure that your child receives an appropriate education that has been designed to meet his or her special learning needs.

If your child is fourteen years of age or older (or will turn age fourteen during the effective dates of the IEP), the IEP team will discuss transition service needs, focusing on his or her courses of study. If your child is sixteen years of age or older (or will turn age sixteen during the effective dates of the IEP), the IEP team will discuss transition services and incorporate a transition services plan into the IEP. Your child will be invited to participate as an equal member of the IEP team anytime that transition service needs or services are discussed. At that time, we will discuss your child's interests and preferences as they relate to the development of the transition plan. Transition services will be discussed for younger children if the IEP team or you determine it is appropriate. If transition services are to be discussed, the specific agencies that are likely to be responsible for providing or paying for transition services must be identified and invited to the meeting. The following individuals will attend the meeting:

| Name, Title                          | Name, Title                      |
|--------------------------------------|----------------------------------|
| Antonio Calloway, Student            | Meiko Gary, Transition           |
| Tashera Washington, Mother           | Mr. Dawkins, Regular Ed. Teacher |
| Talmdage Cannon, Special Ed. Teacher | Ms. Talley, LEA                  |

You may bring other individuals who have knowledge or special expertise regarding your child to the meeting if you wish. Additionally, you have the right to determine whether your child will attend the meeting. If transition will be discussed, we will invite your child. If there is a communication problem, please notify me five days prior to the meeting, and an interpreter will be provided. You will be provided a copy of your child's IEP. Your child's IEP will be reviewed and revised annually, and you will be invited to participate in the annual review meeting. You may request a new IEP team meeting anytime you feel it is necessary. It is important that you be involved in all educational decisions regarding your child. Enclosed is the Greenville County School District Parent Handbook to Special Education, which includes a full explanation of all parental rights and procedural safeguards. For additional information, please call me. Please complete the attached "Parent and Student IEP Invitation Response" form and return it to me within five calendar days to let me know your plans regarding this meeting. It is very important for you to attend this meeting, and I look forward to seeing you there. You have the right to reschedule the meeting at a mutually agreeable time, date, and/or location. Please let me know if we need to reschedule the meeting by calling or by writing a note on the "Parent and Student IEP Invitation Response" form.

**Greenville County Schools  
Special Education Services  
Letter of Invitation to IEP Meeting  
Parent and Student IEP Invitation Response**

|                                |                  |           |         |
|--------------------------------|------------------|-----------|---------|
| Student Name: Antonio Calloway | ID: 480000610320 | Grade: 09 | Age: 16 |
|--------------------------------|------------------|-----------|---------|

Please return this page to: Talmadge Cannon

The meeting is currently scheduled for: Wednesday, September 10, 2008 at 12:30 PM at Conference Room  
PARENT RESPONSE

Please check one of the following:

- ☐ I will attend the meeting as scheduled.  
☐ I cannot attend the meeting as scheduled, but I would like to reschedule for: \_\_\_\_\_ (Date, time, and location)  
☐ I am unable to attend the meeting, and I do not wish to reschedule.  
☒ I would like to have the IEP/LRE meeting conducted by telephone conference on:  
9-12-08 at 12:30 (Date and time)

I require the following accommodation(s) at the meeting:

Sign Language Interpreting services: ☐ yes ☐ no

Other special needs: \_\_\_\_\_

Hashina M. Washington  
Signature of parent/legal guardian/surrogate parent

9-12-08  
Date

295-3201  
Telephone number

STUDENT RESPONSE (when applicable):

My signature here indicates I am aware of the time of the IEP meeting and have been invited:

Antonio C. Calloway  
Signature of student

09/10/08  
Date

**Office Use Only**

|                                |                                              |                                           |
|--------------------------------|----------------------------------------------|-------------------------------------------|
| Date of contact:<br>09/03/2008 | Type of contact:<br>Telephone                | Person making contact:<br>Talmadge Cannon |
| Date of contact:<br>09/05/2008 | Type of contact:<br>Telephone                | Person making contact:<br>Talmadge Cannon |
| Date of contact:<br>09/09/2008 | Type of contact:<br>Letter sent with student | Person making contact:<br>Talmadge Cannon |

Contact notations:

PARENT WAIVER STATEMENT (when applicable):

☐ The seven-day requirement for parent notification of an IEP meeting is hereby waived.

I understand the reason for the waiver to be: Parent request

Signature of parent/legal guardian/surrogate parent

Date

7-12-08 Meeting held over the phone as scheduled.

Greenville County Schools  
Special Education Services  
Letter of Invitation to IEP Meeting

Sincerely,



Talmadge Cannon  
Teacher-LD Self-Contained  
355-2300

Enclosures:

- ☐ Draft copy of IEP proposed by district/agency
- ☒ "Parent and Student IEP Invitation Response" form
- ☒ Listing of Parental Rights
- ☐ "IEP Proposal to Change Identification or Placement" form
- ☐ Other (specify):

THE SCHOOL DISTRICT OF GREENVILLE COUNTY  
CONSENT FOR TREATMENT/RELEASE OF INFORMATION

By signing this form, I give Greenville County School District permission to provide health-related services to my child. I understand that if my child is Medicaid eligible, the district may bill the South Carolina Medicaid Program for these services and that Medicaid will pay the district for providing these services. By signing this form I give Greenville County School District permission to release to the Medicaid Program any information related to these services that may be necessary for the processing of Medicaid claims. I understand that Medicaid payment for services provided by the district will not affect any other Medicaid service for which my child might be eligible.

Antonio Calloway  
Child's Name

250-89-8073  
Child's Social Security Number

4630136868  
Child's Medicaid Number

9-14-08  
Date

Hashina M. Washington  
Signature of Parent of Guardian

For District Use Only Valid for (check all that apply)

ABT ☐ Audio ☐ Nurse ☐ OT ☐ PT ☐ PSY ☐ OM ☐ SP ☐ PRS ☐

Greenville County Schools  
Special Education Services  
Parental Consent for Placement

Notice Date: 09/12/2008  
Student's name: Antonio Calloway  
Student ID: 480000610320  
School: Carolina Academy  
District: Greenville County Schools

Return this form to:

Dear Tashera Washington:

Your child has been recommended for placement in special education.

**Primary Category of Disability:** Specific Learning Disability

**Secondary Categories of Disability:**

**Program Model:**

Sincerely,

Talmadge Cannon  
Teacher-LD Self-Contained  
355-2300

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Parental Permission

PLEASE CHECK ONE:

☒ I give permission for the placement of my child as described above, and I have been given a copy the "Listing of Parental Rights" and understand the written explanation of my due process rights under state and federal law.

☐ I do not give permission for the placement of my child as described above and I have been given a copy the "Listing of Parental Rights" and understand the written explanation of my due process rights under state and federal law.

Signature:

Tashera M. Washington Date: 9-14-08

Mailing Address:

Piedmont Ave  
Greenville SC 29611

Phone Number:

(864) 295-3201 or 417-5821

I am the (check one)

☒ Parent  
☐ Legal Guardian  
☐ Surrogate Parent

## EXHIBIT H

1/23/12

MR. Christopher Posey,

I Antonio Calloway is hear by writin you this ' because.

I went over my Emotion Discoversd Plenty of times.

An the only thing I have on me is (heresay)

Evidence wich will not be able to prove me

Guilty. now From what I've seen none of the victim's

Could. Identify me in any case an Plus they

WAS not Positive Identifying any body. now From

What I know they must be 100% sure when

it come's to Identifying Someone. I just Recieved

this waved statement From a none Reliable witness

on the aboveed date. See statement. For details

I Feel that I should be put in For a lower

bond Reduction. For the Fact that the witness

Changeed his statement an he is know longer

a Reliable witness. that they only have his

statement Against me an that it is know

longer Reliable. that is a complete Change in

my case. God Bless...

~~Antonio Calloway~~

Antonio Calloway

PS: I would like For a dismissal on the  
Case or Probation.

Sworn Before Me on

this Day 1/24/2012

Brenda Lail Alexander

My Commission Expires

3/31/2021

I Daquan Seymour would like to wave my statement against Antonio Callaway. I really don't know who he is, i heard somebody talking bout him and what he was bout. I use his name because i was scared and still is scared i never knew i could be facing this much time just for riding with somebody. When i first got caught the investigator told me his name and force me to tell them something i dont even know bout. They told me if i didnt write what they wanted me to, that i was facing alot of time. They also promise me if i went along with that i wasn't going to be in this much trouble, thats why i wrote that statement. Most of my statement is what i heard from the streets so i dont know if its true or not. I put myself at the scene to seem cool and fit in with everybody. I really didnt know what was going on at that time being.

January 11, 2012  
\* Daquan Seymour

Daquan Seymour

Jerry Thompson

My Commission Expires  
April 1, 2021

STATE OF SOUTH CAROLINA  
COUNTY OF GREENVILLE

2-10-62788 7/30/10 4:45 pm

I, Daquan Anthony Seymour

Detective T. M. Conroy

do hereby give freely and voluntarily this statement to  
and Investigator M. Fortner

who have identified themselves to me to be Officers of the Greenville City Police Department, Greenville, South Carolina. I have been advised that I do not have to make this or any other statement, and that what I say can be used against me in a Court of Law. I have been advised that I have the right to Counsel with an Attorney of my choice, that if I am financially unable to obtain an Attorney the Court will appoint an Attorney to represent me. I have not been threatened or promised any reward to make this statement.

I am, years old and I reside at 241 Evelyn Dr. Lot 16 Greenville, SC 29605 864-277-4858

I have a 8<sup>th</sup> grade education, and I can read and write.

On Saturday 7/24/10, Joseph Cromer called at about 11:30 or 12 midnight, he was with Antonio Calloway and Mike. He wanted to know if I wanted to see some girls, I told them yeah. They picked me up from my house at about 12 something, they were in a white Ford Taurus four door. We went to the store and Mike went to get chips and then we brought Mike back to my house. Joseph and Antonio told me to come change, I put on Roca wear jeans a black t-shirt and a knit hat and kept my shoes on. Joseph, Antonio and I left and Joseph told Antonio to jump out on a car with rims on it but Antonio never got out, they tried to chase the car but lost it.

We were driving around for a while and we wound up in an apartment complex and Antonio "Noony" got out of the car and walked up to some white kids. Noony said, "Yeah what's up and the white kid asked if he wanted a cigarette, the white kid went to shake his hand, and Noony had a gun in his hand. Joseph told Noony to tell the guys to take them to their house, once at the house Joseph took the gun from Noony and walked through the house and made everyone get down on the ground in the living room. Joseph and Noony made everyone take their wallets and cell phones out and give them to them. There was a guy and a girl in the first room to the left and Joseph made them come out as well. One of the white guys kept talking and Noony punched him in the face, the white guy kept telling us to leave them alone. Noony and Joseph had cell phones and wallets and one of the guys said please don't take my wallet and I kicked it back to him. Noony took all of the touch screen phones and Joseph took a couple of other phones I didn't take anything, I sat on the couch most of the time. Some girl asked why are they doing this, I told her I didn't know but if it was up to me I would leave ya'll alone.

We then left and drove to some trailer park of White Horse Rd. Joseph was driving. He was watching these Mexicans they were driving and Joseph turned around on White Horse near a church by Tangelwood. He followed them to a trailer park and they turned and Joseph went straight and met up with them. Noony jumped out of the car and ran up to the Mexicans and told them to give us the money, he handled Noony like \$12.00 and the other Mexican was laughing. Noony told me to go into his pockets and I said no, Noony shot him in the leg. We then got back in the car and left Joseph never got out of the car.

Joseph and Noony wanted to rob some old black lady but I said no she is old so we didn't. Joseph then drove to the Citgo by Lakeside Park, he and Noony went in, they said they were going in to buy something. Joseph told me I could drive so I got in the drivers seat, when the came out of the store Joseph told me to drive. I drove down the street and Joseph and told me to pull over he wanted to drive, they took me home. About twenty minutes later Noony and Joseph came to my house, Joseph had a purse and Noony had some phones, Joseph told me that they robbed the Citgo. I think they had about \$100 and they split that, they got that from the store. Noony then went in to a kitchen cabinet and got black pepper and put it around the house. Noony left at about 10 or 11 in the morning and Joseph left in the afternoon.

This statment is true d.o

I have read the above statement of 1/1 pages and it is true and correct as best I recall.

WITNESS:

T. M. Conroy

Michael E. Fortner

X Daquan Anthony Seymour

I HAVE RECEIVED A COPY OF THIS STATEMENT

Scanned by

IPB

AGENCY I.D.  
SCQ230200

GREENVILLE POLICE DEPARTMENT  
SUPPLEMENTAL REPORT

CASE NUMBER

NCIC  
INQ. ENT.

1000062788

☐ ORIGINAL REPORT ☐ STATUS CHANGE ☐ ADDITIONAL VICTIMS ☐ ADDITIONAL STOLEN PROPERTY  
☒ SUPPLEMENTAL REPORT ☐ ADDITIONAL OFFENDERS ☐ ADDITIONAL RECOVERED PROPERTY

INCIDENT TYPE: Armed Robbery

PATROL DISTRICT: Charlie

PAGE 1 OF 1 PAGES

I.D. OVERFLOW

☐ COMPLAINANT  
☐ VICTIM #  
☒ SUBJECT  
☐ RUNAWAY  
☐ WANTED  
☐ WARRANT  
☐ ARREST  
☐ MISSING  
☐ JAIL  
☐

NAME (LAST, FIRST, MIDDLE)

Calloway, Antonio Corvsa

VICTIM RELATIONSHIP TO SUBJECT

#1 #2 #3 RESIDENT RACE SEX AGE D.O.B. ETH

ADDRESS

CITY

STATE

ZIP CODE

PATROL DISTRICT

H

DAY PHONE

B

EVENING PHONE

B

HEIGHT WEIGHT HAIR EYES

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

☐ VICTIM NO VISIBLE INJURY, ☐ YES ☐ NO

EXPLAIN:

COMPLAINT OF NON-VISIBLE INJURIES:  
☐ NO ☐ YES

VICTIM USING ALCOHOL: ☐ NO ☐ YES ☐ UNK

DRUGS ☐ NO ☐ YES TYPE: ☐ UNK

☐ TWO-MAN VEHICLE ☐ DETECTIVE/SPL. ASMT. ☐ ALONE

☐ ONE-MAN VEHICLE ☐ OTHER ☐ ASSISTED

☐ SUBJECT NO USING ALCOHOL: ☐ NO ☐ YES ☐ UNK

USING DRUGS: ☐ NO ☐ YES

TYPE:

☐ LINK

☐ ARRESTED ON CURRENT OFFENSE

☐ CLEARED BY ARREST ON PRIOR OFFENSE

ARRESTEE ARMED ☐ YES ☐ NO WEAPON TYPE:

☐ SEMI-AUTO ☐ FULL-AUTO

☐ ON VIEW ARREST ☐ SUMMONED ☐ CUSTODY

JUVENILE DISPOSITION: 1. ☐ HANDLED, RELEASED ☐ REFERRED TO OTHER AUTHORITY

On 8/24/10 I went to the detention center and brought Antonio Calloway to my office to be interviewed, prior to the interview I advised him of his rights. I noted his full name and his education level on the top of the form and he stated that he could read and write. I asked him to read the first line out loud and the rest of his rights to himself. When he got to the waiver of rights I asked him if he knew what the word coercion meant, I explained it meant force and could be mental or physical force trying to get him to say or do something he didn't want to do or say. He then read the waiver and initialed and signed the form stating that he understood the form.

Calloway stated that he did want to talk about his charges without an attorney. He went on to say that he never went in any apartment with Da who was identified as Daquan Seymour. I then asked him about Joseph Cromer and he stated that he didn't even know who he was. I showed him a picture of Cromer and he still denied knowing him. I asked about the phone he had been using and he said that he bought it off the street. I then told him that the phone he was using called Cromer's cell phone and he said that he didn't know him and didn't know why that number was on there.

Calloway stated that he didn't want to give a written statement, he was brought back to the detention center without incident.

| PROPERTY | TYPE      |  |  |  |  |  |  | TOTAL VALUE |
|----------|-----------|--|--|--|--|--|--|-------------|
|          | STOLEN    |  |  |  |  |  |  |             |
|          | DAMAGED   |  |  |  |  |  |  |             |
|          | BURNED    |  |  |  |  |  |  |             |
|          | RECOVERED |  |  |  |  |  |  |             |
|          | SEIZED    |  |  |  |  |  |  |             |

|                   |                                                                                                                                                                                                                                                                                 |         |                                                          |                                                                                  |                                                                        |           |                                               |          |                                               |  |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------------------------------|-----------|-----------------------------------------------|----------|-----------------------------------------------|--|
| ADMIN             | SUBJECT IDENTIFIED                                                                                                                                                                                                                                                              |         | SUBJECT LOCATED                                          |                                                                                  | <input type="checkbox"/> ACTIVE <input type="checkbox"/> ADMIN. CLOSED |           | <input type="checkbox"/> ARRESTED UNDER 18    |          | <input type="checkbox"/> EX-CLEAR UNDER 18    |  |
|                   | <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                                                                                                        |         | <input type="checkbox"/> YES <input type="checkbox"/> NO |                                                                                  | <input type="checkbox"/> UNFOUNDED                                     |           | <input type="checkbox"/> ARRESTED 1 BAND 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"/> VICTIM/DECLINES COOPERATION 4. <input type="checkbox"/> EXTRADITION DENIED 5. <input type="checkbox"/> JUVENILE-NO ARREST |         |                                                          |                                                                                  |                                                                        |           |                                               |          |                                               |  |
|                   | REPORTING OFFICER(S) BY STAR #                                                                                                                                                                                                                                                  |         | DATE                                                     | UNIT NO.                                                                         | APPROVING OFFICER                                                      |           | DATE                                          | UNIT NO. |                                               |  |
| Conroy, T. M. 273 |                                                                                                                                                                                                                                                                                 | 9/10/10 | 60                                                       | [Signature]                                                                      |                                                                        | 9-13-10   | 41                                            |          |                                               |  |
|                   |                                                                                                                                                                                                                                                                                 |         |                                                          | FOLLOW UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO |                                                                        | (OFFICER) |                                               |          |                                               |  |

CRIME ANALYSIS

SLED

RECORDS

DETECTIVES

ROLL CALL

9-22-10

13 SEP 2010 09 40

## Supplemental Report

10000115571

|                                                         |                                                                                                                     |                                                |                                                                                                     |                                                                         |                                |                                                                                                            |           |                                                                                                            |                                                                                          |                                                                                                          |     |               |
|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----|---------------|
| <input type="checkbox"/> Original Report                | <input type="checkbox"/> Status Change                                                                              | <input type="checkbox"/> Additional Victims    | <input type="checkbox"/> Additional Stolen Property                                                 | Incident Type                                                           | 0139 - Robbery: Armed          |                                                                                                            |           |                                                                                                            |                                                                                          |                                                                                                          |     |               |
| <input checked="" type="checkbox"/> Supplemental Report | <input type="checkbox"/> Other Report                                                                               | <input type="checkbox"/> Additional Defendants | <input type="checkbox"/> Additional Recovered Property                                              | Patrol District                                                         | 06                             | Page                                                                                                       | 5         | of                                                                                                         | 6                                                                                        | Pages                                                                                                    |     |               |
| I.D. OVERFLOW                                           | <input type="checkbox"/> Complainant                                                                                | Subject's Name (Last, first, Middle)           |                                                                                                     |                                                                         | Victim Relationship To Subject |                                                                                                            | Ethnicity | Resident                                                                                                   | Race                                                                                     | Sex                                                                                                      | Age | Date of Birth |
|                                                         | <input type="checkbox"/> Victim                                                                                     | Address                                        |                                                                                                     |                                                                         | City                           | State                                                                                                      | Zip Code  | Patrol District                                                                                            | Day Phone                                                                                | Evening Phone                                                                                            |     |               |
|                                                         | <input type="checkbox"/> Subject                                                                                    | Height                                         | Weight                                                                                              | Hair                                                                    | Eyes                           | Facial Hair, Scars, Tattoos, Glasses, Clothing, Physical, Peculiarities, Etc.                              |           |                                                                                                            |                                                                                          |                                                                                                          |     |               |
|                                                         | <input type="checkbox"/> Runaway                                                                                    | <input type="checkbox"/> Victim No. _____      |                                                                                                     | Visible Injury <input type="checkbox"/> Yes <input type="checkbox"/> No |                                | Complaint of any Non-Visible Injuries <input type="checkbox"/> Yes <input type="checkbox"/> No             |           | Victim Using Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk |                                                                                          | Two-Man Veh <input type="checkbox"/> One Man Veh <input type="checkbox"/> ALONE <input type="checkbox"/> |     |               |
|                                                         | <input type="checkbox"/> Wanted                                                                                     | Explain:                                       |                                                                                                     |                                                                         |                                |                                                                                                            |           | Drugs <input type="checkbox"/> No <input type="checkbox"/> Yes Type:                                       |                                                                                          | Detective <input type="checkbox"/> Other <input type="checkbox"/> ASSISTED <input type="checkbox"/>      |     |               |
| <input type="checkbox"/> Arrest                         | Subject No. _____                                                                                                   |                                                | Using Alcohol <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unk |                                                                         |                                |                                                                                                            |           |                                                                                                            | <input type="checkbox"/> Arrested on Current Offense                                     |                                                                                                          |     |               |
| <input type="checkbox"/> Missing                        |                                                                                                                     |                                                | Using Drugs <input type="checkbox"/> No <input type="checkbox"/> Yes Type:                          |                                                                         |                                |                                                                                                            |           |                                                                                                            | <input type="checkbox"/> Unk <input type="checkbox"/> Cleared By Arrest on Prior Offense |                                                                                                          |     |               |
| <input type="checkbox"/> Jail                           | Arrestee Armed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                  |                                                |                                                                                                     | Weapon Type                                                             |                                | <input type="checkbox"/> On View Arrest <input type="checkbox"/> Summoned <input type="checkbox"/> Custody |           |                                                                                                            |                                                                                          |                                                                                                          |     |               |
| <input type="checkbox"/> Other                          | Juvenile Disposition <input type="checkbox"/> Handled Released <input type="checkbox"/> Referred To Other Authority |                                                |                                                                                                     |                                                                         |                                |                                                                                                            |           |                                                                                                            |                                                                                          |                                                                                                          |     |               |

Arrest Location

Gang Affiliation: PG - Possibly Gang Related

WHILE AT THE RESIDENCE, INVESTIGATOR WEINER READ SEYMOUR HIS RIGHTS IN PRESENCE OF HIS MOTHER. SEYMOUR THEN SHOWED INVESTIGATORS WEINER AND CONROY THE LOCATION OF ONE OF THE PHONES HE HAD BEEN USING THAT WAS TAKEN IN THE ROBBERIES. THE PHONE, ACCORDING TO INVESTIGATORS WEINER AND CONROY, WAS LOCATED AT AN ABANDONED MOBILE HOME ACROSS THE ROADWAY IN THE MOBILE HOME PARK. THEY RETRIEVED THE PHONE WHILE I COMPLETED THE FILLING OUT OF THE SEARCH WARRANT.

ALL THE ITEMS WERE COLLECTED. I LEFT A COPY OF THE SEARCH WARRANT WITH SEYMOUR'S MOTHER. SEYMOUR WAS BROUGHT TO THE LEC AND TAKEN TO INVESTIGATOR CONROY'S OFFICE. I SAT IN ON THE INTERVIEW. PRIOR TO MY ARRIVAL, INVESTIGATOR CONROY HAD READ TO SEYMOUR HIS RIGHTS. A COPY OF THE WAIVER WAS PROVIDED TO ME BY INVESTIGATOR CONROY.

SEYMOUR STATES THAT CROMER AND CALLOWAY CALLED HIM ON 07-24-10 AND ASKED IF HE WANTED TO GO SEE SOME GIRLS. HE STATES THAT THEY PICKED HIM UP A LITTLE AFTER MID-NIGHT (07-25-10) AND THEY WERE IN A WHITE FORD TAURUS. HE STATES THAT THEY WENT TO A STORE AND BOUGHT SOME CHIPS AND THEN RETURNED TO SEYMOUR'S RESIDENCE. WHILE THERE, SEYMOUR STATES THAT HE CHANGED INTO A PAIR OF ROCAWEAR JEANS AND A KNIT HAT. HE SAID HE KEPT HIS SHOES ON.

SEYMOUR THEN DESCRIBED TO INVESTIGATOR CONROY HOW THE INCIDENT THAT IS BEING INVESTIGATED BY INVESTIGATOR CONROY HAPPENED. SEE THE STATEMENT FOR MORE DETAILS.

SEYMOUR THEN WENT ON AND DESCRIBED THIS INCIDENT. SEYMOUR STATES THAT CROMER DROVE TO THE AREA OF THE CITGO WHICH HE SAID WAS NEAR LAKESIDE PARK. SEYMOUR STATES THAT ONCE THEY GOT THERE, HE GOT IN THE DRIVER'S SEAT AND CROMER AND CALLOWAY WENT INTO THE STORE. SEYMOUR STATES THAT CALLOWAY AND CROMER TOLD HIM THAT THEY WERE GOING TO GO INTO THE STORE TO BUY SOMETHING. SEYMOUR STATES THAT CROMER AND CALLOWAY RETURNED AND HE WAS TOLD TO DRIVE AWAY. SEYMOUR STATES THAT HE DROVE DOWN THE ROAD A SHORT DISTANCE AND CROMER THEN TOLD HIM TO PULL OVER. CROMER THEN TOOK OVER THE DRIVING. SEYMOUR STATES THAT CROMER TOLD HIM THAT THEY ROBBED THE CITGO.

SEYMOUR THEN WENT ON AND DESCRIBED THE ROBBERY WHICH INVOLVED THE HISPANIC VICTIMS ONE OF WHICH WAS SHOT ONCE IN HIS LEG. SEE SEYMOUR'S STATEMENT AND 10-115567 FOR MORE DETAILS.

INVESTIGATOR CONROY TOOK A TYPED STATEMENT FROM SEYMOUR AND HAD HIM READ OVER IT. SEYMOUR STATED THAT IT WAS CORRECT. SEYMOUR THEN SIGNED HIS STATEMENT AND INVESTIGATOR CONROY AND I SIGNED AS WITNESSES.

|          |                                                                     |               |                                                                                 |               |                                                                                                       |             |                                                          |             |
|----------|---------------------------------------------------------------------|---------------|---------------------------------------------------------------------------------|---------------|-------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------|-------------|
| PROPERTY | Status                                                              | Property Type | Quantity                                                                        | Property Make | Color                                                                                                 | Description | Serial # / OAN                                           | Value       |
|          |                                                                     |               |                                                                                 |               |                                                                                                       |             |                                                          |             |
|          |                                                                     |               |                                                                                 |               |                                                                                                       |             |                                                          |             |
|          |                                                                     |               |                                                                                 |               |                                                                                                       |             |                                                          |             |
|          |                                                                     |               |                                                                                 |               |                                                                                                       |             |                                                          |             |
| ADMIN    | Subject Identified                                                  |               | Subject Located                                                                 |               | <input type="checkbox"/> Active <input type="checkbox"/> Admin Closed                                 |             | <input type="checkbox"/> Arrested 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 checked="" type="checkbox"/> Arrested 18 and Over |             |
|          | Reason For Exceptional Clearance                                    |               | <input type="checkbox"/> Offender Death <input type="checkbox"/> No Prosecution |               | <input type="checkbox"/> Victim Declines Cooperation                                                  |             | <input type="checkbox"/> Ex-Cleared Under 18             |             |
|          | Reporting Officer(s)                                                |               | Date                                                                            | Unit#/Star#   | Approving Officer                                                                                     |             | Date                                                     | Unit#/Star# |
|          | FORTNER, MICHAEL                                                    |               | 08/06/2010                                                                      | 523 / 00129   | SGT. COOPER                                                                                           |             | 08/06/2010                                               | 505 / 00081 |
|          |                                                                     |               |                                                                                 |               | Follow Up Investigation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Officer) |             |                                                          |             |

I.D. OVERFLOW

☐ Complainant  
☐ Victim  
☐ Subject  
☐ Runaway  
☐ Wanted  
☐ Arrest  
☐ Missing  
☐ Jail  
☐ Other

Subject's Name (Last, first, Middle) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_ Facial Hair \_\_\_\_\_ Scars, Tattoos, Glasses, Clothing, Physical, Peculiarities, Etc. \_\_\_\_\_  
 Victim Relationship To Subject \_\_\_\_\_ Ethnicity \_\_\_\_\_ Resident \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
☐ Victim No. \_\_\_\_\_ Visible Injury ☐ Yes ☐ No Complainant of any Injuries ☐ Yes ☐ No  
 Explain: \_\_\_\_\_ Victim Using Alcohol ☐ Yes ☐ No ☐ Unk  
 Subject No. \_\_\_\_\_ Using Alcohol ☐ No ☐ Yes ☐ Unk  
 Using Drugs ☐ No ☐ Yes Type: \_\_\_\_\_  
 Arrestee Armed ☐ Yes ☒ No Weapon Type \_\_\_\_\_  
 Juvenile Disposition ☐ Handled Released ☐ Referred To Other Authority \_\_\_\_\_  
 Arrest Location \_\_\_\_\_  
 Gang Affiliation: NG - Not Gang Related

☐ Two-Man Veh ☐ One Man Veh ☐ ALONE ☐ ASSISTED  
☐ Detective ☐ Other ☐ Arrested on Current Offense ☐ Unk ☐ Cleared By Arrest on Prior Offense  
☐ On View Arrest ☐ Summoned ☐ Custody

as possessing the stolen phone. Another phone led Det. Conroy to another suspect listed, Daquan Seymour. Det. Conroy, Det. Luc Inv. Fortner, and I drove to Seymour's listed residence off of Evelyn Dr., just a short distance from where the white Taurus was left on Buhrmaster Dr. Det. Conroy had already obtained a statement from a female subject who said that Seymour admitted to the robbery on Anderson Rd. (1-10-115567) and the Citgo on Piedmont Hwy. (1-10-115571). Because all of the cases were clearly related my time, suspect descriptions, weapon descriptions, and suspect actions, Inv. Fortner and I obtained warrants for Seymour on our assigned cases.

Seymour was home and I verbally interviewed him with his mother present. He did admit to the case Det. Conroy was working on Cleveland St. as well as the one on Anderson Rd. and Piedmont Hwy. but he kept denying this case. Seymour also turned over a cellular phone stolen during the case being worked by Det. Conroy. Seymour implicated Calloway and Cromer in his statement.

Based on Seymour's statement I obtained the listed warrants on Calloway and Cromer. Cromer was arrested on 8-3-10, but as of the time of this report I have not yet interviewed him. Calloway remains at large.

NARRATIVE

| Serials | Property Type | Quantity | Present | Color | Description | Serial # / OAN | Value |
|---------|---------------|----------|---------|-------|-------------|----------------|-------|
|         |               |          |         |       |             |                |       |
|         |               |          |         |       |             |                |       |
|         |               |          |         |       |             |                |       |
|         |               |          |         |       |             |                |       |
|         |               |          |         |       |             |                |       |

Subject Identified ☒ Yes ☐ No  
 Reason For Exceptional Clearance ☐ Offender Death ☐

Subject Located ☒ Yes ☐ No  
 Reporting Officer(s) WEINE, DAVID Date 08/03/2010 Unit#/Star# 621 / 60630

☐ Active ☐ Admin Closed ☐ Arrested Under 18 ☐ Ex-Cleared Under 18  
☐ Unfounded ☒ Arrested 18 and Over ☐ Ex-Cleared 18 and Over  
☐ Victim Declines Cooperation ☐ Extradition Denied ☐ Juvenile No Arrest  
 Reporting Officer \_\_\_\_\_ Date \_\_\_\_\_ Unit#/Star# \_\_\_\_\_  
 Follow Up ☐ Yes ☒ No (Officer) \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_ Unit#/Star# \_\_\_\_\_

## Supplemental Report

10000115571

|                                                                                                                     |                                        |                                                |                                                        |                                                                                                     |                                                                            |                                                                                                |                                                                                                            |                                                                                                            |           |               |               |
|---------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------|---------------|---------------|
| <input type="checkbox"/> Original Report                                                                            | <input type="checkbox"/> Status Change | <input type="checkbox"/> Additional Victims    | <input type="checkbox"/> Additional Stolen Property    | Incident Type 0139 - Robbery: Armed                                                                 |                                                                            |                                                                                                |                                                                                                            |                                                                                                            |           |               |               |
| <input checked="" type="checkbox"/> Supplemental Report                                                             | <input type="checkbox"/> Other Report  | <input type="checkbox"/> Additional Defendants | <input type="checkbox"/> Additional Recovered Property | Patrol District 06 Page 6 of 6 Pages                                                                |                                                                            |                                                                                                |                                                                                                            |                                                                                                            |           |               |               |
| I.D. OVERFLOW                                                                                                       | <input type="checkbox"/> Complainant   | Subject's Name (Last, first, Middle)           |                                                        |                                                                                                     | Victim Relationship To Subject                                             | Ethnicity                                                                                      | Resident                                                                                                   | Race                                                                                                       | Sex       | Age           | Date of Birth |
|                                                                                                                     | <input type="checkbox"/> Victim        | Address                                        |                                                        |                                                                                                     | City                                                                       | State                                                                                          | Zip Code                                                                                                   | Patrol District                                                                                            | Day Phone | Evening Phone |               |
|                                                                                                                     | <input type="checkbox"/> Subject       | Height                                         | Weight                                                 | Hair                                                                                                | Eyes                                                                       | Facial Hair, Scars, Tattoos, Glasses, Clothing, Physical, Peculiarities, Etc.                  |                                                                                                            |                                                                                                            |           |               |               |
|                                                                                                                     | <input type="checkbox"/> Runaway       | <input type="checkbox"/> Victim No. _____      |                                                        |                                                                                                     | Visible Injury <input type="checkbox"/> Yes <input type="checkbox"/> No    | Complaint of any Non-Visible Injuries <input type="checkbox"/> Yes <input type="checkbox"/> No | Victim Using Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | Two-Man Veh <input type="checkbox"/> One Man Veh <input type="checkbox"/> ALONE <input type="checkbox"/>   |           |               |               |
|                                                                                                                     | <input type="checkbox"/> Wanted        | Explain:                                       |                                                        |                                                                                                     | Drugs <input type="checkbox"/> No <input type="checkbox"/> Yes Type:       |                                                                                                |                                                                                                            | Detective <input type="checkbox"/> Other <input type="checkbox"/> ASSISTED <input type="checkbox"/>        |           |               |               |
| <input type="checkbox"/> Arrest                                                                                     | Subject No. _____                      |                                                |                                                        | Using Alcohol <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unk | Using Drugs <input type="checkbox"/> No <input type="checkbox"/> Yes Type: |                                                                                                |                                                                                                            | <input type="checkbox"/> Arrested on Current Offense                                                       |           |               |               |
| <input type="checkbox"/> Missing                                                                                    |                                        |                                                |                                                        |                                                                                                     |                                                                            |                                                                                                | <input type="checkbox"/> Unk <input type="checkbox"/> Cleared By Arrest on Prior Offense                   |                                                                                                            |           |               |               |
| <input type="checkbox"/> Jail                                                                                       |                                        |                                                |                                                        |                                                                                                     |                                                                            |                                                                                                |                                                                                                            |                                                                                                            |           |               |               |
| <input type="checkbox"/> Other                                                                                      |                                        |                                                |                                                        |                                                                                                     |                                                                            |                                                                                                |                                                                                                            |                                                                                                            |           |               |               |
| Arrestee Armed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                  |                                        |                                                |                                                        | Weapon Type:                                                                                        |                                                                            |                                                                                                |                                                                                                            | <input type="checkbox"/> On View Arrest <input type="checkbox"/> Summoned <input type="checkbox"/> Custody |           |               |               |
| Juvenile Disposition <input type="checkbox"/> Handled Released <input type="checkbox"/> Referred To Other Authority |                                        |                                                |                                                        |                                                                                                     |                                                                            |                                                                                                |                                                                                                            |                                                                                                            |           |               |               |
| Arrest Location                                                                                                     |                                        |                                                |                                                        | Gang Affiliation: PG - Possibly Gang Related                                                        |                                                                            |                                                                                                |                                                                                                            |                                                                                                            |           |               |               |

I THEN COMPLETED THE NECESSARY PAPERWORK TO PLACE SEYMOUR IN THE JUVENILE SECTION OF THE GREENVILLE COUNTY DETENTION CENTER. PRIOR TO TAKING HIM THERE, I CALLED DISPATCH AND REQUEST A PHONE NUMBER FOR THE ON-CALL DJJ AGENT. I WAS PROVIDED WITH THE PAGER NUMBER OF 385-4521. I PAGED THIS NUMBER AND ENTERED MY CELL PHONE NUMBER AND AFTER ABOUT THIRTY MINUTES I HAD NOT GOTTEN A RESPONSE. I AGAIN PAGED THIS NUMBER AND DID NOT GET A RESPONSE. I THEN CALLED DISPATCH AND ASKED IF THEY HAD ANY OTHER NUMBERS FOR THE ON-CALL DJJ AGENT. THE DISPATCHER TOLD ME THAT SHE WAS GOING TO CALL THE DJJ SUPERVISOR. DISPATCH THEN CALLED ME BACK AND PROVIDED ME WITH THE NUMBER OF 290-4268. DISPATCH ADVISED THAT THE DJJ SUPERVISOR SAID THAT THE PAGER NUMBER WAS NO LONGER ANY GOOD. I THEN CALLED THE NEW NUMBER AND DID NOT GET AN ANSWER, SO I LEFT A MESSAGE. I DID NOT GET A RETURN CALL, SO I AGAIN CALLED THE NUMBER AND DID NOT GET AN ANSWER. I THEN CALLED THE LOCAL DJJ OFFICE NUMBER TO SEE IF I COULD POSSIBLY MAKE CONTACT WITH ANYONE THERE SINCE IT WAS TOO LATE. AGAIN, I DID NOT GET AN ANSWER. AT THIS TIME, I TOOK SEYMOUR TO THE DETENTION CENTER AND SIGNED HIM IN. I ADVISED DETENTION PERSONNEL THAT I WAS NOT ABLE TO CONTACT ANYONE WITH DJJ.

DURING THE SIGN IN PROCESS, I TOOK SEYMOUR'S SHOES SINCE THEY MATCHED THE SHOE DESCRIPTION IN CASE NUMBER 10-115571.

I PLACED THE SHOES IN P&E.

AS A RESULT OF SEYMOUR'S STATEMENT, I THEN SIGNED THE LISTED WARRANTS ON CALLOWAY AND CROMER. ONCE I SIGNED THE WARRANTS, I COMPLETED BOLO FORMS FOR BOTH CROMER AND CALLOWAY. I THEN HAD THEN DISSEMINATED BY EMAIL AND DISTRIBUTED THROUGHOUT THE SHERIFF'S OFFICE.

ON 08-03-10, I WAS NOTIFIED THAT SUSPECT # 3 WAS ARRESTED. INVESTIGATOR WEINER CALLED ME AFTER HE WAS NOTIFIED AND INFORMED ME THAT SUSPECT # 3 WAS NOT COOPERATING, SO WE DID NOT RESPOND TO INTERVIEW HIM.

ON 08-04-10, INVESTIGATOR CONROY AND WEINER SIGNED SUSPECT # 3 OUT OF THE DETENTION CENTER. I WAS ADVISED THAT HE DENIED ANY KNOWLEDGE OF ANY OF THE ROBBERIES FOR WHICH HE WAS ARRESTED.

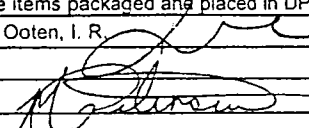
THIS CASE IS CLEARED BY ARREST.

\*\*\*\*\*CLEARED BY ARREST\*\*\*\*\*

|          |                                                                     |               |                                                                                                                                                                                                                              |                                                                                                       |                                                                       |             |                                                          |       |
|----------|---------------------------------------------------------------------|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------|----------------------------------------------------------|-------|
| PROPERTY | Status                                                              | Property Type | Quantity                                                                                                                                                                                                                     | Property Make                                                                                         | Color                                                                 | Description | Serial # / OAN                                           | Value |
|          |                                                                     |               |                                                                                                                                                                                                                              |                                                                                                       |                                                                       |             |                                                          |       |
|          |                                                                     |               |                                                                                                                                                                                                                              |                                                                                                       |                                                                       |             |                                                          |       |
|          |                                                                     |               |                                                                                                                                                                                                                              |                                                                                                       |                                                                       |             |                                                          |       |
|          |                                                                     |               |                                                                                                                                                                                                                              |                                                                                                       |                                                                       |             |                                                          |       |
| ADMIN    | Subject Identified                                                  |               | Subject Located                                                                                                                                                                                                              |                                                                                                       | <input type="checkbox"/> Active <input type="checkbox"/> Admin Closed |             | <input type="checkbox"/> Arrested 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 checked="" type="checkbox"/> Arrested 18 and Over |       |
|          |                                                                     |               |                                                                                                                                                                                                                              |                                                                                                       |                                                                       |             | <input type="checkbox"/> Ex-Cleared Under 18             |       |
|          |                                                                     |               |                                                                                                                                                                                                                              |                                                                                                       |                                                                       |             | <input type="checkbox"/> Ex-Cleared 18 and Over          |       |
|          | Reason For Exceptional Clearance                                    |               | <input type="checkbox"/> Offender Death <input type="checkbox"/> No Prosecution <input type="checkbox"/> Victim Declines Cooperation <input type="checkbox"/> Extradition Denied <input type="checkbox"/> Juvenile No Arrest |                                                                                                       |                                                                       |             |                                                          |       |
|          | Reporting Officer(s)                                                | Date          | Unit#/Star#                                                                                                                                                                                                                  | Approving Officer                                                                                     | Date                                                                  | Unit#/Star# |                                                          |       |
|          | FORTNER, MICHAEL                                                    | 08/06/2010    | 623 / 00129                                                                                                                                                                                                                  | SGT. COOPER                                                                                           | 08/06/2010                                                            | 505 / 00081 |                                                          |       |
|          |                                                                     |               |                                                                                                                                                                                                                              | Follow Up Investigation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Officer) |                                                                       |             |                                                          |       |

92910

# GREENVILLE COUNTY DPS FORENSIC INVESTIGATION REPORT

| CRIME SCENE INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |                                                                                     |                    |                               |                         |                                                                                            |                     |                          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------------------------------------------------------------|--------------------|-------------------------------|-------------------------|--------------------------------------------------------------------------------------------|---------------------|--------------------------|--|
| Requesting Agency: Greenville Police Department                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |                                                                                     |                    |                               | Response Date: 07/25/10 |                                                                                            | Case #: 2-10-062788 |                          |  |
| Offense: <b>ARMED ROBBERY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                                                                                     | Secondary Offense: |                               |                         | Area: <b>CHARLIE</b>                                                                       |                     |                          |  |
| Location: <b>CLEVELAND ST. APT. D101</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                   |                                                                                     |                    |                               | City: <b>GREENVILLE</b> |                                                                                            | State: <b>SC</b>    |                          |  |
| Secondary Location:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   |                                                                                     |                    |                               | City:                   |                                                                                            | State:              |                          |  |
| Recd: 0755                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   | En Route: 0755                                                                      |                    | Arrived: 0808                 |                         | Cleared: 0854                                                                              |                     | En Route 0854            |  |
| Investigating Officer: <b>COBB</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |                                                                                     |                    | Officer Unit #: 104           |                         | On scene upon arrival: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |                     |                          |  |
| VICTIM/COMPLAINANT INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                                                                                     |                    |                               |                         |                                                                                            |                     |                          |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Victim/Individual | Name: [REDACTED]                                                                    |                    | Address: <b>SAME AS ABOVE</b> |                         | City:                                                                                      |                     | State: [REDACTED]        |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Complainant       | Name: <b>WADE, CAROLINE (MOTHER)</b>                                                |                    | Address: <b>SAME AS ABOVE</b> |                         | City:                                                                                      |                     | State: [REDACTED]        |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | N/A               | Name:                                                                               |                    | Address:                      |                         | City:                                                                                      |                     | State: Phone #:          |  |
| VEHICLE INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   |                                                                                     |                    |                               |                         |                                                                                            |                     |                          |  |
| Vehicle Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1                 | Make:                                                                               |                    | Model:                        |                         | Year:                                                                                      |                     | VIN / Tag:               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   | Registered Owner:                                                                   |                    | Address:                      |                         |                                                                                            |                     |                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2                 | Make:                                                                               |                    | Model:                        |                         | Year:                                                                                      |                     | VIN / Tag:               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   | Registered Owner:                                                                   |                    | Address:                      |                         |                                                                                            |                     |                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3                 | Make:                                                                               |                    | Model:                        |                         | Year:                                                                                      |                     | VIN / Tag:               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   | Registered Owner:                                                                   |                    | Address:                      |                         |                                                                                            |                     |                          |  |
| INCIDENT NARRATIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |                                                                                     |                    |                               |                         |                                                                                            |                     |                          |  |
| <p><u>Narrative:</u> On 07/25/10 this R/O responded to the above listed incident location in reference to an armed robbery. Upon arrival the officer stated the complainant at approximately 0300 hours this said date the victim had some friends over to her residence while the mother was gone. The officer stated the victim lives in a first floor apartment and the glass sliding doors were open because her guests were coming and going through the doors. The officer stated two of the guests were followed inside by (3) unknown B/M subjects. One of the subjects reportedly wore gloves and that subject was carrying a gun. The officer stated the subject with the gun opened the door to a bedroom door located in front of the kitchen then made the victims, which was approximately 9 in number, go inside while the other (2) suspects went to the back rooms. The officer stated the other suspects were not wearing gloves. The victim stated the suspect with the gun told her "we normally shoot people in the leg". This R/O advised the officer that (2) different armed robberies had occurred within Greenville County this same date matching the description of the suspects and that the victims of those incidents had been shot in the leg. The officer stated the sliding glass doors were opened but the suspects pulled one of the vertical blind slats down. The officer advised the suspects went into the complainant's room and opened her jewelry box but did not take anything. The suspects reportedly took some of the cell phones belonging to the victims, but not all of them, then left in a white vehicle which also matched the color of the vehicle driven at the aforementioned armed robberies. The officer stated there were no injuries. The officer advised the victims waited around the residence before breaking up with some leaving while the victim went to Simpsonville with some of her friends where they advised the parents of the incident.</p> <p>This R/O observed no signs of forced entry to the residence.</p> <p><u>This R/O processed the vertical blind slat that was torn down by the suspect, as well as the exterior bedroom door knob where the victims were placed and the complainant's jewelry box for latent prints. Latent prints were not obtained.</u></p> <p>No further action taken on scene.</p> |                   |                                                                                     |                    |                               |                         |                                                                                            |                     |                          |  |
| DISPOSITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                                                                                     |                    |                               |                         |                                                                                            |                     |                          |  |
| Photographs <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   | Photo I.D. #                                                                        |                    | Photo I.D. #                  |                         | Note:                                                                                      |                     |                          |  |
| Collected Items Processed: <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   | Results: <b>N/A</b>                                                                 |                    | Remarks: <b>N/A</b>           |                         |                                                                                            |                     |                          |  |
| Forensic Investigation Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   | Latents forwarded to DPS Latent Division: <input checked="" type="checkbox"/>       |                    |                               |                         | Elimination prints forwarded to DPS Latent Division: <input checked="" type="checkbox"/>   |                     |                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   | Evidence items packaged and placed in DPS P&E: <input type="checkbox"/>             |                    |                               |                         | Total evidence items placed into P&E:                                                      |                     |                          |  |
| REPORTING OFFICER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   | Ooten, I. R.                                                                        |                    | STAR #                        |                         | 8942                                                                                       |                     | UNIT # 922 DATE 08/04/10 |  |
| REPORTING OFFICER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |                                                                                     |                    | STAR #                        |                         |                                                                                            |                     | UNIT # DATE              |  |
| APPROVING SUPERVISOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   |  |                    | STAR #                        |                         | 8565                                                                                       |                     | UNIT # 912 DATE 8/8/10   |  |

Scanned by  
JFB

08-10-108

12 AUG 2 11 21

# Greenville County Sheriff's Office

4 McGee St.  
Greenville, South Carolina 29601

## VICTIM/WITNESS STATEMENT

Case Number 10-115571

Date 08-09-10 1440 HOURS

I, KIMBERLY DENISE REID, do hereby give freely and voluntarily this statement to MICHAEL E. FORTNER and \_\_\_\_\_ who have identified themselves to me to be Deputies of the Greenville County Sheriffs Office, Greenville, South Carolina.

I am 46 years old and I reside at \_\_\_\_\_

ON JULY 25, 2010 AT APPROXIMATELY 6:25 AM I WAS WORKING AT THE CITGO STATION. IT WAS MY DAY OFF, BUT I OWED MY THIRD SHIFT AN HOUR. I WORK AS THE MANAGER THERE. MELANIE WAS ON THE CANDY AISLE AND I WAS ON THE AISLE BY THE DOG FOOD. A GUY RAN IN AND AT FIRST I THOUGHT HE WAS PLAYING, BUT THEN I SAW THE GUN. I WENT BEHIND THE COUNTER AND HE WANTS THE MONEY OUT OF THE REGISTER. MELANIE TRIED TO GET THE MONEY OUT FOR HIM AND COULDN'T. I OPENED THE REGISTER FOR HIM AND HE THEN WENT TO THE OTHER REGISTER. MELANIE OPENED THAT ONE. HE THEN WANTED THE MONEY OUT OF THE SAFE. I ACTED LIKE THAT I WAS GOING TO OPEN, BUT I TOLD HIM THAT IT WOULD TAKE THIRTY MINUTES. A GUY CAME TO THE DOOR AND TOLD THE GUY IN THE STORE TO HURRY UP. HE SAID, "COME ON NIGGER." HE ASKED WHOSE VEHICLE THAT WAS AND HE WAS POINTING TO MY CAR. I TOLD HIM THAT IT WAS MY CAR. HE THEN TOLD ME TO GIVE HIM THE KEYS TO THE CAR. I DID AND THEY TOLD MELANIE AND I TO LAY ON THE GROUND. THAT WAS WHEN HE ASKED ABOUT MY CAR AND THE KEYS. WE LAID THERE FOR A FEW MINUTES AND I REACHED FOR THE PHONE AND DIALED 911. I LOOKED UP AND THERE WERE TWO PEOPLE IN THE STORE AND I ASKED THEM IF THEY SAW THE GUYS. THEY SAID THEY SAW THE CAR LEAVING REAL FAST. KR

THE GUY WITH THE GUN WAS A BLACK GUY. AT THE TIME, I THOUGHT HE WAS MAYBE IN HIS MIDDLE TWENTIES. I'M NOT SURE HOW TALL HE WAS. HE WAS A LITTLE GUY. I'M NOT SURE HOW MUCH HE WEIGHED EITHER. HE WAS WEARING SOME KIND OF BANDANA OR SCARF AROUND HIS FACE. I DON'T REMEMBER WHAT HE WAS WEARING. KR

THE GUY AT THE DOOR I COULDN'T TELL IF HE WAS WHITE OR BLACK BUT HE SOUNDED LIKE HE WAS BLACK. HE HAD SOMETHING OVER HIS FACE, TOO. IT LOOKED LIKE A BANDANA. HE LOOKED LIKE HE WAS TALL AND THIN. MAYBE 5' 11". KR

I have read the above statement of 1 OF 1 pages and it is true and correct as best as I recall.

WITNESS:

Kimberly D. Reid  
I have received a copy of this statement.

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_

NOTARY PUBLIC FOR SOUTH CAROLINA

# Greenville County Sheriff's Office

4 McGee St.  
Greenville, South Carolina 29601

## VICTIM/WITNESS STATEMENT

Case Number 10-115571

Date 08-09-10 1505 HOURS

I, MELANIE JO OWINGS, do hereby give freely and voluntarily this statement to  
MICHAEL E. FORTNER and \_\_\_\_\_ who have identified themselves to  
me to be Deputies of the Greenville County Sheriffs Office, Greenville, South Carolina.

I am 36 years old and I reside at \_\_\_\_\_

10. TWO WEEKS AGO I WAS WORKING AT THE CITGO. I WENT IN AT 6:00 AM. I WORK THERE AS A CASHIER. THE DAY THAT THIS HAPPENED WAS MY SIXTH DAY. I HAVE BEEN THERE ABOUT TWO WEEKS, NOW. ABOUT 6:15 OR 6:20 AM, ME AND KIM WAS STANDING IN THE AISLE HAVING A CONVERSATION. THIS BLACK MALE CAME IN WITH A BLUE BANDANA ON AND SOME KIND OF BLACK NYLON ON HIS HEAD THAT COVERED THE BACK OF HIS NECK. HE WALKS UP ON KIM AND TELLS HER TO GIVE HIM ALL OF THE MONEY. WE THOUGHT HE WAS PLAYING AT FIRST. HE THEN BROUGHT THE GUN UP FROM HIS LEG AND SAID, "GIVE ME ALL THE MONEY, BITCHES! GET BEHIND THE COUNTER!" WE WENT BEHIND THE COUNTER. AS WE WERE GOING BEHIND THE COUNTER, I SEEN A WHITE FORD TAURUS THERE AND THE DRIVER HAD A MASK ON, TOO. HE THEN SAID, "DON'T FUCKING LOOK." HE SAID TO GIVE HIM ALL OF THE MONEY FROM THE REGISTER. WE OPENED UP THE REGISTER AND I TOOK THE TILL OUT AND TURNED IT AROUND FOR HIM. HE THEN TOOK OUT THE MONEY. THEN HE WANTED THE MONEY OUT OF THE SAFE. KIM TOLD HIM THAT IT WOULD TAKE THIRTY MINUTES. HE GOT UPSET AND THEN TOLD US TO GET ON THE FLOOR. HE KEPT TELLING US NOT TO LOOK AT HIM. HE STANDS OVER US WITH THE GUN AND THEN SAYS, "SOMEONE'S FIXING TO GET HURT." ONE OF THE OTHER GUYS OPENS THE DOOR AND SAYS, "COME ON NIGGER, THE ALARM'S GOING OFF." THE ONE IN THE STORE TOLD HIM TO SHUT UP. THE GUY OUT SIDE OPENED THE DOOR AGAIN AND SAID, "COME ON NIGGER!" THE GUY GRABBED MY POCKET BOOK OFF OF THE COUNTER AND HE THEN GRABBED KIM'S KEYS AND RAN OFF. WE WERE AFRAID TO GET UP UNTIL WE HEARD SOMEONE COME INSIDE. WE THEN GOT UP AND SAW THAT IT WAS A MAN WITH HIS SON GETTING A DRINK OUT OF THE COOLER. KIM TOLD THEM THAT WE HAD JUST BEEN ROBBED. WE ASKED THEM IF THEY SAW WHICH WAY THE CAR WENT AND THEY SAID IT WENT TOWARDS PIEDMONT. MO

10. THE GUY WITH THE GUN WAS A BLACK GUY THAT LOOKED TO BE IN HIS TEENS OR TWENTIES. HE WAS ABOUT MY HEIGHT, ABOUT 5' 07" AND WEIGHED MAYBE 140 TO 150 POUNDS. HE HAD ON THE BLUE BANDANA AND THE BLACK NYLON OVER HIS FACE. HE HAD ON BLACK JEANS AND A BLACK T-SHIRT. HIS SHOES WERE MO

I have read the above statement of 1 OF 2 pages and it is true and correct as best as I recall.

WITNESS:

Michael E. Fortner

Melanie Owings

I have received a copy of this statement.

Melanie Owings

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_

NOTARY PUBLIC FOR SOUTH CAROLINA



# Greenville County Sheriff's Office

4 McGee St.  
Greenville, South Carolina 29601

## VICTIM/WITNESS STATEMENT

Case Number 10-115571

Date 08-09-10 1505 HOURS

I, MELANIE JO OWINGS [REDACTED], do hereby give freely and voluntarily this statement to MICHAEL E. FORTNER and [REDACTED] who have identified themselves to me to be Deputies of the Greenville County Sheriffs Office, Greenville, South Carolina.

I am 36 years old and I reside at [REDACTED]

MO BLACK. I THINK HE HAD HIS ARMS COVERED WITH A LONG SLEEVE SHIRT. MO

MO THE GUY AT THE DOOR WAS A BLACK GUY, BUT I DIDN'T GET A GOOD LOOK AT HIM. HE LOOKED YOUNGER THAN THE ONE IN THE STORE. HE WAS PROBABLY SHORT THAN I AM. MO

MO I HAD MY POCKET BOOK. ALL OF MY JEWELRY AND MONEY WAS GONE. THERE WAS A CROWN ROYAL BAG THAT HAD MY MONEY IN IT. IT WAS GONE AS WELL AS MY MONEY. IT WAS ABOUT \$30.00. MO

MO MY WEDDING SET WAS MISSING. IT WAS SILVER AND THE BAND THAT I WORE BEHIND IT WAS SILVER AND IT HAD FIVE OR SIX DIAMONDS ACROSS THE TOP OF IT. THEY WEREN'T REAL. MO

MO I ALSO HAD A SILVER RING WITH A LIGHT COLORED STONE IN IT. THERE WAS A RING THAT WAS FAKE SILVER AND IT HAS THREE DIAMONDS ACROSS IT. MO END OF STATEMENT

I have read the above statement of 2 OF 2 pages and it is true and correct as best as I recall.

WITNESS:

[Signature]

Melanie Owings  
I have received a copy of this statement.

Melanie Owings

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_

NOTARY PUBLIC FOR SOUTH CAROLINA



☐ Original Report

☐ Supplemental Report

☐ Status Change

☐ Other Report

☐ Additional Victims

☐ Additional Defendants

☐ Additional Stolen Property

☐ Additional Recovered Property

Incident Type 0139 - Robbery: Armed

Patrol District 07 Page 7 of 7 Pages

☐ Complainant

☐ Victim

☐ Subject

☐ Runaway

☐ Wanted

☐ Arrest

☐ Missing

☐ Jail

☐ Other

Subject's Name (Last, first, Middle)

Address

City

State

Zip Code

Patrol District

Day Phone

Evening Phone

Height

Weight

Hair

Eyes

Facial Hair, Scars, Tattoos, Glasses, Clothing, Physical, Peculiarities, Etc.

☐ Victim No.

☐ Visible Injury ☐ Yes ☐ No

☐ Complaint of any Non-Visible Injuries ☐ Yes ☐ No

☐ Victim Using Alcohol ☐ Yes ☐ No ☐ Unk

☐ Two-Man Veh ☐ One Man Veh ☐ ALONE ☐

☐ Explain:

☐ Drugs ☐ No ☐ Yes Type:

☐ Detective ☐ Other ☐ ASSISTED ☐

☐ Subject No.

☐ Using Alcohol ☐ No ☐ Yes ☐ Unk

☐ Using Drugs ☐ No ☐ Yes Type:

☐ Arrested on Current Offense

☐ Unk

☐ Cleared By Arrest on Prior Offense

Arrestee Armed ☐ Yes ☒ No

Weapon Type

☐ On View Arrest

☐ Summoned

☐ Custody

Juvenile Disposition ☐ Handled Released ☐ Referred To Other Authority

Arrest Location        Gang Affiliation: PG - Possibly Gang Related

NARRATIVE

STATES THAT THE SUBJECT WITH THE GUN THEN HIT VICTIM # 2 IN THE FACE. VICTIM #1 SAID SOMETHING TO THE SUSPECT ABOUT DOING THAT AND THE SUSPECT THEN SHOT HIM ONCE IN THE LEG.

VICTIM # 1 DESCRIBED THE SUSPECT WITH THE GUN AS A B/M ABOUT TWENTY-SIX TO TWENTY-SEVEN YEARS OLD. HE SAID HE WAS ABOUT 508/150 AND COULD NOT REMEMBER ANYTHING ABOUT FACIAL HAIR. VICTIM # 1 SAID THAT THE OTHER GUY WAS ALSO THIN AND ABOUT THE SAME HEIGHT

I THEN PRINTED OUT HIS STATEMENT. SINCE VICTIM # 1 DID NOT SPEAK ENGLISH VERY WELL, I ASKED INVESTIGATOR JARVIS TO ASSIST WITH TRANSLATION WHICH HE DID. INVESTIGATOR JARVIS TRANSLATED THE STATEMENT FOR VICTIM # 1 WHO ADVISED THAT IT WAS CORRECT. HE THEN SIGNED HIS STATEMENT AND I SIGNED AS A WITNESS. I PROVIDED HIM WITH A COPY OF HIS STATEMENT.

I PUT TOGETHER THE FOLLOWING LINE-UPS WITH SUSPECT # 1 AND # 2 IN THEM:

1) 23011077 2) 21124034 3) 21121792 4) 21119849 5) 22006731 (SUSPECT # 1) 6) 21111113

1) 21128128 2) 21123846 3) 21127813 4) 21129259 5) 21123447 (SUSPECT # 2) 6) 21128601

INVESTIGATOR JARVIS CONDUCTED THE LINE-UP PRESENTATIONS SINCE VICTIM # 1 DID NOT SPEAK ENGLISH WELL. INVESTIGATOR JARVIS SHOWED THE LINE-UPS ONE AT A TIME. VICTIM # 1 WAS NOT ABLE TO IDENTIFY EITHER OF THE SUSPECTS. THE LINE-UPS WERE PLACED IN P&E.

ON 08-03-10, I WAS NOTIFIED THAT SUSPECT # 3 WAS ARRESTED. I INVESTIGATOR WEINER CALLED ME AFTER HE WAS NOTIFIED AND INFORMED ME THAT SUSPECT # 3 WAS NOT COOPERATING, SO WE DID NOT RESPOND TO INTERVIEW HIM.

ON 08-04-10, INVESTIGATOR CONROY AND WEINER SIGNED SUSPECT # 3 OUT OF THE DETENTION CENTER. I WAS ADVISED THAT HE DENIED ANY KNOWLEDGE OF ANY OF THE ROBBERIES FOR WHICH HE WAS ARRESTED.

THIS CASE IS CLEARED BY ARREST.

\*\*\*\*\*CLEARED BY ARREST\*\*\*\*\*

PROPERTY

| Status | Property Type | Quantity | Property Make | Color | Description | Serial # / OAN | Value |
|--------|---------------|----------|---------------|-------|-------------|----------------|-------|
|        |               |          |               |       |             |                |       |
|        |               |          |               |       |             |                |       |
|        |               |          |               |       |             |                |       |
|        |               |          |               |       |             |                |       |

ADMIN

|                                                                                                                                                                                                                                                               |  |                                                                                     |             |                                                                                                          |                                                                                                     |                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| Subject Identified <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                        |  | Subject Located <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |             | <input type="checkbox"/> Active <input type="checkbox"/> Admin Closed <input type="checkbox"/> Unfounded | <input type="checkbox"/> Arrested Under 18 <input checked="" type="checkbox"/> Arrested 18 and Over | <input type="checkbox"/> Ex-Cleared Under 18 <input type="checkbox"/> Ex-Cleared 18 and Over |
| Reason For Exceptional Clearance <input type="checkbox"/> Offender Death <input type="checkbox"/> No Prosecution <input type="checkbox"/> Victim Declines Cooperation <input type="checkbox"/> Extradition Denied <input type="checkbox"/> Juvenile No Arrest |  |                                                                                     |             |                                                                                                          |                                                                                                     |                                                                                              |
| Reporting Officer(s)                                                                                                                                                                                                                                          |  | Date                                                                                | Unit#/Star# | Approving Officer                                                                                        |                                                                                                     | Date                                                                                         |
| FORTNER, MICHAEL                                                                                                                                                                                                                                              |  | 08/02/2010                                                                          | 623 / 00129 | SGT. COOPER                                                                                              |                                                                                                     | 08/05/2010                                                                                   |
|                                                                                                                                                                                                                                                               |  |                                                                                     |             | Follow Up Investigation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Officer)    |                                                                                                     |                                                                                              |

# Greenville County Sheriff's Office

4 McGee St.  
Greenville, South Carolina 29601

## VICTIM/WITNESS STATEMENT

Case Number 10-115567

Date 08-02-10 1610 HOURS

I, JOSE GUADALUPE MESA (01-16-84), do hereby give freely and voluntarily this statement to  
MICHAEL E. FORTNER and \_\_\_\_\_ who have identified themselves to  
me to be Deputies of the Greenville County Sheriffs Office, Greenville, South Carolina.

I am 26 years old and I reside at \_\_\_\_\_

*JDM*  
FRANCISCO AND I WERE ON OUR WAY HOME FROM LA ROKA. I ASKED FRANCISCO TO DROP ME OFF AT MY  
GIRLFRIEND'S HOUSE OFF OF CEDAR LANE RD. I THEN CALLED FRANCISCO BACK AND ASKED HIM TO PICK ME  
BACK UP. WE THEN WENT HOME. I WAS IN THE PASSENGER SEAT. WE BOTH GOT OUT. I SAW TWO BLACK  
GUYS CROUCHED DOWN LIKE THEY WERE TRYING TO SNEAK UP ON US. THEY WERE NEAR A WHITE OR GRAY  
CAR. I TOLD FRANCISCO TO HURRY UP BECAUSE THESE GUYS WERE WALKING LIKE SUSPICIOUS. THE BLACK  
GUYS RAN UP ON US REAL QUICK. ONE OF THEM WAS AT THE BOTTOM OF THE STEP AND THE OTHER ONE WAS  
BEHIND HIM. BOTH WERE YOUNG BLACK GUYS, SKINNY AND ABOUT MY HEIGHT. THE GUY THAT SHOT ME  
HAD A BLACK SEMI-AUTO. THE GUYS ASKED FOR OUR MONEY. FRANCISCO GAVE THEM HIS MONEY AND HIS  
CELL PHONE. I HAD SOME CASH IN MY POCKET AND GAVE THEM WHAT I HAD IN MY POCKET. IT SEEMED LIKE  
THEY WERE NOT SATISFIED AND THEY ACTED LIKE THEY WANTED MORE. I TOLD THEM THAT I GAVE THEM  
EVERYTHING THAT I HAD. THEN ONE OF THE TWO GUYS, I THINK IT WAS THE SAME GUY THAT SHOT ME, HIT  
FRANCISCO. HE HIT HIM IN THE FACE. I THINK I SAID SOMETHING BECAUSE I WAS ANGRY. THE GUY THEN  
TURNED AND FIRED ONE SHOT AND SHOT ME IN THE LEG. *JDM*

*JDM*  
THE GUY WITH THE GUN WAS MAYBE TWENTY-SIX OR TWENTY-SEVEN. I DON'T REMEMBER IF HE HAD ANY  
FACIAL HAIR. HE WAS ABOUT 5'08" AND WEIGHED ABOUT 150 POUNDS, MAYBE 160 POUNDS. *JDM*

*JDM*  
I'M NOT SURE HOW OLD THE OTHER GUY WAS. HE WAS KIND OF SKINNY, TOO. ABOUT THE SAME HEIGHT,  
TOO. *JDM*

I have read the above statement of 1 OF 1 pages and it is true and correct as best as I recall.

WITNESS:

*Michael E. Fortner*

*Jose Guadalupe Mesa*  
I have received a copy of this statement.

*Jose Guadalupe Mesa*

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_

NOTARY PUBLIC FOR SOUTH CAROLINA



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IPB

- 6 AUG 2010 11 45

# Greenville County Sheriff's Office

4 McGee St.  
Greenville, South Carolina 29601

## VICTIM/WITNESS STATEMENT

Case Number 10-115567

Date 6-22-80

I, Francisco Cruz, do hereby give freely and voluntarily this statement to C. Harrell and A. Maates who have identified themselves to me to be Deputies of the Greenville County Sheriff's Office, Greenville, South Carolina.

I am 23 years old and I reside at L. Just gotten home after picking my friend up at about 0545. He was standing on the step facing me while I was closing the gate on the porch. Two black males about 18-20 came up the steps and said "give me what you got". They were wearing all black and the one in the back shot my friend in the right leg. I saw the gun the guy in front had and it was a black semi automatic. Just before my friend got shot I had already given them twenty some dollars and they got mad and punched me then shot my friend and grabbed my cell phone off the grill before they ran away and got into a white car and left. FC

I have read the above statement of 1 pages and it is true and correct as best as I recall.

WITNESS:

D31x953  
017 \*1076

Francisco Cruz  
I have received a copy of this statement.

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

NOTARY PUBLIC FOR SOUTH CAROLINA

GSO 00019

IPB

) IN THE COURT OF GENERAL SESSIONS  
 ) THIRTEENTH JUDICIAL CIRCUIT  
 ) INDICTMENT NO.: 2010-GS-23-7937 (37 Add. Charges)

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2012 APR 13 AM 10:51  
FILED IN COURT  
PAUL J. JAMES  
CLERK

**Respectfully Submitted,**

Christopher T. Posey

X DENIED

Date: 4/13/12

**Date:**

SKL