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S.C. Supreme Court

THE STATE OF SOUTH CAROLINA  
In The Supreme Court

APPEAL FROM DILLON COUNTY  
Court of Common Pleas

Paul M. Burch, Circuit Court Judge

Opinion No. 350 (S.C. Ct. App. Filed July 15, 2015)

Ebony Bethea.....Petitioner,

v.

Derrick Jones, John Doe, Individually and  
As employee/agent of Citi Trends, Inc., Citi  
Trends, Inc., and Palmetto Properties, Inc.  
Of Whom Citi Trends, Inc., and Palmetto  
Properties, Inc. are.....Respondents.

APPENDIX II

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## INDEX

Record on Appeal, Volume I.....	1
Order Granting Summary Judgment.....	4
Summons and Complaint.....	26
Answer of Defendant Citi Trends.....	43
Answer of Defendant Palmetto Properties.....	51
Defendant Citi Trends' Motion for Summary Judgment.....	63
Defendant Citi Trends' Memorandum in Support of Summary Judgment.....	67
Defendant Palmetto Properties' Motion for Summary Judgment.....	96
Plaintiff's Memorandum in Opposition to Summary Judgment.....	101
Transcript of Summary Judgment Hearing.....	120
Deposition of Ivy Council.....	162
Direct Examination by Eric M. Poulin.....	167
Deposition of James Holliday.....	240
Direct Examination by Eric M. Poulin.....	245
Cross Examination by Catharine Griffin.....	288
Redirect by Eric Poulin.....	300
Deposition Excerpts of Ebony D. Bethea presented to the trial court with Citi Trends, Inc.'s Memorandum in Support of Motion for Summary Judgment, pages 12-14, 15-16, 18-20, 26-27, 45,48, 67-69, 78, 81, 85-88, 90-92, 99-104, 107, 110-112, 114, 117, 121, 123, 134-137, 141, 143-48.....	302
Deposition Excerpts of Sergeant James Hayes presented to the trial court with Citi Trends, Inc.'s Memorandum in Support of Motion for Summary Judgment, pages 21, 31-32, 34, 39, 40-41, 44- 45, 47-48, 52-53, 57-58, 63-65.....	352
Deposition Excerpts of Michael Hodge presented to the trial court with Citi Trends, Inc.'s Memorandum in Support of Motion for Summary Judgment, pages 15-16, 32, 35-37, 59, 73-72, 82-84, 87,116-120, 123-127, 130, 142-144, 146, 148-149, 151-152, 164.....	370
Deposition Excerpts of Derrick Jones presented to the trial court with Citi Trends, Inc.'s Memorandum in Support of Motion for Summary Judgment, page 40.....	406
Deposition Excerpts of Sergeant Jason Turner presented to the trial court with Citi	

Trends, Inc.’s Memorandum in Support of Motion for Summary Judgment, pages 11, 15-16, 33, 35-36, 41, 46, 50-51.....	408
Sworn Statement of Derrick Jones.....	419
Examination by Eric Poulin.....	425
Affidavit of Michael Hodge.....	435
Affidavit of William F. Booth presented to the trial court with Citi Trends, Inc.’s Memorandum in Support of Motion for Summary Judgment.....	443
“Safety Handbook” (Exhibit C to Plaintiff’s Memorandum in Opposition).....	453
“Store Training Manual” (Exhibit D to Plaintiff’s Memorandum in Opposition).....	466
“Loss Prevention New Site Survey” (Exhibit E to Plaintiff’s Memorandum in Opposition).....	488
Record on Appeal, Volume II.....	491
Volume II Index.....	492
“Incident Report and Narrative” (Exhibit F to Plaintiff’s Memorandum in Opposition).....	493
Exhibit 1 to Citi Trends, Inc.’s Memorandum in Support of Motion for Summary Judgment: Voicemail Transcript.....	505
Exhibit 2 to Citi Trends, Inc.’s Memorandum in Support of Motion for Summary Judgment: SLED Report of Derrick Jones.....	516
Exhibit 4 to Citi Trends, Inc.’s Memorandum in Support of Motion for Summary Judgment: Surveillance photos.....	523
Exhibit 5 to Citi Trends, Inc.’s Memorandum in Support of Motion for Summary Judgment: Photos of clothing racks.....	563
Exhibit 6 to Citi Trends, Inc.’s Memorandum in Support of Motion for Summary Judgment: Dillon Police Department Incident Reports.....	565
Appellants Certificate of Counsel.....	856
Supplemental Record on Appeal.....	857
Supplemental Index.....	858

Page 11 of William Booth's Affidavit.....	859
Appellants Certificate of Counsel.....	860
Final Brief of Appellant.....	863
Final Brief of Respondent Citi Trends.....	890
Final Brief of Respondent Palmetto Properties.....	924
Court of Appeals Opinion.....	952
Petition for Rehearing and Rehearing en banc .....	955
Court of Appeals Order on Rehearing.....	965
Petition for Writ of Certiorari.....	967

THE STATE OF SOUTH CAROLINA  
In the Court of Appeals

APPEAL FROM DILLON COUNTY  
Court of Common Pleas

Paul M. Burch, Circuit Court Judge

Case No. 2012-CP-17-295

Ebony Bethea.....Appellant,

v.

Derrick Jones, John Doe, Individually and  
As employee/agent of Citi Trends, Inc., Citi  
Trends, Inc., and Palmetto Properties, Inc.

Of Whom Citi Trends, Inc., and Palmetto  
Properties, Inc. are.....Respondants.

RECORD ON APPEAL II

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**VOLUME 2 INDEX**

“Incident Report and Narrative” (Exhibit F to Plaintiff’s Memorandum in Opposition).....491

Exhibit 1 to Citi Trends, Inc.’s Memorandum in Support of Motion for Summary Judgment:  
Voicemail Transcript.....503

Exhibit 2 to Citi Trends, Inc.’s Memorandum in Support of Motion for Summary Judgment:  
SLED Report of Derrick Jones.....514

Exhibit 4 to Citi Trends, Inc.’s Memorandum in Support of Motion for Summary Judgment:  
Surveillance photos.....521

Exhibit 5 to Citi Trends, Inc.’s Memorandum in Support of Motion for Summary Judgment:  
Photos of clothing racks.....561

Exhibit 6 to Citi Trends, Inc.’s Memorandum in Support of Motion for Summary Judgment:  
Dillon Police Department Incident Reports.....563

Appellants Certificate of Counsel.....864

p.1

**CITI TRADING INCIDENT REPORT AND NARRATIVE**

*1-26-11 scanned & mailed to Patti regarding Christina Valente/Travelista*

Store # 43	Location Dillon	Date of Incident 12-29-10	Person Reporting Incident Tabitha Kemp	Date of Report 12/27/10	Time of Incident 6:07 pm	Reporting Party Tabitha Kemp + Emily Cheri
DISCIPLINED <input type="checkbox"/>		ACCIDENT <input type="checkbox"/>		DAMAGE <input type="checkbox"/>		OTHER <input checked="" type="checkbox"/> Shooting
PERSONAL INJURY <input type="checkbox"/>		PROPERTY DAMAGE <input type="checkbox"/>		FIRE <input type="checkbox"/>		OTHER <input type="checkbox"/>
PERSONAL INJURY <input type="checkbox"/>		PROPERTY DAMAGE <input type="checkbox"/>		FIRE <input type="checkbox"/>		OTHER <input type="checkbox"/>
Personal Description (If Applicable) <u>N/A</u>				Personal Description (If Applicable) <u>N/A</u>		
Police Information Officer Hayes				Police Department (843) 774-0051		
List any evidence below: <u>N/A</u>						
Where is evidence maintained? <u>N/A</u>						
Incident Narrative - List the details of what happened: A young female entered Cititrends to exchange some items. She went to the boys department to check the items she wanted when a young man approached her. They started talking and I (Tabitha Kemp) heard the young lady say to him why are you doing this, you don't have tools. She then started running to get away from him. He said she ran off his gun and ran behind her when she tried to turn the corner he shot her in the back and she fell behind the register. She did not move until the police arrive. The individual that shot the victim ran out the store immediately afterward. The victim alerted the police that the man was her ex-boyfriend - Dave. She provided herself as a witness while waiting for the police to arrive. It was talking to getting to keep her sales. 911 was called by an un-identified customer. The only two employees working at the time were Tabitha Kemp and Emily Cheri.						
Filed of statement 12-29-10 Tabitha Kemp 12-29-10						

CitiTrends36

Dec 29 10 08:50p

Rec on Appeal 491

App'x 493



Wells Copy - Back File Yellow Copy - VP of Store Operations Pink Copy - Director of Loss Prevention  
 Note: Any incidents involving a customer accident must be filed directly to the Human Resources Department at 913-433-8823 within 24 hours of the incident.

1-16-11 document mailed  
to Patti [unclear] to Christina Valente/Traveler

**CITITRENDS INCIDENT REPORT AND NARRATIVE**

File # 43 Location Drilldown Date of Incident 12-29-10 Case # 12187110 Date Reported 12/29/10 Name of Victim Arvita Kama & Emily Overe

REPORTING PARTY N/A READY N/A ASSOCIATE INHIBITED BY N/A SOLE THREAT N/A PERU N/A ACCIDENT N/A UNPLANNED N/A DAMAGE N/A OTHER Shooting

Officer Huyas Police Department (943) 714-0061

**INCIDENT NARRATIVE - LIST THE DETAILS OF WHAT HAPPENED**

A young female entered [unclear] to [unclear] some items. She went to the boys department to check the items she wanted. A young man approached her. They started talking and [unclear] heard the young lady say to [unclear] and [unclear] they don't know each other. She then started crying to get away from him. He said she was [unclear] and she fell behind the register. He tried to touch her, she screamed for help. He took her by the hair and she ran out the store immediately afterward. The victim stated to the police that the man was the ex-boyfriend of [unclear]. She mentioned herself as [unclear] while waiting for the police to arrive. It was talking to [unclear] to keep her safe. All was called by [unclear] and a customer. The only two employees working at the time were Tabitha Kerpel and Emily Dilleil (the victim).

End of statement 12-29-10

Arvita Kama 12-29-10

P-1

Dec 29 10 06:50p

White Copy - Bureau File Yellow Copy - BIP of Store Copies Sent Pink Copy - Director of Law Enforcement  
 \*File # and incident number are a duplicate of the case file # in the Cititrends Department 41812-418-8861 with 24 hours of the incident.

CitiTrends37

Rec on Appeal 492

App'x 494

Statement of Sabitha Kemp  
Store Manager.

Date of statement: 12/28/10

A young black female entered Citi Trends about 8:59 pm to exchange some items. She went to the little boys department to select the items she wanted when a young black male entered about 6:16 pm and approached her. They started talking and I Sabitha Kemp, Store Manager for Citi Trends heard the young lady say to him why do you have to do this? you don't have to do this. She then started running to get away from him. I SK then saw him lift his gun and run behind her, when she tried to turn the corner he shot her in the back and she fell behind the register and was there until the police arrive. The person that shot her out the store immediately afterward. She victim stated that the person was her ex-boyfriend Donald Jones. She victim identified herself as Ebony White waiting for police to arrive. I SK was talking to victim to keep her calm. 911 was called by co worker and customer. The only two employees working at the time were Emily Enail & Sabitha Kemp.  
End of statement nothing follows.

Sabitha Kemp 12/28/10

CitiTrends38

Statement of Emily O'Meill

2nd Assistant Manager

Date of Statement: 12/29/2010

I was standing at the register ringing up some items for a group of customers. Suddenly, I noticed a young black female yelling loudly and running down the aisle. As she turned towards the door, I noticed a young black male pointed out a gun towards the young black female and began to fire. Then she fell down ~~the~~ the floor.

Immediately, the customers ran out the door. I ducked down from the counter until my manager instructed me to dial 911. I dial 911 and gave the phone to her. She told the police that there was a shooting at CitiTrend and that someone has been shot. Then I waited for the police and ambulance to arrive. As I waited, the store manager and I tried to calm down the victim in ~~structing~~ instructing her not to move. Then I escorted the remaining customers out of the store.

End of Statement.

Emily O'Meill  
12/29/10

CitiTrends39

<b>Case form : 0042-DA-2010-0001 - Guest( 0 ) Pending</b>	
<b>All Fields on this Form showing " * " and in "RED" must be completed before the record can be submitted for approval.</b>	
Case ID 0042-DA-2010-0001 Location 0042 - "DILLON, SC" Region 3 District 11 Contact Info Address 1 208 RADFORD BLVD Suite / Apartment City DILLON State SC ZIP	* Apprehension Date 6/4/2010 Day Of Week Friday
<b>Interview Information (0)</b>	
LP Name Scott Pickrel LP Title FIELD INVESTIGATOR	
<b>Subject Information Detail</b>	
<b>Subject</b> Kalyn Wilkins (Associate)	
<b>Guardian (0)</b>	
<b>Case Information</b>	
Below the Total Case Value Plug-In is where you enter the losses and recovery for the case. This field will let you break down the total case by type for reporting.	
<b>Total Case Amount (150.00 - 2)</b>	
* Agreement Signed: Yes	
The Admission Amount Field is for entering the confession amount.	
Case Admission Amount 200 Date of Restitution to begin 7/1/2010	
The Payment Amount Field is for entering the amount of the payment that you set up with the Subject.	
Payment Amount 50.00	

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CitiTrends40

Rec.on Appeal 495

App'x 497

<p><b>Case Narrative (Created By: SPICKREL - Created On: 6/7/2010 1:48:26 PM)</b></p>	
<p><b>Digital Evidence (1)</b></p>	
<p>Status Closed  <b>Export To Esteem</b>                  Export status No                  Approved By                  Approved Date                  Closed By BHARRIS                  Closed Date 7/23/2010  <b>Investigation Results</b></p>	
<p>Disciplinary Action TERMINATED                  Disciplinary Action Date: 6/4/2010                  Disciplinary Action by</p>	<p>Termination Date:                  Termination By:</p>
<p><b>Witness (0)</b></p>	
<p><b>Police (0)</b></p>	
<p><b>Court Information (0)</b></p>	
<p>Outcome NOT PROSECUTED                  * Case Type Dishonest Associate                  * Case Sub Type CASH SHORTAGES                  Case Source 1 ASSOCIATE                  Case Source 2</p>	<p>Case Source 3                  Case Source 4                  Case Source 5</p>
<p><b>Hiring Process</b></p>	
<p>Orion Survey Completed                  Orion Survey Recommended*                  Background Check Processed                  Background Check with Criminal Record                  Reference Checks Completed</p>	<p>Drug Screen with Positive Results                  Drug Screen Completed for Management                  Application In File</p>
<p><b>Communication and Distribution</b></p>	
<p>Store Manager: Tabitha                  District Manager: Melissa McLelland</p>	<p>District Manager Notified: Yes                  Regional Ops. Mgr Yes</p>

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CitiTrends41

Rec.on Appeal 496

App'x 498

Store Manager notified: Yes	notified: Micro-cassette taped to Yes the case file:
<b>Preventative Recommendations for the Case</b>	
<b>Recommendations</b>	
<b>Task (0 Pending)</b>	

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CitiTrends42

Rec.on Appeal 497

App'x 499

<b>Incident report : 0042-EXT-2010-001 - Guest( 0 ) Pending</b>	
Location 0042 - "DILLON, SC" Region 3 District 11 <b>Contact Info</b> Address 1 208 RADFORD BLVD Suite / Apartment City DILLON State SC ZIP Incident Number 0042-EXT-2010-001 * Date of Report 11/4/2010 Person Completing Report Stacy Watson Report Position Title * Date of Incident 11/4/2010 Weekday Thursday Call Received Manager on Duty Location Type of Incident External	<b>Incident Sub Type GRAB AND RUN</b> Location of Break In or STORE Robbery Entry Gained Through Phone Line Cut Alarm Activated Alarm problems Suspects Caught Weapon(s) Involved OTHER explanation
<b>Guardian (0)</b>	
Were Police Notified Yes Did police respond Yes	Subject Released to
<b>Police (1)</b>	
<b>Total Case Amount (164.97 - 3 )</b>	
Where is evidence maintained	
<b>Digital Evidence (0)</b>	
<b>List any other concerns and or recommendations in the space provided below</b>	

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CitiTrends43

Rec.on Appeal 498

<p><b>Lp and safety equipment checklis : 0042-LPSE-2010-001 - Guest( 0 ) New</b></p> <p>Date of Visit 3/16/2010 Location 0042 - "DILLON, SC" Region 3 District 11 Contact Info Address 1 208 RADFORD BLVD Suite / Apartment City DILLON State SC ZIP Loss Prevention Scott Pickrel</p> <p><b>Safety</b></p> <p>Is there a clear path to all emergency exits Yes Are all Detex Alarm working properly Yes Emergency Lights located in the stockroom and on salesfloor Yes Emergency Exits have illuminated emergency signs Yes Fire Extinguishers are hung Yes Fire extinguishers have location signs Yes Fire extinguishers have received annual inspection Yes Ladders and Step Ladders are in good condition Yes If store has any emergency exits that lead to another room or hallway is that room adequately lit, have emergency exit signs, emergency lights and properly alarmed No Are sensor pins being properly secured Yes Has Citi Trends Nurse Care Stickers been placed on Company Nurse Poster</p> <p><b>Over all Safety Comments (Created By: BHARRIS - Created On: 3/16/2010 3:32:09 PM)</b></p> <p><b>Loss Prevention</b></p> <p>Camera system working properly Yes EAS working properly Yes Does store have vacant building next to store Yes Is extra alarm motion sensors needed in shared hallways No Was Six Steps to Apprehending Shoplifters Poster been replaced with Shoplifter Prevention Poster</p> <p><b>Over all LP Comments (Created By: BHARRIS - Created On: 3/16/2010 3:33:19 PM)</b></p> <p><b>Follow up Comments</b></p>
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CitiTrends44

Rec.on Appeal 499

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CitiTrends45

Rec.on Appeal 500

**App'x 502**

United Security Protective Services, LLC

P.O Box 690  
Sewell, NJ 08080

**Invoice**

Date	Invoice #
1/6/2011	12271

<b>Bill To</b>
Citi Trends, Inc. Loss Prevention Operations 104 Coleman Blvd Savannah, GA 31408

P.O. No.	Terms	Project
Store #42	Net 10	

Quantity	Description	Rate	Amount
58	Guard services with advanced notice of 24 hours. (Rate includes one unarmed guard)  Citi Trends #42 Dillion Plaza 228 Radford Blvd Dillion, SC 29336  Service Started: 12/28/2010 Service Through: 1/2/2011  *Holiday rate of Time-and-a-half for the New Years Day Holiday on 1/1/2011. (09:30 - 17:30)	22.00	1,276.00

Terms Finance charge will be assessed at the rate of 1 1/2% per month of all past due balances. This Finance Charge equals an annual % rate of 18%. Furthermore should collection efforts become necessary the applicant agrees to pay reasonable attorney's collection fees and costs of collection.

<b>Total</b>	\$1,276.00
<b>Payments/Credits</b>	\$-1,276.00
<b>Balance Due</b>	\$0.00

CitiTrends46

Rec.on Appeal 501

United Security Protective Services, LLC

P.O Box 690  
Sewell, NJ 08080

**Invoice**

Date	Invoice #
1/12/2011	12309

<b>Bill To</b>
Citi Trends, Inc. Loss Prevention Operations 104 Coleman Blvd Savannah, GA 31408

P.O. No.	Terms	Project
Store #42	Net 10	

Quantity	Description	Rate	Amount
81.3	Guard services with advanced notice of 24 hours. (Rate includes one unarmed guard)  Citi Trends #42 Dillion Plaza 228 Radford Blvd Dillion, SC 29536  Service Started: 1/3/2011 Service Through: 1/10/2011	22.00	1,793.00

Terms Finance charge will be assessed at the rate of 1 1/2% per month of all past due balances. This Finance Charge equals an annual % rate of 18%. Furthermore should collection efforts become necessary the applicant agrees to pay reasonable attorney's collection fees and costs of collection.

<b>Total</b>	\$1,793.00
<b>Payments/Credits</b>	\$-1,793.00
<b>Balance Due</b>	50.00

CitiTrends47

Rec.on Appeal 502

Voice Mail Recordings – Part I –  
Ebony Bethea  
7746.1934

**Message 1:**

I dis called to see how y'all be doin' Ebony, wanna speak to Donovan Ebony. Don't...don't keep that boy away from me like that. Man, you act like you couldn't even conversate wid me. You act like you been talking to da dude Ebony. Don't let nobody come between our son. Aright Ebony... eh... eh, you worried bout the wrong things yo. It'll....it'll.. play out what you doing. You jis.... you just.. having fun cause you.. you got some where that you can stay... laying up... every night with the dude, dat sex'll run out. Holla back.

**Message 2:**

Hey yo, I want to see my son now. I'm for real now. I ain't tryna do.... but I done talked to Mario today..... Ebony.... you talking to somebody that.... he fucking girls right now and everybody say damn, every say know bout ya, everybody say why she stoop so low? And that dude... everybody see... ah ah, but I still take up for you Yo, yo name... you ain't nutting but a bitch. Only thing they say you like to do is suck dick and eat ass. I say no, she on't like to do dat. But... a lotta people don't like where you at. And his people some probably..., his people don't like dat neither. Ya feel me? I wanna see my son yo, Cause, ya, girl you disrespecting yourself girl. They talking bad about you. Only thing that, only thing you doing is sucking his dick and eatin'em out. Das all you doin. So



Rec.on Appeal 503

I....I wanna see my son, fuck both of y'all. I can kill both of y'all ass tonight if I want to bitch!

**Message 3:**

Ebony.... you done tell yo momma' and 'em.... you'ont want to see me. You gonna drop Donovan off talking bout down the street. Whose idea, Momma you done picked dat boy up and went right back to the country? Ebony, what is wrong Ebony, can't nothing, don't disrespect Donavon.....like dat.... Ebon.... what dat lil' boy did to you? Got somewhere you kin..... Man ain't, dis some fucked up shit, man... This is da.... Abhhh maannnn.... I can't believe dis shit man. Eh.....

**Message 4:**

Ebony, how can you disrespect yo... our..... yo... fuckin son for a lil' ass dude. You go tell you Momm'nem dat you drop..... you drop..... Donovan... you on't wanna see me...when... when I come. Ebony I ain't did shit to your mutherfuckin ass.... Girl you disrespecting you son.....You you....go tell you momma you down the road. And you.... and you... got red pajamas on cause somebody done told me. Girl you sick in da mutherfuckin head yo. I... ah..... Ebony if I want you and dat dude, girl, you made me so mad...girl, I can git y'all anytime I wanna to.... I won't wanna listen to dat. I told yo momma... I told yo momma if I wanted to I can handle my business, cuz dat shit lack erebody playing me. If I want both of y'all mutherfuckers, I can git y'all right now..ANYTIME! I know a lotta.... I can git y'all anything, you done disrespect Donovan.... in front of that lil' punk ass, bitch ass nigga..... And he had a gun that

Rec.on Appeal 504

Sunday. Girl, ya'all, girl..... I ain't give y'all nuthin to try.... you think imma, Ebony, here, listen, here. And you momma say she know I ain't did.... I ain't did nuthin to you... why you wanna.....Girl, what the fuck wrong with you? Sad man.....dis some big shit man. You know Ebony you think imma fuck up and go to prison and leave y'all out here. I kill y'all anytime I want to, I can kill you anytime I want.... Take me to the police man bitch! I can kill y'all mutherfuckers ANYTIME I want to Ebony. You you....know, I know, I can FUCK y'all ass up. Real shit... fuck... Man fuck!

**Message 5:**

Ebony, I ain't did no... I am not gonna let you do Donovan's daddy lack dis. Y'all know good God damn well I ain't had no fuckin gun. How can y'all know..... Eh...y'all fuck it, Ebony if I had a gun, I woulda knocked that God damned door down. I don't care what in the hell y'all tell that damn polices. I know I ain't had no gun I got witnesses my damn self. If I had a gun why y'all ain't call no police. You gonna betray me over somebody you jis met four months? If I go to jail, I'm going to jail for some real shit. Bitch!

**Message 6:**

I am not mad wid you. I love you for who you are I love my son but its fucked up how you drop my son off and told yo Momma and 'em you dis going down the road. And you had on red pajamas, you going to git the "fuck on". Everything good. But I am not going to jail for no he said she said shit. Now see how y'all tryna set me up? Naawww I'm not, I am not not going to jail for what y'all was telling the police. How can you

betray yo baby daddy? You musta aint never gave a fuck about me, Ebony? Y'all ain't jis setting me up because if I go to prison, Imma go to prison for some real big shit. I'm smarter than y'all and the polices. So das how ya act. I thought you say we go be here for Donovan. You try to put away for dat little boy..... you went and drop yo son off jis to git a little bit of nook. Yo corny ho ass bitch.

**Message 7:**

You know what Ebony, Ah....I still love you. I think you got roots on me Ebony. Y'all ain't right, yo. Y'all not right.... y'all disrespecting my momma Ebony. What is wrong with you?. Imma tell you one thing though Ebony girl. Imma show you how much I love ya. You hide and everything. I'm going to show..... you and your whole family..... how much I love you. Yo family knew what you was doing. I ain't did shit to you Ebony. Y'all, you Annie all y'all disrespect \_\_\_\_\_ yo. My mother saved. My mother ain't did nothing to you. I can keep Donovan anytime. Disrespect dat boy like dat just to go fuck dat boy tonight Ebony. Mmm mmm. Imma stop yo whorin 'round dough....remember dat.

**Message 8:**

Man let me git my son Ebony. Ion't believe you gonna let me git my son, yo. I'll always remember dis man its fucked up what you doing yo. You dis staying wid him cause you wanna have somewhere dis to lay yo head at yo. Imma git dat last laugh. I imma git dat last laugh. Its fucked up how you doing Donovan. Imma git.... Ebony..... its fucked up \_\_\_\_\_

**Message 9:**

Ebony I ain't did nothing to you Ebony. Ion't understand how you can leave me alone lack dis. I ain't go never leave you alone yo. I am not going to jail for nothing yo. You don't have to get the police involved in nothing. Only thing you got to do is conversate wid me. But how can you be be laying up wid a nigga that fast and you jis laying up with me last month, Ebony? Awight..... You think dis shit funny yo. I am so hurt. I can't even do nothing. I love you, yo. Imma git the last laugh yo. Police ain't.... police ain't cover you like they 'posed to now. Member dat!

**Message 10:**

How can you change on me dat fast and I been wid you all these years and you don't wanna talk to me because been wid somebody else four or five months. And..... you acting funny and shit because da dude got a trailer and shit cause the dude got a trailer and you can lay your head there. Everybody in the street know what is going on Ebony. I am not gonna let dis ride. I love you with all my heart Ebony. Only thing I dis want you to do is talk to me. I'll take you back. I ain't did nothing to you. I am not gonna sit here and be played yo. Always remember this I am going to git that last laugh. I am goin git that last laugh, yo. You sitting round here having sex every fucking night and you hiding from me. Imma git you ass. I swear to God on Donovan's grave and anybody's grave. Cause I love you man. You don't have to do me lack dis and I been wid you all these years and you act like you dis been with me a for like three weeks. Now you'ont wanna conversate with me cause you been wid somebody for like three or four months and cause you got somewhere to lay yo head at. Um ah, (cough) um ah.... I love you, yo.

You on't even wanna talk to me Ebony, I ain't did nothing to you. Been off the cocaine, fo... I jis drink bad now. Erebody talking bout get dreads and do dis, do dat... I say man, dat girl don't want me back. She don't..... You got warrants out... you got dem lil' papers. Ebony, I am telling you yo. just talk to me yo. I'm telling you imma make you look dumb now. You already making me look dumb in the street. I don't care who it is Ebony for real yo, don't play wid me man.

**Message 11:**

All.... erebody oughta know, Ebony....erebody oughta know I dat am tryna look out for you. Erebody say you ain't shit. You done went down, you, you went low. You got a... a little boy dat you can't... can't be close to him like a family. And he oughta know dat he wanting to talk to me, Ebony, you making yo'self look stupid. But listen. Das my son Ebony, don't never keep my son away from me, yo. I promise you on Keyon grave, Donovan's grave, yo momma grave erebody grave in the world. Ha..... ha. Watch it...its tr... watch by the weekend. You can't hide, I love you with all my heart. Only thing I want you da do you dis talk to me I ain't did shit to you Ebony. You jis wanna fuck, you dis fucking Ebony. And any of'em when I do dis shit, any of 'em, any of em' might be by your side, any of'em who might be by your side, but when I do dis shit, when I do dis shit right here.... fuck Donovan.

**Message 12:**

I talked to Joker, talked to Tony, talked to Joker and Tony today. I say yo, guess who Ebony talking to. Day say, I say ah Boosy lil' brother. They say nooooo, yo. Ebony I

don't believe... and he got you in some trouble yo. And you go disrespect me and I done been with you all these years you can't even talk to me 'round that lil dude of yo. Yeah.... Joker and Tony say yo everybody.... people in the street say yo, she went that low yo? She ain't shit but a bitch and a ho. I said, ah.... sh..., sh..., everybody say she got roots on me yo. But Ebony you think imma go to jail and leave y'all out here to be together. Leave you wid dis dude yo, because he got somewhere to lay your head at yo. But always remember, I'm sneakier than a muther fucker yo. I love my son yo, but hell you disrespect my son so Ion't got no respect for him. Ion't got....I love him, but hell you out here laying in motels and sucking people dicks and they coming in yo mouth. You putting dildos in they ass and using they ass..... Ebony, you ain't nothing but a freak yo. But I still love you yo. You ain't did shit to me yo Ebony, I want you yo. I love for who you are Ebony. I ain't never know you was lack dis. You ain't shit yo. A female told me that two days ago. You ain't shit yo, but, but ...I try, I told the female.....if she come back, if she come back, I will have her. The female say man, don't even take her back jis go ahead and kill her ass. I say no, I say no.... imma keep on, imma see what she talking bout man. If I'm sneaky yo. You can't hide but so long. Yeah, imma find you Ebony. (ha ha...) Ion't care who hear dis yo, Cause dis real shit. I sit in the house everyday muther fuckin day and look dumb. Fuck police, I swear to God, fuck police. You and him are gitting nuts in front of my son. You don't give a fuck about Donovan. You don't give a fuck about me. How in the hell you can leave me? We been together for nine years and you just go leave just lack dat, yo.

**Voice Mail Recordings – Part II –  
Ebony Bethea**

Rec.on Appeal 509

**Message 1:**

Ask dat nigga who he had... who he had to call me the other night. He had somebody to call me talking bout ah... he wanted to talk to me... and shit. And an ... he want he 'posed to be talking to me face to face Saturday. I ain't tryna get nobody but \_\_\_\_\_ But he said dat you, you told him that ... you try to make him not talk to Tasha and he told somebody dat, man she must don't know how the hell..... how close me and Tasha is. He say....exactly words, he know what he said. He said man when she told me that he wanted to knock yo ass in yo face Ebony. He say when you told him not to fuck with Tasha, he say he wanted to knock you in yo face. I'm dis letting you know Ebony. You ain't welcomed where you at das why you gotta hide. Das why the whole family is in \_\_\_\_\_ Manors and y'all two is in the country. Because they all know what Imma do. Imma show yo lil bitch ass girl. Its fucked up yo. You act like you just met me Ebony, Watch dis bitch! WATCH! WATCH! You disrespect Donovan and Imma disrespect him. Watch dis. Yo dumb ass. Sucking dick. Das why yo tongue fucked up. All dem rubbers in yo damn fucking closet in dem boxes. All dem.... dem two boxes of rubbers das behind yo closet with like two rubbers in'em. Ebony you ain sh....., Ebony who is Antonio Antoine Ra...Riles, who is John, who is da Moody boy I know everything. Ebony you ain shit girl. You got a disease, cause Tasha done told me. Bitch!

Rec.on Appeal 510

**Message 2:**

\_\_\_\_\_ I know you \_\_\_\_\_ Why you think everybody is in \_\_\_\_\_ Manor and you and jis him at the house. Why you think dat, why you think dat...? Cause they all know you a ho. Cause how can you..... they play you anyway ain't go tell you talking bout they play you anyway. They play you Ebony, they play you. Dis done threw the damn hook out there and you put the worm on it. Erebody out in they family oughta know how love you was in.... how love... how much I love you....how love we was in. They jis threw it out there. You fucking... you fucking that little boy because you know you can get the best of him. But I betcha.... I already know dat umh, you think you go stay at his house but you ain't gonna stay in his house. You probably done licked his asshole. Put that little vibrator..... Ebony, everybody know everything, everything. Ebony you making yourself look stupid bitch. Watch dis. (ha...) I betcha you won't see Christmas. And I won't see Christmas I betcha you dat. Yo bitch nasty ass bitch.

**Message 3:**

You got started.... you got started to look like a ho. And everybody that turned you on to that boy they know I won't been, I ain't been doing nothing. Yo, you being played Ebony yo. (ha, ha, ha....) But watch how Imma play you though. I betcha Imma paralyze ya. Nasty ass bitch! Get checked out. You oughta know. You go sit here and lie to me talking out you ain't go to ah... the appointment in Florence. Girl, I know everything bout you, yo. Dat boy... dat boy family ain't go let you get close to him like dat Ebony. Cause they playing you, they playing yo little dumb ass. Das why your

Rec.on Appeal 511

tongue rot. I.. I got yo diary and everything. You ain's shit yo. You like foursome.... you like to do threesome and foursome and all dat. Ebony you ain't shit. I ain't never know you was like dat Ebony. I will always take you back Ebony, but you ain't shit Ebony yo. (ha ha ha). Anybody say you... I ain't go let you.....you ain't go see Christmas. I ain't go see Christmas either, I betcha you dat. Watch dis bitch, I betcha.

**Message 4:**

Hey the police ain't did nothing to you. You went so low. Don't hide your car, don't hide your car, don't hide your car. I ain't did nothing to ya and I love you yo. I been drinking, but hell wha.... why not to drink, my momma sh.... my momma look at me every fucking damn day of the last three fucking months sitting here looking stupid, feeling even stupid for what? You been out there fucking. I ain't go kill you. Imma make you suffer, but imma do life in prison, dough. I ain't go kill you but I betcha...he.. Hey dis for the bitch ass polices. I betcha imma make you suffer for da rest of yo life imma be \_\_\_\_\_. I ain't go kill you, Imma make you suffer, I betcha I ain't go fuck wid you. Yo dumb ass. Dat why you got a disease bitch. Dat why you want.... dat why you always want me to go get checked out? Why I gotta go and get checked out for and I know I ain't fucking nobody but you. Look in yo closet, look behind yo closet, look all.. look at dem two box of rubbers. Look at.... ha ha ha....look at fi.. .... look at that lotion that you said... look at that lotion that you got behind yo closet that says just for head. I ain't know you had all dat shit back there Ebony. Ha.. I bet your ass be paralyze by Christmas. Yo bitch ass.

Rec.on Appeal 512

**Message 5 (Female):**

Yes, Ebony. Ebony. Imma come back from you. You go mess round and let Derrick hurt you and.....

**Message 6 (Jones):**

I hope you enjoying that \_\_\_\_\_ cause I got a present for you toooooo.

**Message 7 (Jones):**

How yo boy friend wid you for the holidays. Imma.....How yo boy friend wid....  
Ebony I on't believe you \_\_\_\_\_ but I always said dough, you can't hide for so long girl. Imma make y'all wear \_\_\_\_\_ yo.

Post event:

**Message 8 (Jamison?):**

What up girl this is Jamison. I know it will probably be a little bit before you get this message but ah..... I hope you feel better and I am already praying for you. Talk to you soon.

**Message 9 (Kay):**

Ebony this is Kay. Hello.....

**Message 10 (Linda):**

Ebony, call Linda.



# SLED CATCH

Citizens Access to Criminal Histories

## Results

Hello

Name **DERRICK JONES**  
 Date of Birth **1977 05 22**  
 Maiden Name  
 Gender **Male**  
 SSN  
 Transaction **004875688**  
 Date of Check **August 28, 2012 at 17:08**

**ARREST RECORD**  
 S.C. Law Enforcement Division  
 WWW

This record is based on a search using Last name, First Initial, Gender, and Date of Birth only. Compare all identifying data given for record subject with screening subject. Fingerprint comparison is recommended as the most reliable means to identify a record subject.

INTERNET RAP SHEET REQUEST  
 ORI-SCLED0000 SID-SC00973027 FBI-\*\*\*\*\* PUR-E  
 ATN-WEB, ACCOUNT

AUTHORIZED USE ONLY. \*\*\*\*\* CONTACT CONTRIBUTING AGENCY FOR SPECIFIC/MORE DATA ABOUT CHARGES AND/OR DISPOSITIONS. BECAUSE ADDITIONS OR DELETIONS MAY BE MADE AT ANY TIME, A NEW COPY SHOULD BE REQUESTED WHEN NEEDED FOR SUBSEQUENT USE.

PAGE-01 DATE-08/28/2012 TIME-17:02:23  
 REQ ORI-SCLED0000 S C LAW ENF DIV  
 SID-SC00973027 FBI-  
 NAME-JONES, DERRICK LAMONT SEX-M RACE-B  
 HEIGHT-502 WEIGHT-144 EYES-BRO HAIR-BLK SKIN- BORN-SC  
 FPC-17PM11POL13171111311 HENRY-17 S 25 W MOD 13  
 L 1 U COI

PHOTOGRAPH AVAILABLE AUTHORIZED USE ONLY  
 1-FINGERPRINT IMAGES ON THIS SUBJECT ARE STORED ON SCAFIS

\* DNA - TAKEN  
 DATE RECORD ENTERED--N/A DATE OF LAST UPDATE--05/23/2012

ADDITIONAL IDENTIFIERS	BIRTH	MARKS	SOC SEC	MISC NUM
NAME	DATES			
JONES, DERRICK L	06221977			
JONES, DERRICK	05221977			
JONES, DARRICK LAMONT				

SC ABDOM  
 SC R THGR  
 SC L THGR

JONES, DERRICK LAMONT

CONTRIBUTOR/SUBJECT	DOA/RCVD CHARGE/DISPOSITION/ETC
JONES, DERRICK LAMONT	09/20/1994
SC0170100 DILLON PD	
CASE-C478794	
WARR-E127551	
WARR-E127551	

ARREST CHARGE 01-ASSAULT AND BATTERY  
 OFFENSE DATE-09/16/1994  
 PHOTOGRAPH AVAILABLE  
 COURT CHARGE 01-ASSAULT AND BATTERY



[http://www.sled.state.sc.us/sled/default.asp?Category=CATCH\\_SSN&Service=CRC05](http://www.sled.state.sc.us/sled/default.asp?Category=CATCH_SSN&Service=CRC05)

8/28/2012

Rec.on Appeal 514

App'x 516

COURT DISP-CONVICTED;\$99  
COURT DATE-09/28/1994

JONES, DERRICK LAMONT  
SC0170100 DILLON PD  
CASE-C5200  
WARR-1488ZE

04/20/1995

ARREST CHARGE 01-DISORDERLY  
CONDUCT  
OFFENSE DATE-04/20/1995  
PHOTOGRAPH AVAILABLE

JONES, DERRICK LAMONT  
SC0170100 DILLON PD  
CASE-C5211  
WARR-E127833

04/26/1995

ARREST CHARGE 01-DISORDERLY  
CONDUCT  
OFFENSE DATE-04/26/1995  
PHOTOGRAPH AVAILABLE  
COURT CHARGE 01-DISORDERLY  
CONDUCT  
COURT DISP-CONVICTED;\$152  
COURT DATE-05/03/1995

WARR-E127833

JONES, DERRICK LAMONT  
SC0170100 DILLON PD  
CASE-C5681-95  
WARR-79505AD

12/15/1995

ARREST CHARGE 01-DISORDERLY  
CONDUCT  
OFFENSE DATE-12/15/1995  
PHOTOGRAPH AVAILABLE  
COURT CHARGE 01-DISORDERLY  
CONDUCT  
COURT DISP-CONVICTED;FORFEIT  
BAIL \$152  
COURT DATE-01/03/1996

WARR-79505AD

JONES, DERRICK LAMONT  
SC0170100 DILLON PD  
CASE-T-13473-96  
WARR-E480688

12/11/1996

ARREST CHARGE 01-DRIVING  
UNDER SUSPENSION  
PHOTOGRAPH AVAILABLE  
COURT CHARGE 01-DRIVING UNDER  
SUSPENSION  
COURT DISP-CONVICTED;\$304  
COURT DATE-01/08/1997

WARR-E480688

JONES, DARRICK LAMONT  
SC0340200 MULLINS PD  
WARR-52942AJ

03/30/1997

ARREST CHARGE 01-POSS ALCOHOL  
/LIQUOR BY MINOR  
OFFENSE DATE-03/30/1997  
PHOTOGRAPH AVAILABLE

JONES, DERRICK L  
SC0170100 DILLON PD  
CASE-C8415-99  
WARR-F948201

01/30/1999

ARREST CHARGE 01-MALICIOUS  
INJURY TO PROPERTY  
OFFENSE DATE-12/29/1998  
PHOTOGRAPH AVAILABLE

CIT-16-11-520 (B) (3) MISDEMEANOR  
DOC-R84

COURT CHARGE 01-MAL INJURY

[http://www.sled.state.sc.us/sled/default.asp?Category=CATCH\\_SSN&Service=CRC05](http://www.sled.state.sc.us/sled/default.asp?Category=CATCH_SSN&Service=CRC05)

8/28/2012

Rec.on Appeal 515

App'x 517

WARR-F948201

TO PROPERTY, \$1000 OR LESS  
COURT DISP-NON-CONVICTION;  
DISMISSED  
COURT DATE-02/10/1999

JONES, DERRICK LAMONT  
SC0170000 DILLON CNTY SO  
ATN-WARR-FB18852

12/21/1999

ARREST CHARGE 01-ASSAULT  
OFFENSE DATE-12/10/1999

JONES, DERRICK LAMONT  
SC0170000 DILLON CNTY SO  
ATN-

05/08/2000

ARREST CHARGE 01-ASSAULT  
OFFENSE DATE-05/08/2000  
PHOTOGRAPH AVAILABLE

WARR-G387495

ARREST CHARGE 02-ASSAULT AND  
BATTERY WITH INTENT TO  
KILL  
OFFENSE DATE-05/08/2000

WARR-G387494

ARREST CHARGE 03-ASSAULT AND  
BATTERY W/I TO KILL

CIT-C/L, -MISDEMEANOR  
DOC-00GS1700552  
WARR-G387494

COURT CHARGE 01-ASSAULT/BATTE  
RY OF HIGH AND AGGRAVATED  
NATURE  
COURT DISP-CONVICED;8 YRS  
BAL SUSP TO 3 YRS PROB  
200 HRS PUB SERVICE ENROLL  
IN ADULT EDUCATION UNTIL  
GED  
COURT DATE-11/06/2000  
ATN-CIT-16-3-620(2)-MISDEMEANOR  
COURT CHARGE 02-ASSAULT AND  
BATTERY WITH INTENT TO  
KILL  
COURT DISP-CONVICED;8 HRS  
THE BAL SUSP TO 3 YRS  
PROBATION CONCURRENT  
COURT DATE-11/06/2000

DOC-00GS1700551  
WARR-G387495

06/18/2000

ARREST CHARGE 01-DISORDERLY  
CONDUCT  
OFFENSE DATE-06/18/2000  
PHOTOGRAPH AVAILABLE

JONES, DERRICK LAMONT  
SC0170000 DILLON CNTY SO  
ATN-WARR-73567BG

07/11/2000

ARREST CHARGE 01-ASSAULT AND  
BATTERY  
OFFENSE DATE-07/09/2000  
PHOTOGRAPH AVAILABLE

JONES, DERRICK LAMONT  
SC0170100 DILLON PD  
ATN-WARR-G249195

WARR-G249196

ARREST CHARGE 02-TRESPASSING  
AFTER NOTICE  
OFFENSE DATE-07/09/2000  
COURT CHARGE 01-SIMPLE ASSAUL  
T AND BATTERY  
COURT DISP-CONVICED;30 DAYS  
OR \$373  
COURT DATE-08/02/2000  
ATN-DOC-R84

DOC-R84  
WARR-G249195

COURT CHARGE 02-TRESPASSING  
WARR-G249196

COURT DISP-CONVICED;30 DAYS

[http://www.sled.state.sc.us/sled/default.asp?Category=CATCH\\_SSN&Service=CRC05](http://www.sled.state.sc.us/sled/default.asp?Category=CATCH_SSN&Service=CRC05)

8/28/2012

Rec.on Appeal 516

App'x 518

OR \$199  
COURT DATE-08/02/2000

JONES, DERRICK  
SC0170000 DILLON CNTY SO  
ATN-WARR-G583110

09/05/2000

ARREST CHARGE 01-ASSAULT AND  
BATTERY  
OFFENSE DATE-09/03/2000  
PHOTOGRAPH AVAILABLE

WARR-G583111

ARREST CHARGE 02-THREATENING  
LIFE OF A PUBLIC OFFICIAL  
OFFENSE DATE-09/03/2000

WARR-G387986

ARREST CHARGE 03-DAMAGING  
JAIL  
OFFENSE DATE-09/03/2000

CIT-N/A  
DOC-01GS1700010  
WARR-G583110

COURT CHARGE 01-SIMPLE ASSAULT  
AND BATTERY  
COURT DISP-NON-CONVICTION;  
NOLLE PROSSED  
COURT DATE-11/20/2000  
ATN-CIT-16-3-1040

DOC-01GS1700011  
WARR-G583111

COURT CHARGE 02-THREATENING  
LIFE, PERSON OR FAMILY OF  
OFFICIAL  
COURT DISP-NON-CONVICTION;  
NOLLE PROSSED  
COURT DATE-12/29/2000

CIT-4-17-70-MISDEMEANOR  
DOC-R84  
WARR-G387986

COURT CHARGE 03-MALICIOUS  
INJURY, WILLFUL INJURY TO  
COURTHOUSE  
COURT DISP-CONVICTED; SENTENCE  
UNKNOWN  
COURT DATE-08/28/2001

JONES, DERRICK LAMONT  
SC0170100 DILLON PD  
CASE-C1106001  
ATN-WARR-G886275  
CIT-C/L, UNCLASSIFIED

12/16/2001

ARREST CHARGE 01-ASSAULT/BATT  
ERY OF HIGH AND AGGRAVATED  
NATURE  
OFFENSE DATE-12/16/2001  
PHOTOGRAPH AVAILABLE

CIT-C/L, MISDEMEANOR  
DOC-02GS1700121  
WARR-G886275

COURT CHARGE 01-ASSAULT/BATTE  
RY OF HIGH AND AGGRAVATED  
NATURE  
COURT DISP-NON-CONVICTION;  
NOLLE PROSSED  
COURT DATE-08/29/2002  
ATN-

JONES, DERRICK LAMONT  
SC0170000 DILLON CNTY SO  
ATN-WARR-38155CG  
CIT-16-17-530-MISDEMEANOR

11/30/2002

ARREST CHARGE 01-PUBLIC DISOR  
DERLY CONDUCT  
OFFENSE DATE-11/30/2002

JONES, DERRICK LAMONT  
SC0170000 DILLON CNTY SO  
CASE-NA  
ATN-990000088704

07/23/2005

[http://www.sled.state.sc.us/sled/default.asp?Category=CATCH\\_SSN&Service=CRC05](http://www.sled.state.sc.us/sled/default.asp?Category=CATCH_SSN&Service=CRC05)

8/28/2012

Rec.on Appeal 517

App'x 519

WARR-H923907  
CIT-16-3-620(2)-FELONY

ARREST CHARGE 01-ASSAULT AND  
BATTERY WITH INTENT TO  
KILL  
OFFENSE DATE-06/03/2005

CIT-C/L, -MISDEMEANOR  
DOC-05GS1701005  
WARR-H923907

COURT CHARGE 01-ASSAULT WITH  
INTENT TO KILL  
COURT DISP-NON-CONVICTION;  
DISH/WOL PROS/PROS ENDED  
COURT DATE-10/30/2007  
ATN-990000088704

JONES, DARRICK LAMONT  
SC0400000 RICHLAND CNTY SO  
CASE-NA  
ATN-990000271928  
WARR-43252DM  
CIT-44-53-370(D)(4)-MISDEMEANOR

01/17/2007

ARREST CHARGE 01-POSS 28G OR  
LESS MARIJ OR 10G OR LESS  
HASH 1ST  
OFFENSE DATE-01/17/2007  
PHOTOGRAPH AVAILABLE

WARR-J55569  
CIT-16-23-20-MISDEMEANOR

ARREST CHARGE 02-UNLAWFUL  
CARRYING OF WEAPON  
OFFENSE DATE-01/17/2007

CIT-16-23-20-MISDEMEANOR  
DOC-07GS4000940  
WARR-J555691

COURT CHARGE 01-UNLAWFUL  
CARRYING OF WEAPON  
COURT DISP-CONVICTED;1 year  
suspended waith 6 months  
probation  
COURT DATE-09/20/2007  
ATN-990000271928

CIT--MISDEMEANOR  
DOC-40  
WARR-43252DM

COURT CHARGE 02-POSS 28G OR  
LESS MARIJ/10G OR LESS  
HASH 1ST  
COURT DISP-CONVICTED;581.95  
Fine AMT  
COURT DATE-02/13/2007

SC040015G CENTRAL PPP  
CASE-040000  
CIT-16-23-20-MISDEMEANOR

09/20/2007 CUSTODY STATUS-PROBATION  
START DATE-09/20/2007

COURT CHARGE 01-UNLAWFUL  
CARRYING OF WEAPON  
COURT DISP-CONVICTED;1 YEAR  
AND \$1000.00 FINE SS WITH  
6 MONTHS PROBATION  
ATN-990000392139

JONES, DERRICK LAMONT  
SC0170000 DILLON CNTY SO  
CASE-2010040126  
ATN-990000516602  
WARR-M465169  
CIT-44-53-375(A)-MISDEMEANOR

04/19/2010

ARREST CHARGE 01-POSS < 1GRAM  
OF METH OR COCAINE BASE  
1ST  
OFFENSE DATE-04/16/2010

JONES, DERRICK  
SC040015G CENTRAL PPP  
CASE-1534155

04/29/2010

[http://www.sled.state.sc.us/sled/default.asp?Category=CATCH\\_SSN&Service=CRC05](http://www.sled.state.sc.us/sled/default.asp?Category=CATCH_SSN&Service=CRC05)

8/28/2012

Rec.on Appeal 518

App'x 520

ATN-40D100027123  
WARR-W40081817  
CIT-N/A-MISDEMEANOR

ARREST CHARGE 01-PROBATION  
VIOLATION  
OFFENSE DATE-04/29/2010  
PHOTOGRAPH AVAILABLE  
PALM PRINTS AVAILABLE

JONES, DARRICK LAMONT  
SC0100900 CHARLESTON CNTY SO  
CASE-2009017608  
ATN-10D100607258  
WARR-D774834  
CIT-17-15-90 (2) -MISDEMEANOR

05/03/2010

ARREST CHARGE 01-FAIL TO  
APPEAR AFTER RELEASE FOR  
A MISDEMEANOR  
OFFENSE DATE-05/03/2010  
PALM PRINTS AVAILABLE

WARR-D774835  
CIT-17-15-90 (2) -MISDEMEANOR

ARREST CHARGE 02-FAIL TO  
APPEAR AFTER RELEASE FOR  
A MISDEMEANOR  
OFFENSE DATE-05/03/2010

WARR-D774836  
CIT-17-15-90 (2) -MISDEMEANOR

ARREST CHARGE 03-FAIL TO  
APPEAR AFTER RELEASE FOR  
A MISDEMEANOR  
OFFENSE DATE-05/03/2010

JONES, DERRICK LAMONT  
SC0170100 DILLON PD  
CASE-201012236  
ATN-990000548790  
WARR-J009314  
CIT-16-3-29-FELONY

12/27/2010

ARREST CHARGE 01-ATTEMPTED  
MURDER  
OFFENSE DATE-12/27/2010  
PHOTOGRAPH AVAILABLE

WARR-J009316  
CIT-16-23-490-FELONY

ARREST CHARGE 02-POSS OF A  
WEAPON DURING VIOLENT  
CRIME  
OFFENSE DATE-12/27/2010

WARR-J009317  
CIT-N/A-MISDEMEANOR

ARREST CHARGE 03-DISCHARGING  
FIREARM  
OFFENSE DATE-12/27/2010

CIT-16-23-490-FELONY  
DOC-11GS1700321  
WARR-J009316

COURT CHARGE 01-POSS OF A  
WEAPON DURING VIOLENT  
CRIME  
COURT DISP-NON-CONVICTION;  
DISM/NOL PROS/PROS ENDED  
COURT DATE-03/05/2012  
ATN-990000548790

SC040015C SC DEPT CORRECTIONS  
CASE-003508  
CIT-16-3-29-FELONY

05/18/2012 CUSTODY STATUS-RECEIVED  
START DATE-05/18/2012

COURT CHARGE 01-ATTEMPTED  
MURDER  
COURT DISP-CONVICTED; 17 YRS  
ATN-50D200011343

[http://www.sled.state.sc.us/sled/default.asp?Category=CATCH\\_SSN&Service=CRC05](http://www.sled.state.sc.us/sled/default.asp?Category=CATCH_SSN&Service=CRC05)

8/28/2012

Rec.on Appeal 519

0 - WARRANT OCCURS WITH MORE THAN ONE SID NUMBER

BASED ON SEARCH OF SLED CJIS CCH FILE USING SID/SC00973027  
THIS CRIMINAL HISTORY RECORD IS FOR SOUTH CAROLINA ARRESTS AND  
CONVICTIONS ONLY AND IS BASED ON THE INFORMATION PROVIDED. SINCE  
CHANGES MAY OCCUR DAILY A NEW INQUIRY SHOULD BE MADE AND NO SUBSEQUENT  
USE OF THIS RECORD IS ALLOWED.

-----  
INDIVIDUAL PROHIBITED FROM POSSESSING OR ACQUIRING HANDGUN IN  
SOUTH CAROLINA

INFORMATION SUBMITTED TO SLED CCH PURSUANT TO 16-23-10 (C) AND 23-31-110  
(C) OF THE SOUTH CAROLINA CODE OF LAWS INDICATES THIS INDIVIDUAL HAS BEEN  
CONVICTED OF A CRIME OF VIOLENCE AND IS NOT PERMITTED TO POSSESS OR  
ACQUIRE A HANDGUN.

-----  
INDIVIDUAL PROHIBITED FROM POSSESSING OR ACQUIRING FIREARM OR AMMUNITION  
PURSUANT TO FEDERAL GUN CONTROL ACT OF 1968

INFORMATION SUBMITTED TO SLED CCH INDICATES THIS INDIVIDUAL HAS BEEN  
CONVICTED OF A FELONY ACCORDING TO THE SOUTH CAROLINA CODE OF LAWS.  
THEREFORE, THIS PERSON IS INELIGIBLE TO SHIP, TRANSPORT, OR RECEIVE ANY  
FIREARM OR AMMUNITION AFFECTED BY INTERSTATE OR FOREIGN COMMERCE, AS  
DEFINED BY THE GUN CONTROL ACT OF 1968 (18.U.S.C. 922(G)).

\*\* S C CJIS END OF RECORD \*\*

Credit Card Transaction Number **1346187845ICE595120828170749**

Return  Another check

[http://www.sled.state.sc.us/sled/default.asp?Category=CATCH\\_SSN&Service=CRC05](http://www.sled.state.sc.us/sled/default.asp?Category=CATCH_SSN&Service=CRC05)

8/28/2012

Rec.on Appeal 520

App'x 522



Citi Trends #42  
Dillion, SC

12/27/10 5:59:42p  
Front Door

Rec on Appeal 521

App'x 523



Citi Trends #42  
Dillion, SC

12/27/10 5:59:43p  
Front Door

Rec on Appeal 522

App'x 524



Citi Trends #42  
Dillion, SC

12/27/10 5:59:44p  
Front Door

Rec.on Appeal 523

App'x 525



Citi Trends #42  
Dillon, SC

12/27/10 5:59:45p  
FRONT DOOR

Rec on Appeal 524

App'x 526



Citi Trends #42  
Dillion, SC

12/27/10 6:00:14p  
Register 3 & 4

Rec: on Appeal 525

App'x 527

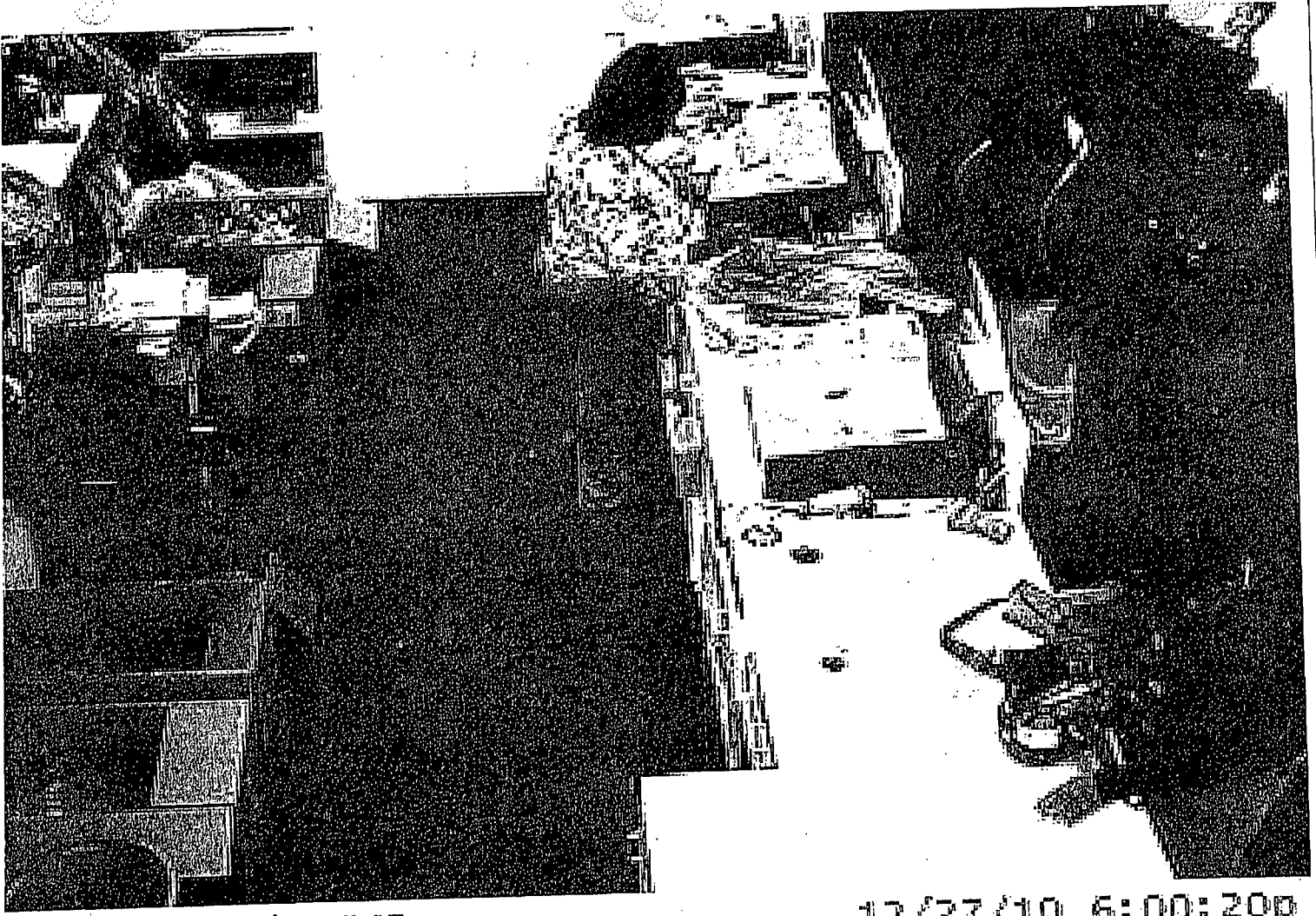


Citi Trends #42  
Dillon, SC

12/27/10 6:00:16p  
Register 3 & 4

Rec on Appeal 526

App'x 528

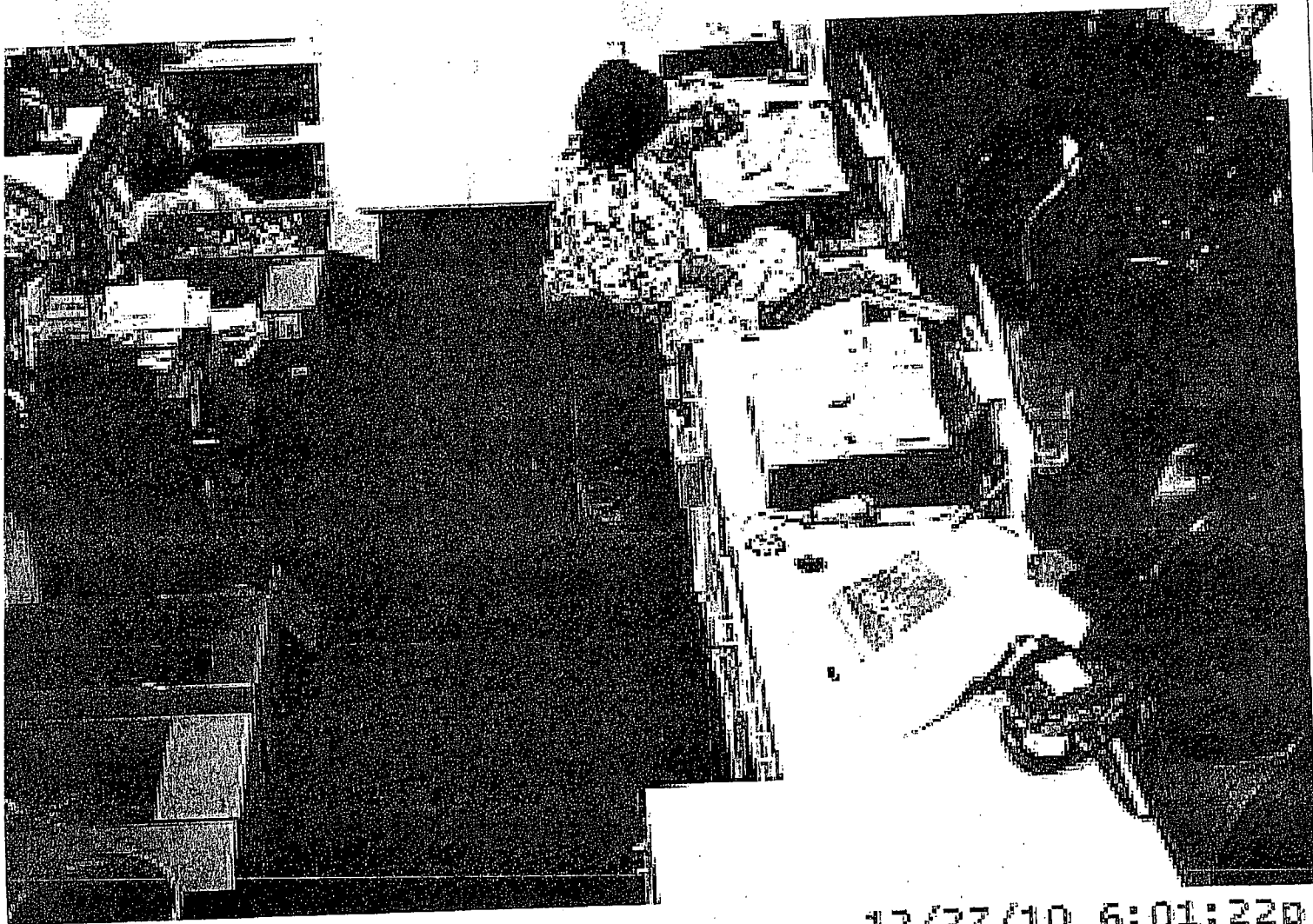


Citi Trends #42  
Dillion, SC

12/27/10 6:00:20p  
Register 3 & 4

Rec on Appeal 527

App'x 529

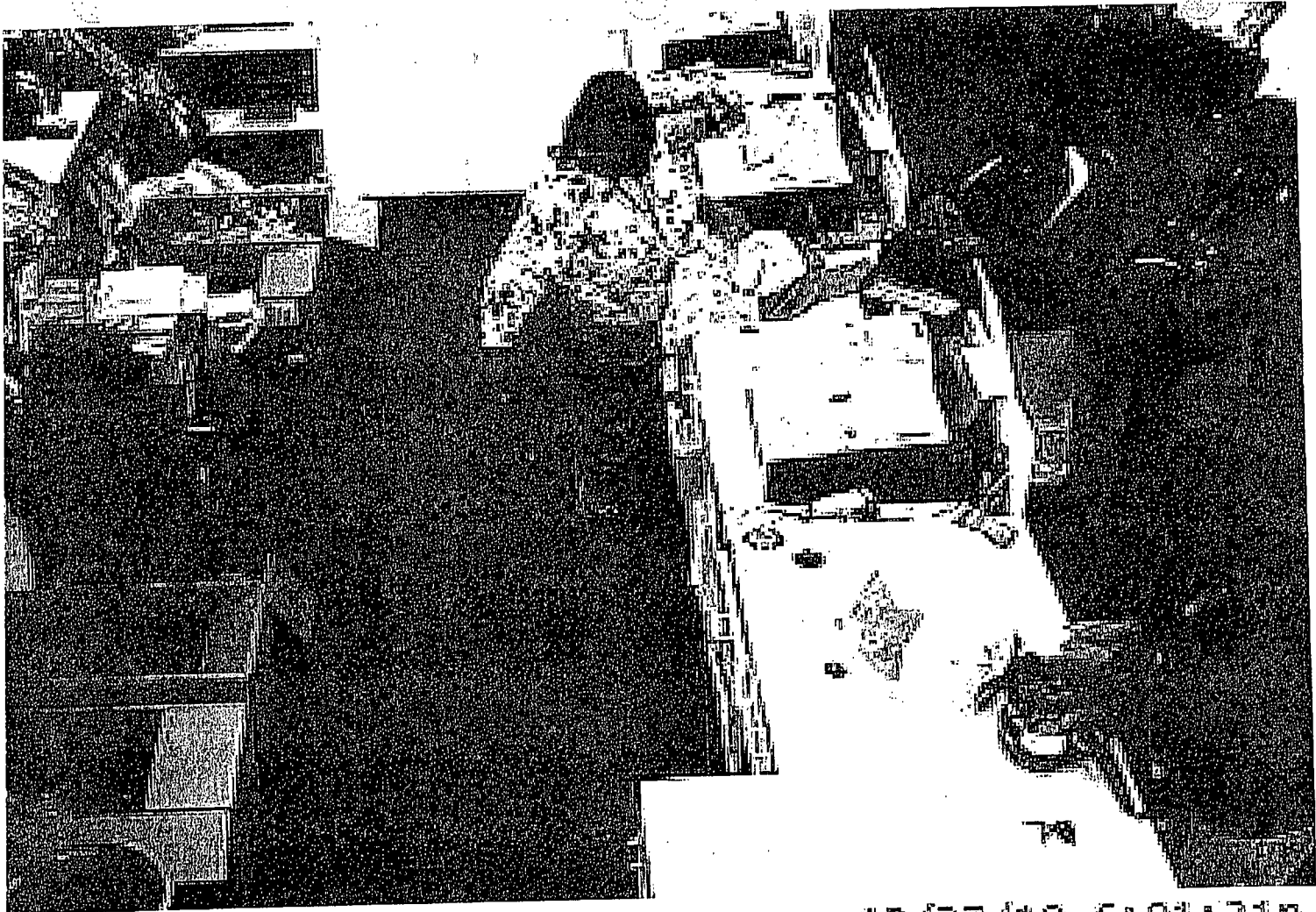


Citi Trends #42  
Dillion, SC

12/27/10 6:01:22p  
Register 3 & 4

Rec on Appeal 528

App'x 530



Citi Trends #42  
Dillion, SC

12/27/10 6:01:31p  
Register 3 & 4

Rec: on Appeal 529

App'x 531

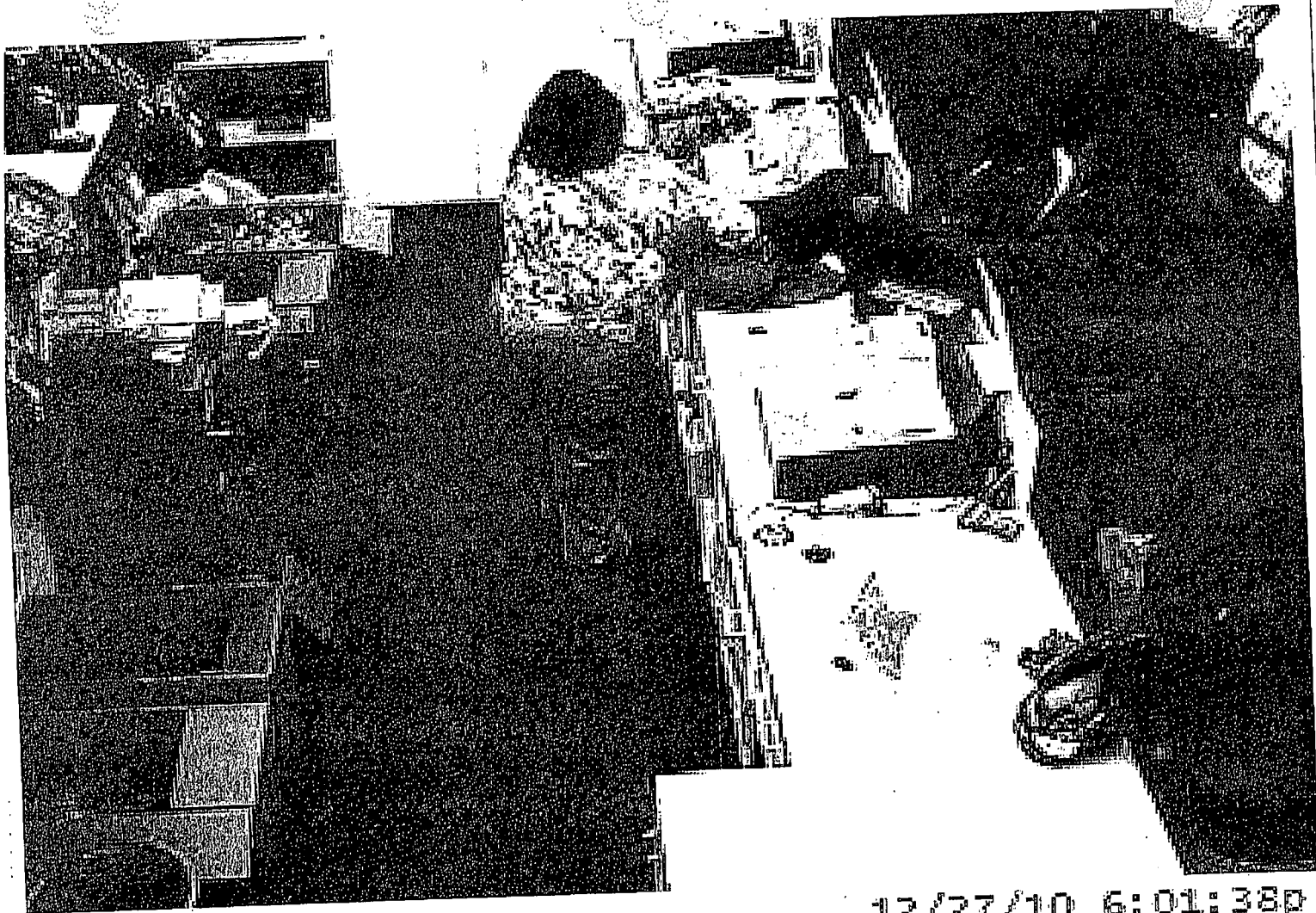


Citi Trends #42  
Dillion, SC

12/27/10 6:00:36p  
Register 3 & 4

Rec: on Appeal 530

App'x 532



Citi Trends #42  
Dillon, SC

12/27/10 6:01:38p  
Register 3 & 4

Rec on Appeal 531

App'x 533



Citi Trends #42  
Dillon, SC

12/27/10 6:16:28p  
Front Door

Rec on Appeal 532

App'x 534



Citi Trends #42  
Billion, SC

12/27/10 6:16:29p  
Front Door

Rec: on Appeal 533

App'x 535

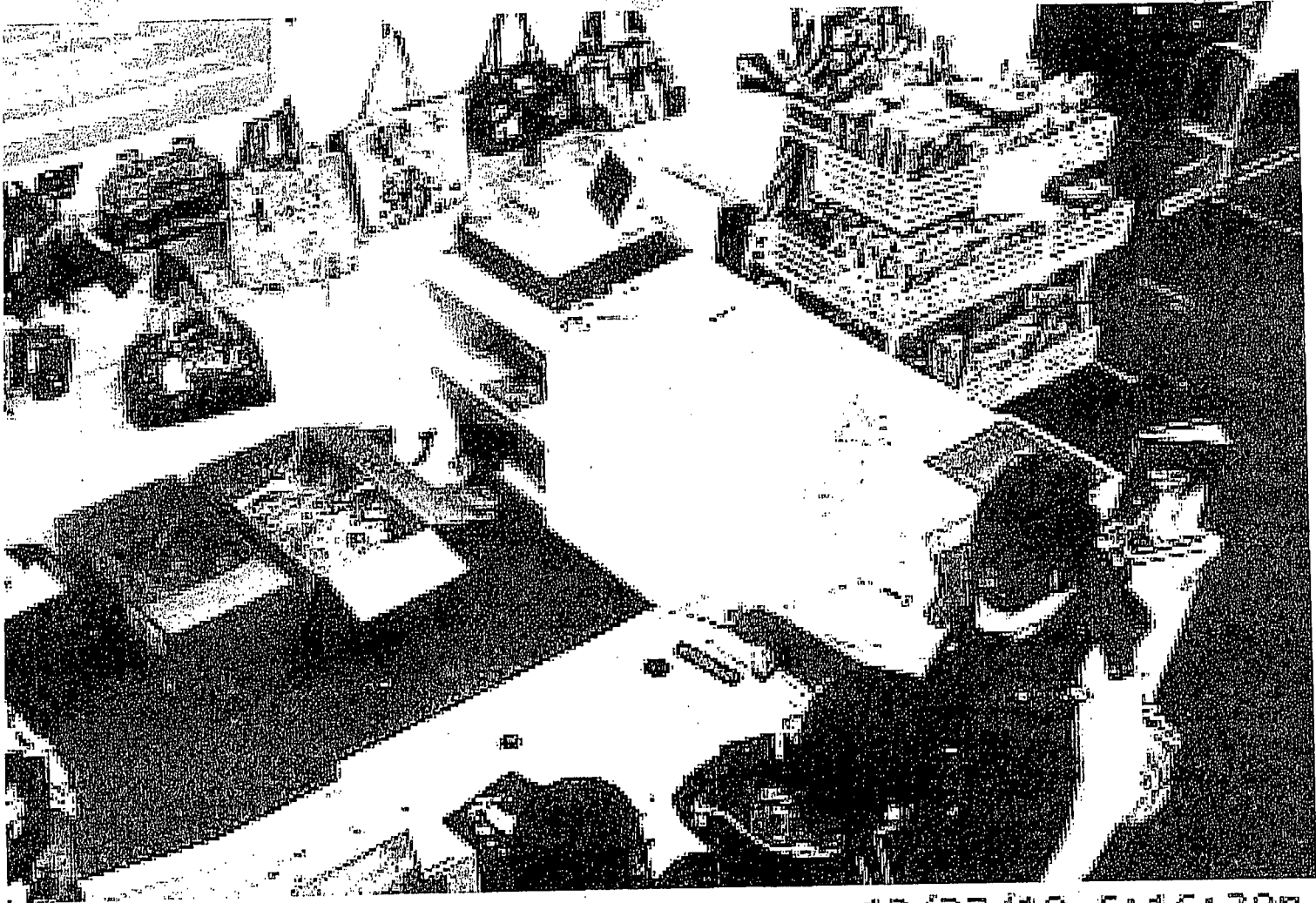


Citi Trends #42  
Dillion, SC

12/27/10 6:16:30p  
Front Door

Rec on Appeal 534

App'x 536



Citi Trends #42  
Dillion, SC

12/27/10 6:16:30p  
Register 1 & 2

Rec on Appeal 535

App'x 537

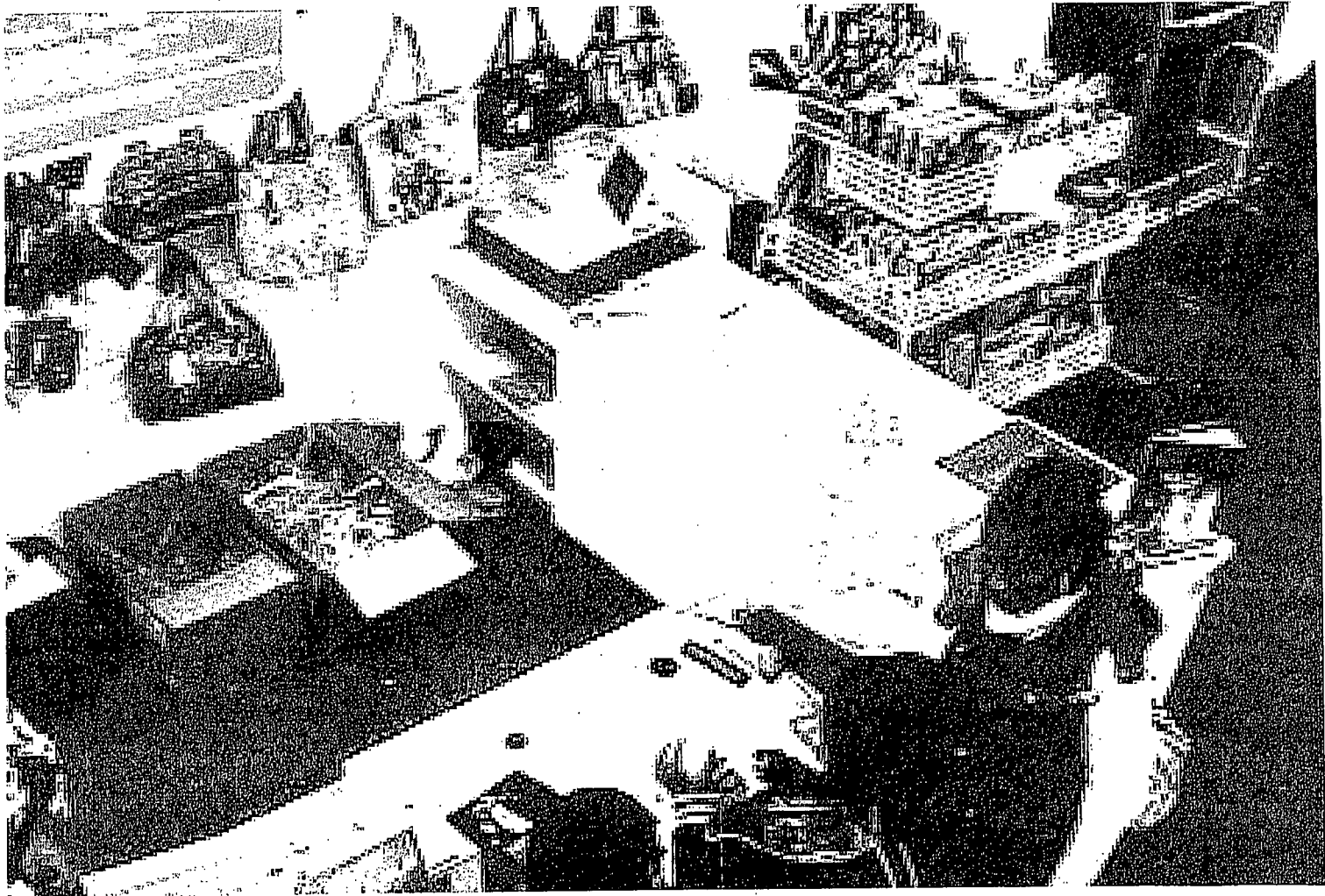


Citi Trends #42  
Dillion, SC

12/27/10 6:16:31p  
Front Door

Rec on Appeal 536

App'x 538



Citi Trends #42  
Dillion, SC

12/27/10 6:16:31p  
Register 1 & 2

Rec on Appeal 537

App'x 539



Citi Trends #42  
Dillion, SC

12/27/10 6:16:31p  
Front Door

Rec: on Appeal 538

App'x 540

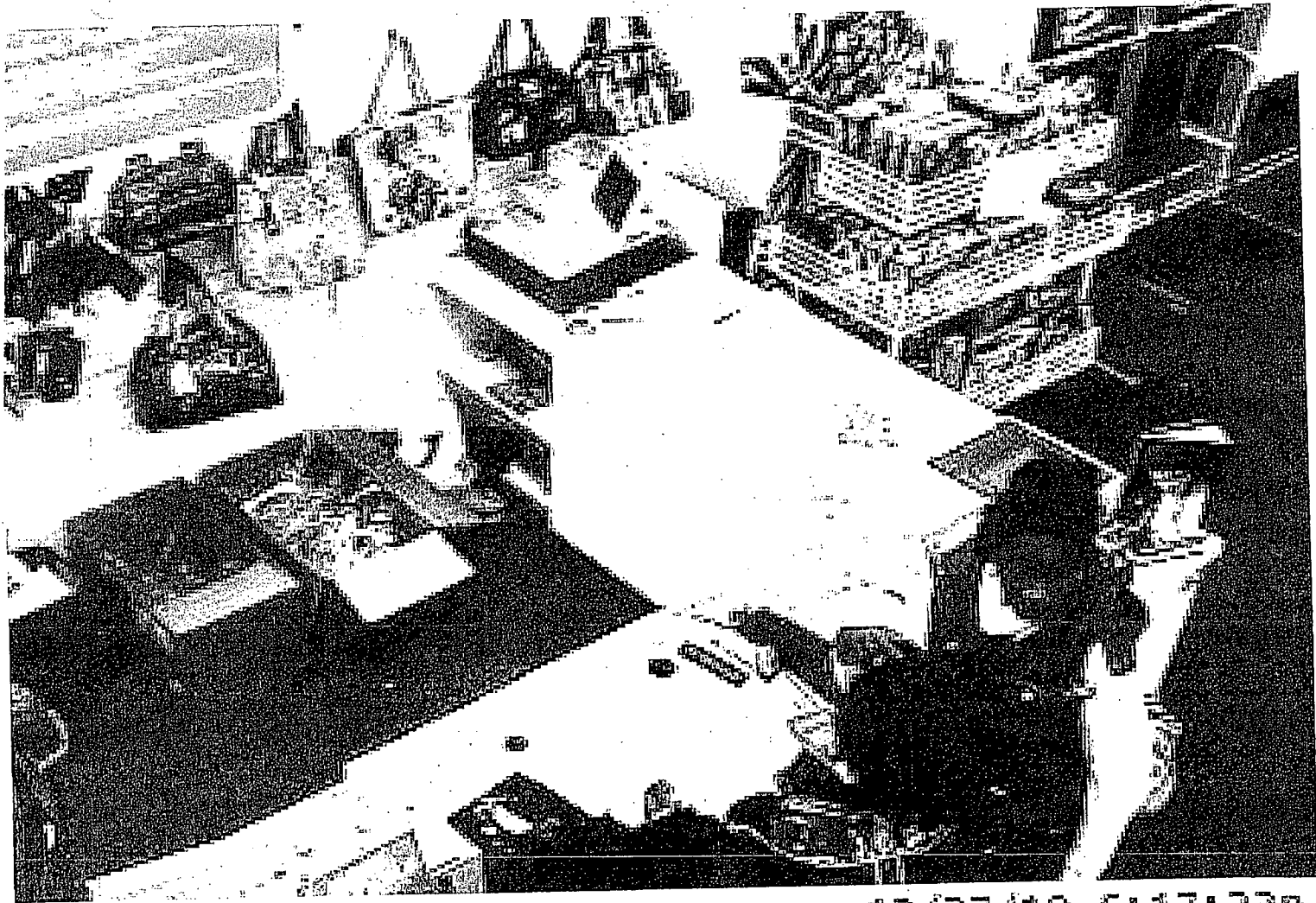


Citi Trends #42  
Dillon, SC

12/27/10 6:16:32p  
Front Door

Rec on Appeal 539

App'x 541

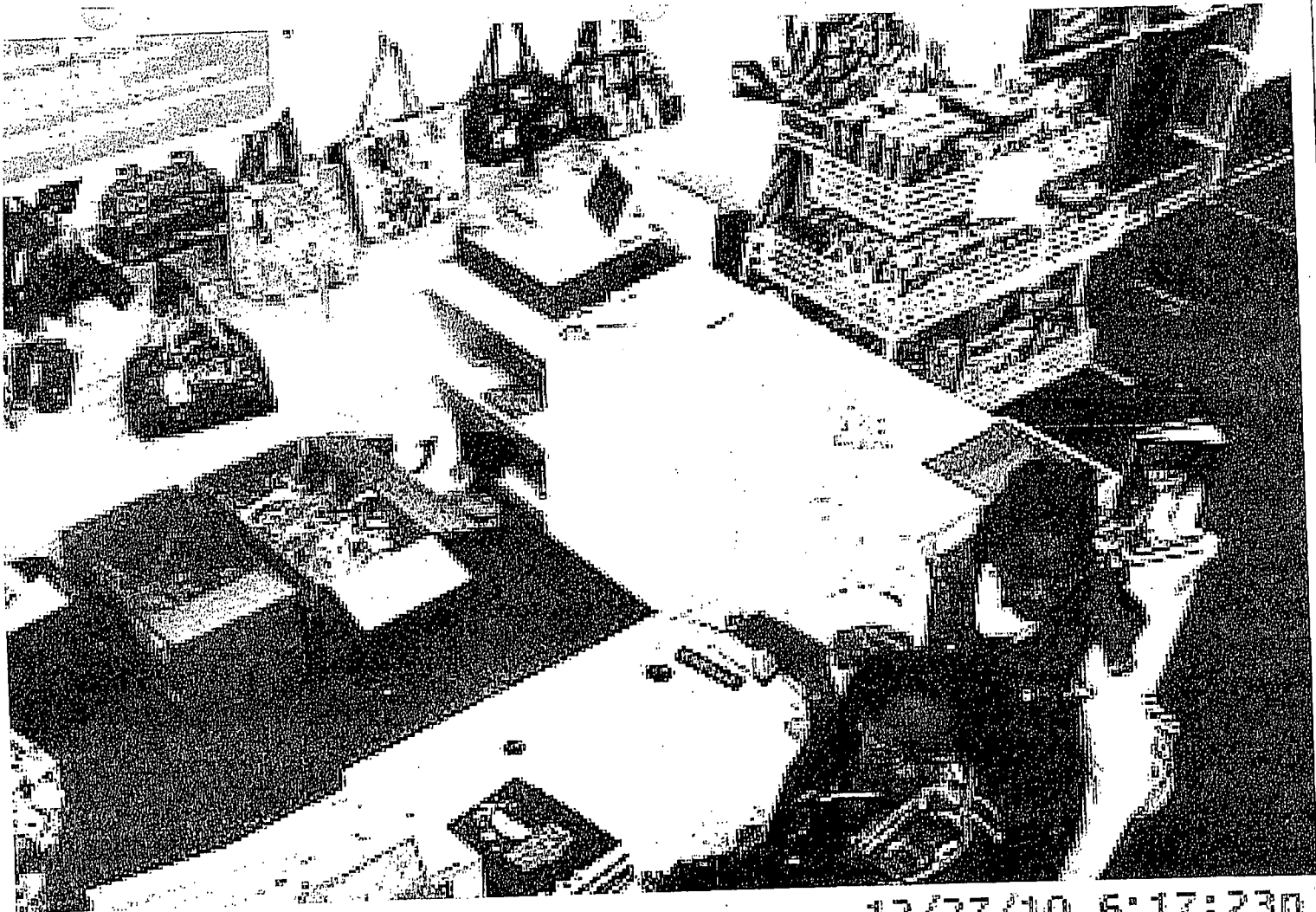


Citi Trends #42  
Dillion, SC

12/27/10 6:17:23p  
Register 1 & 2

Rec on Appeal 540

App'x 542



Citi Trends #42  
Dillion, SC

12/27/10 6:17:23p  
Register 1 & 2

Rec on Appeal 541

App'x 543

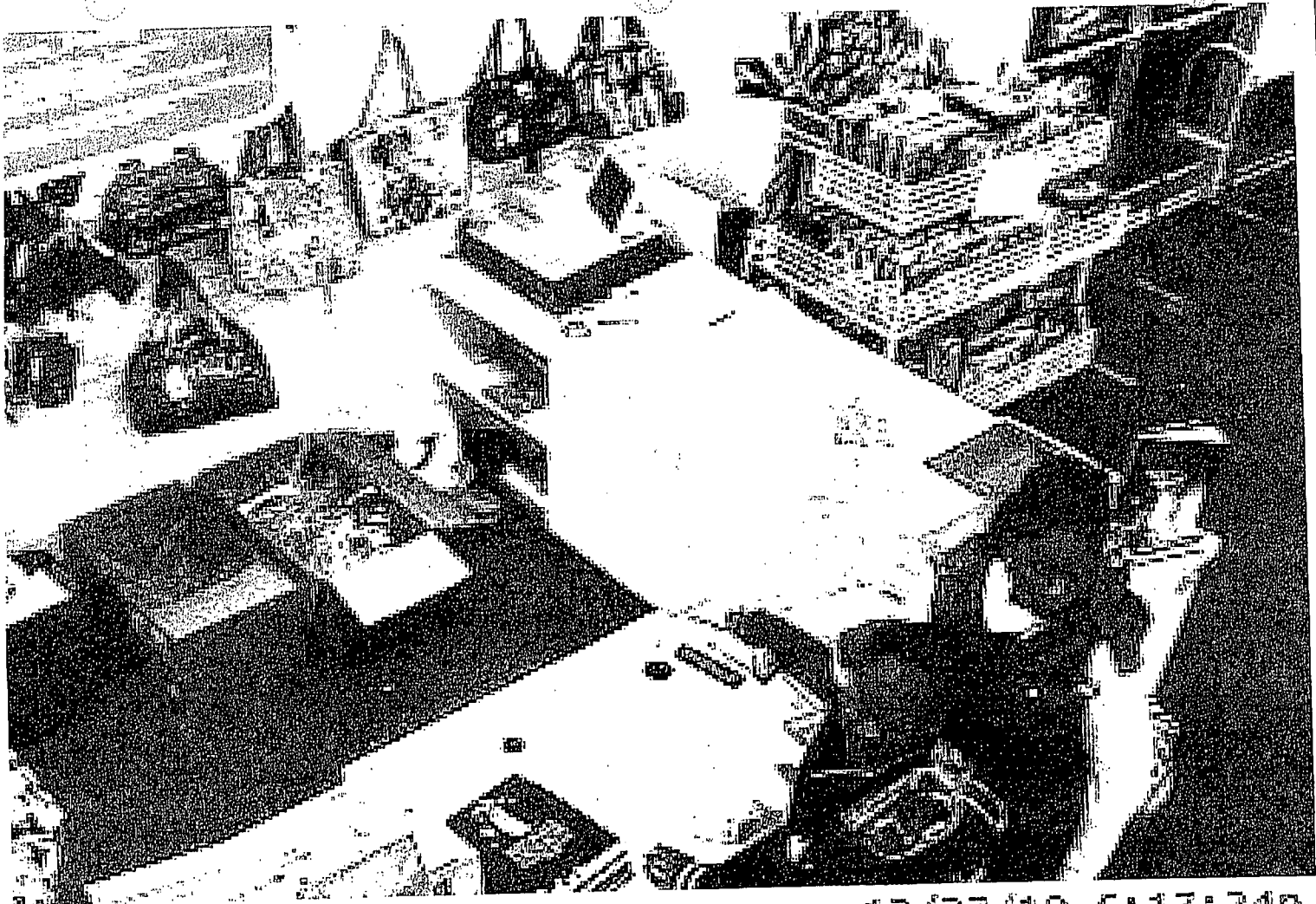


Citi Trends #42  
Dillion, SC

12/27/10 6:17:23p  
Register 3 & 4

Rec on Appeal 542

App'x 544



Citi Trends #42  
Dillon, SC

12/27/10 6:17:24p  
Register 1 & 2

Rec on Appeal 543

App'x 545

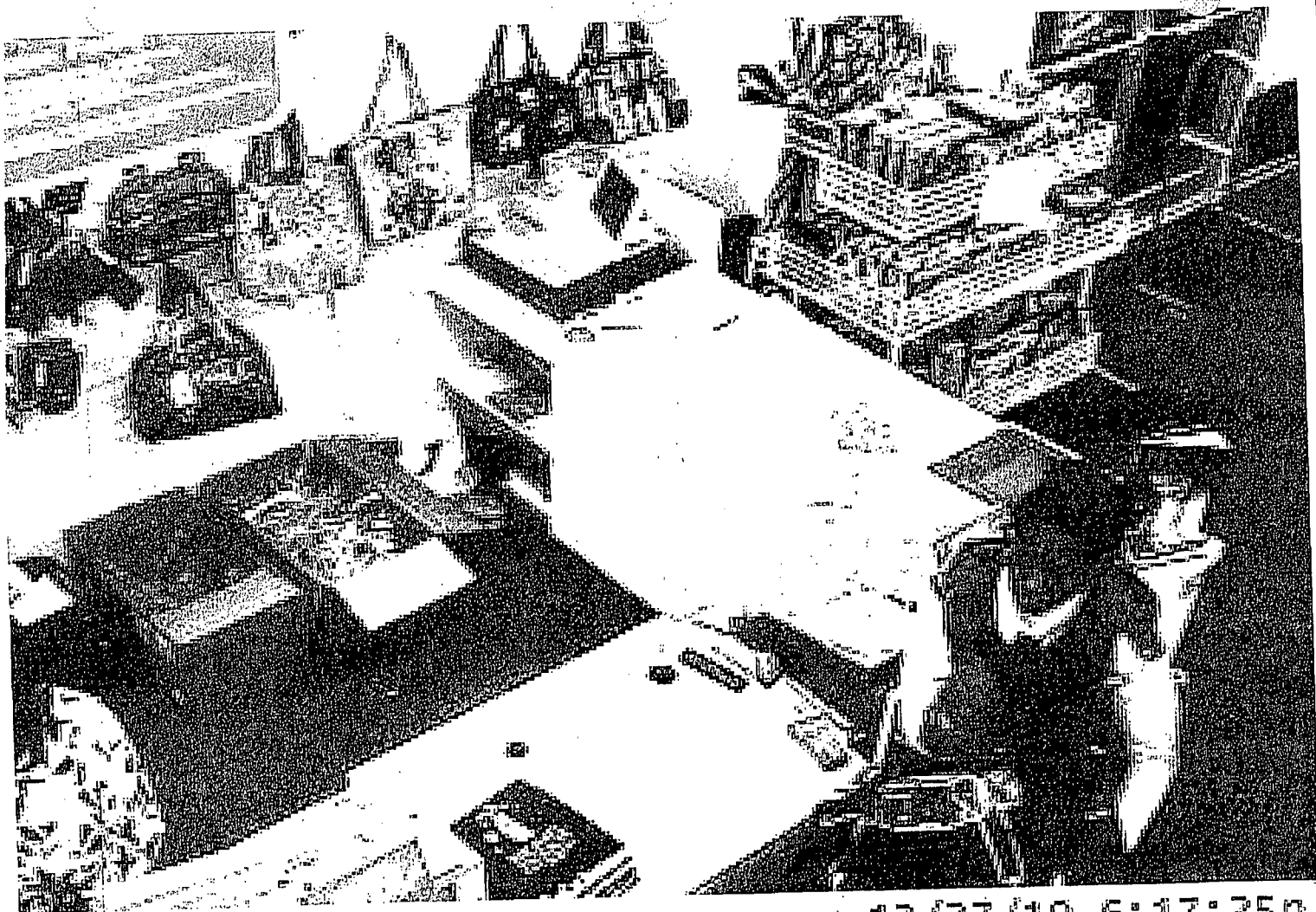


Citi Trends #42  
Dillion, SC

12/27/10 6:17:24p  
Register 3 & 4

Rec on Appeal 544

App'x 546

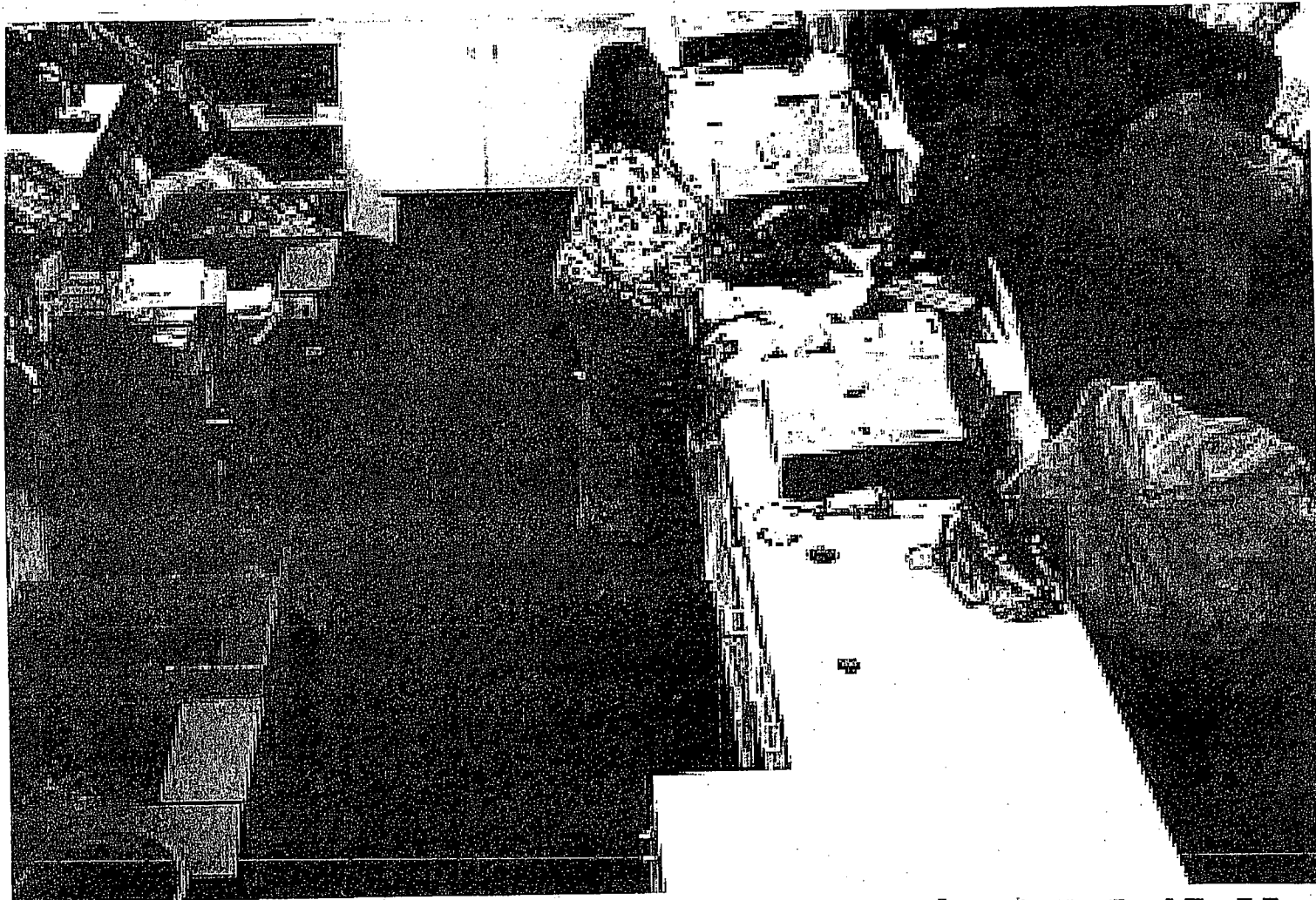


Citi Trends #42  
Dillion, SC

12/27/10 6:17:25p  
Register 1 & 2

Rec on Appeal 545

App'x 547

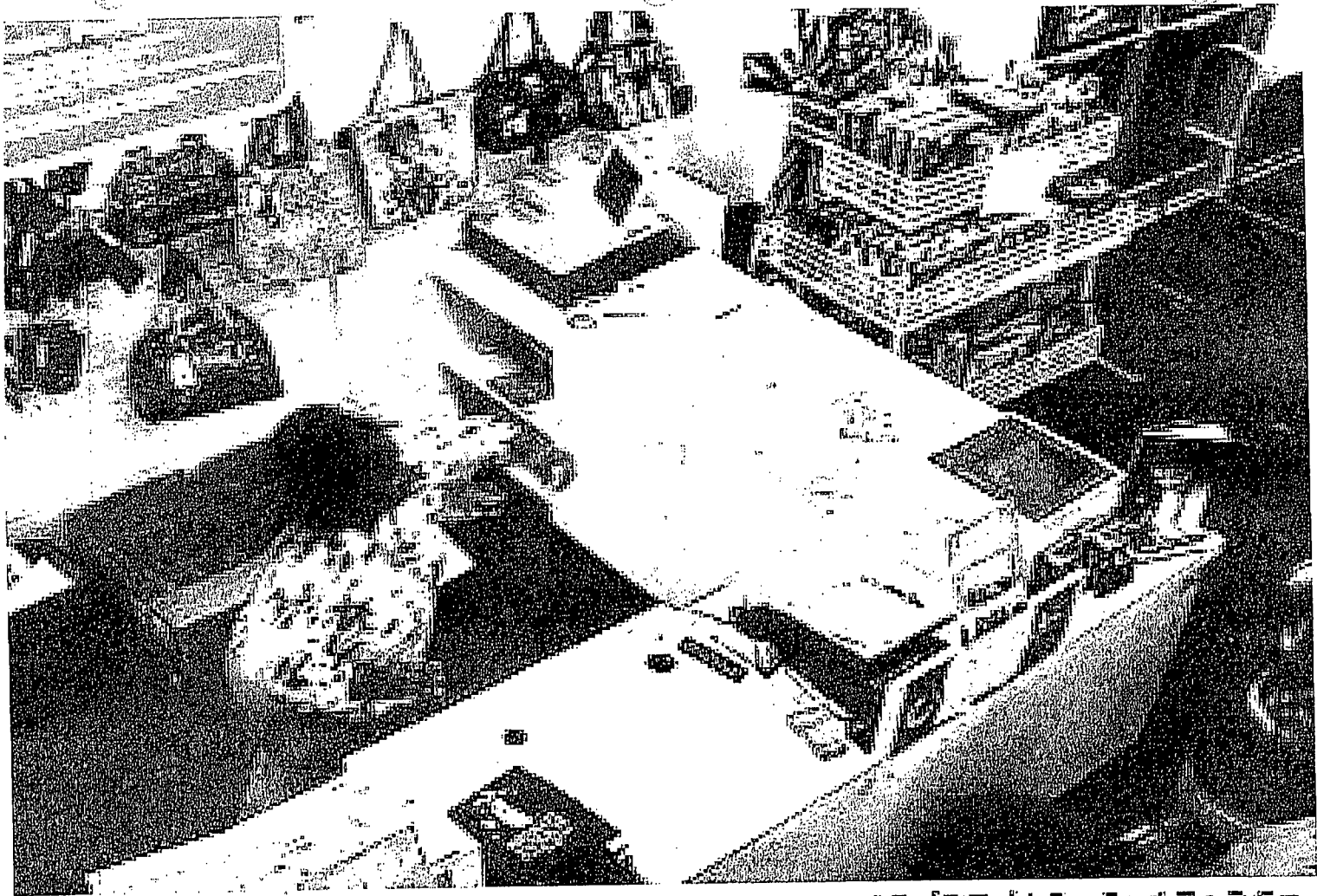


Citi Trends #42  
Dillion, SC

12/27/10 6:17:25p  
Register 3 & 4

Rec on Appeal 546

App'x 548

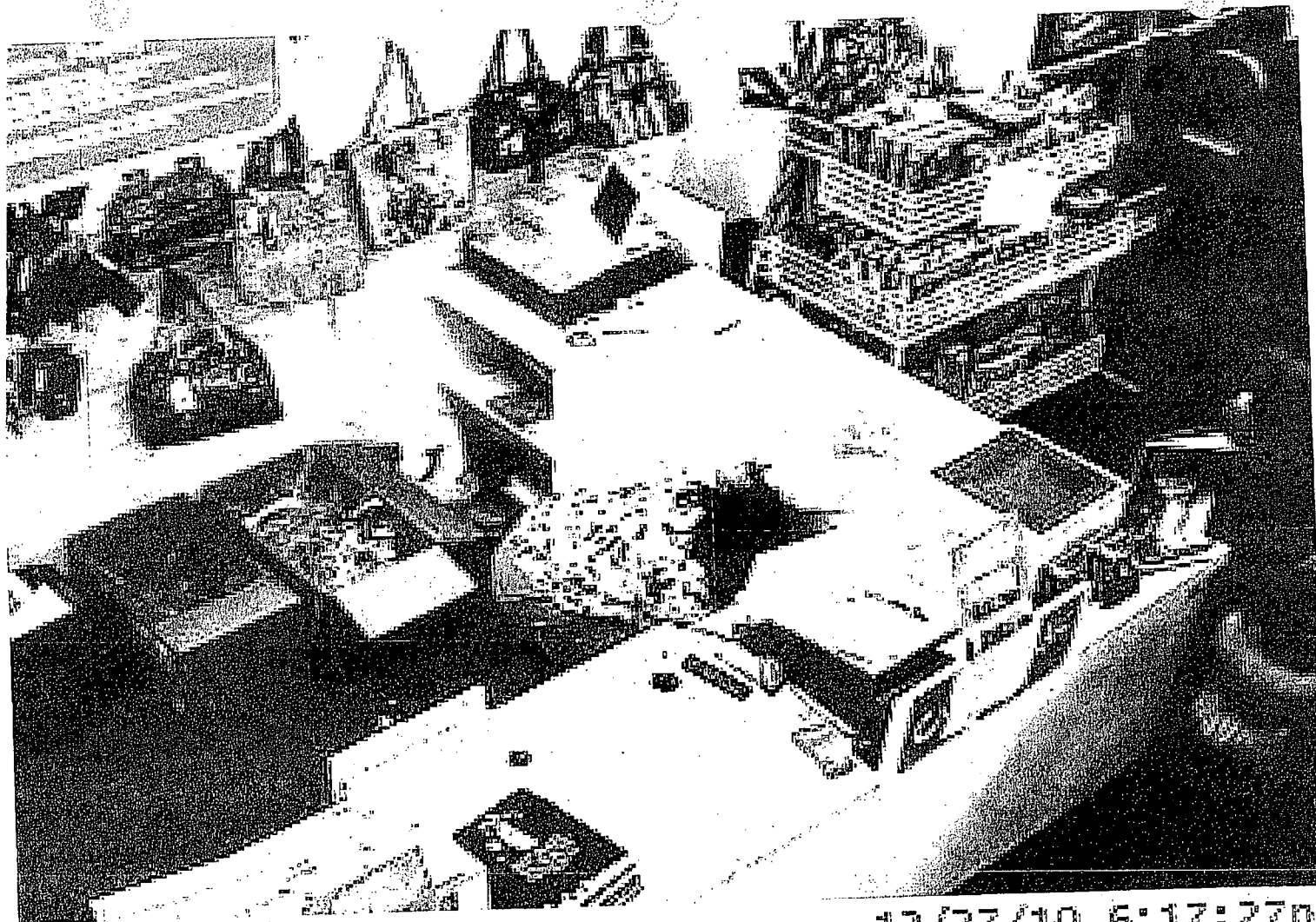


Citi Trends #42  
Dillion, SC

12/27/10 6:17:26p  
Register 1 & 2

Rec on Appeal 547

App'x 549

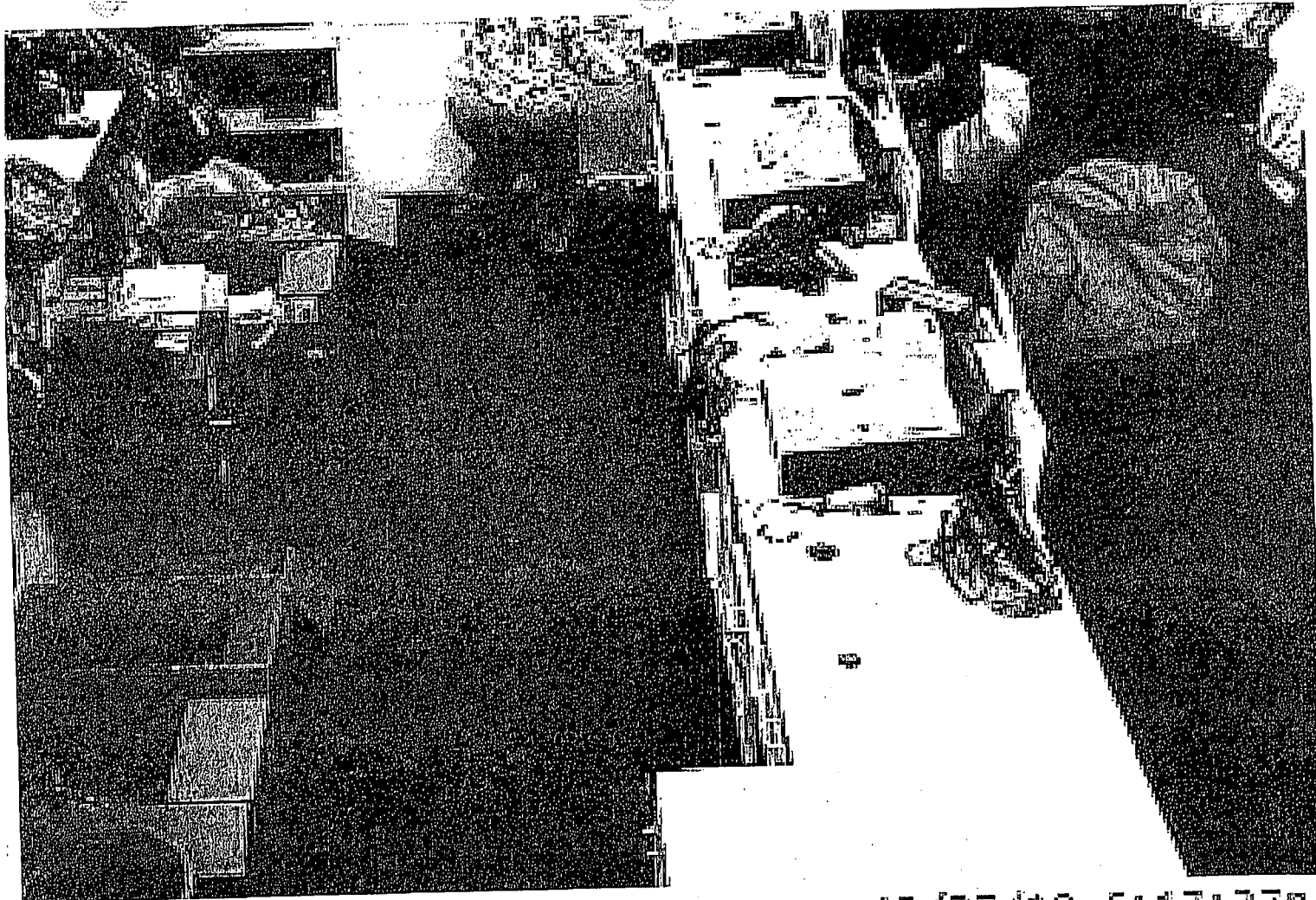


Citi Trends #42  
Dillon, SC

12/27/10 6:17:27p  
Register 1 & 2

Rec on Appeal 548

App'x 550



Citi Trends #42  
Dillion, SC

12/27/10 6:17:27p  
Register 3 & 4

Rec: on Appeal 549

App'x 551

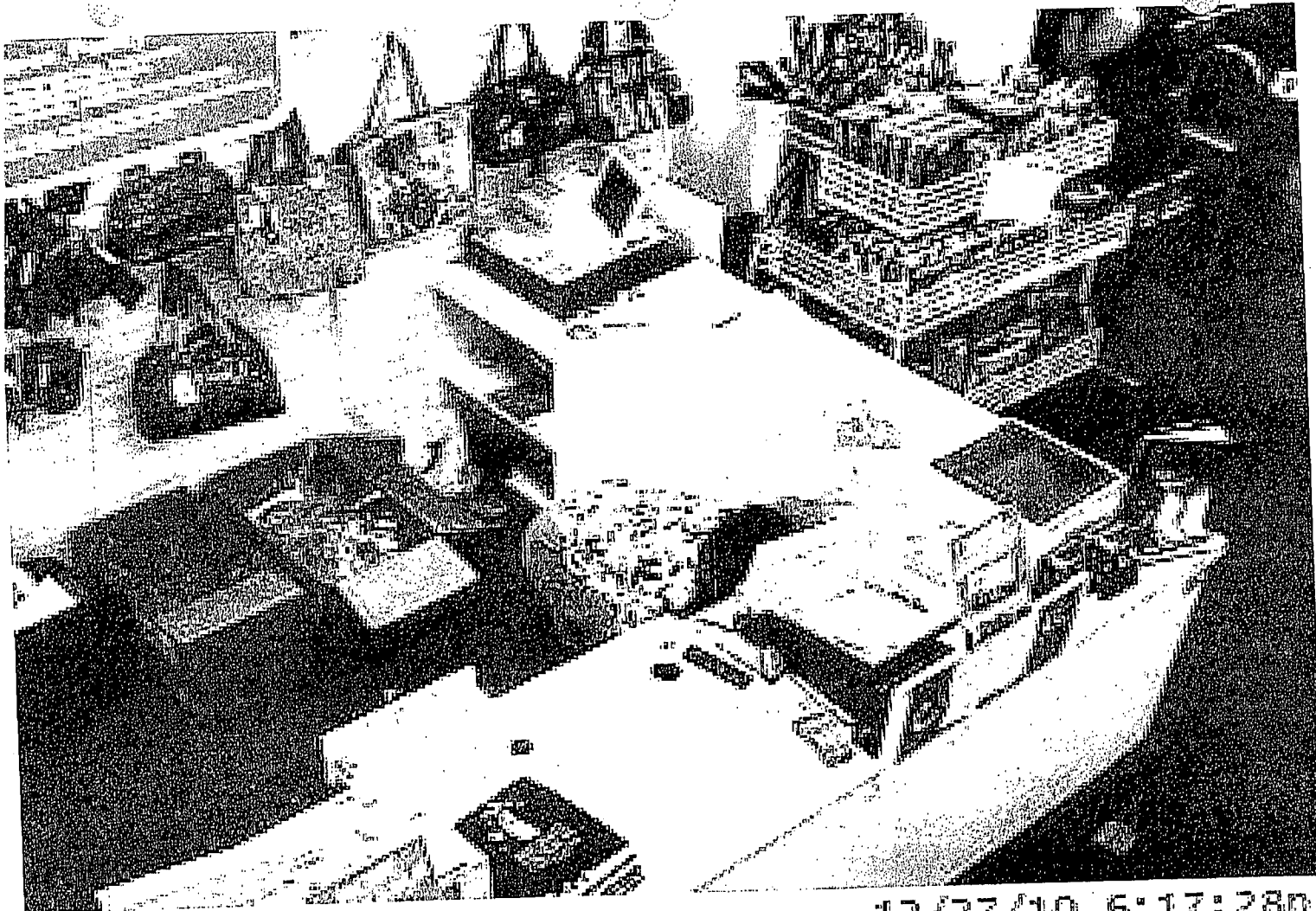


Citi Trends #42  
Dillon, SC

12/27/10 6:17:27p  
Front Door

Rec on Appeal 550

App'x 552

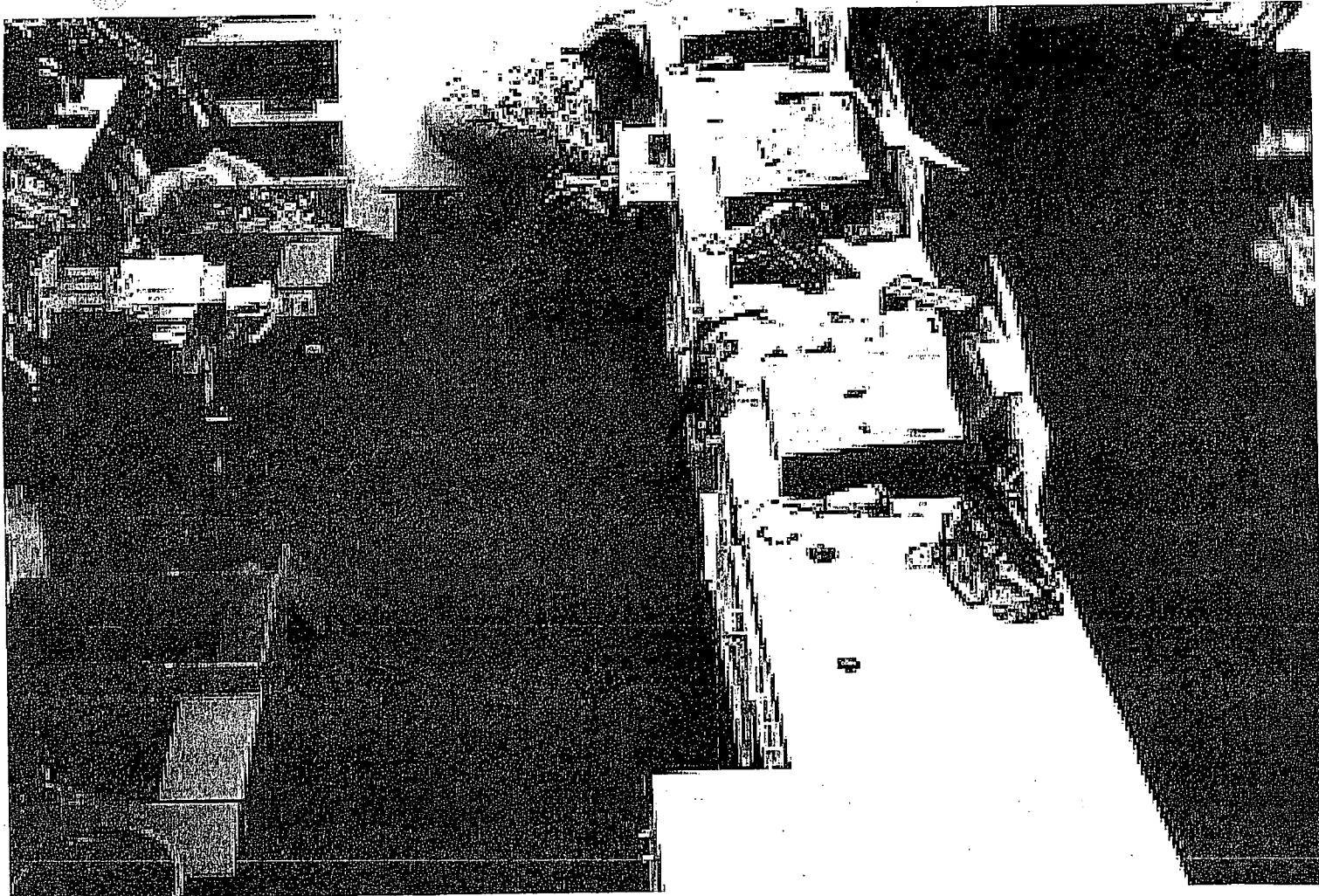


Citi Trends #42  
Dillion, SC

12/27/10 6:17:28p  
Register 1 & 2

Rec: on Appeal SSI

App'x 553



Citi Trends #42  
Dillion, SC

12/27/10 6:17:28p  
Register 3 & 4

Rec: on Appeal 552

App'x 554

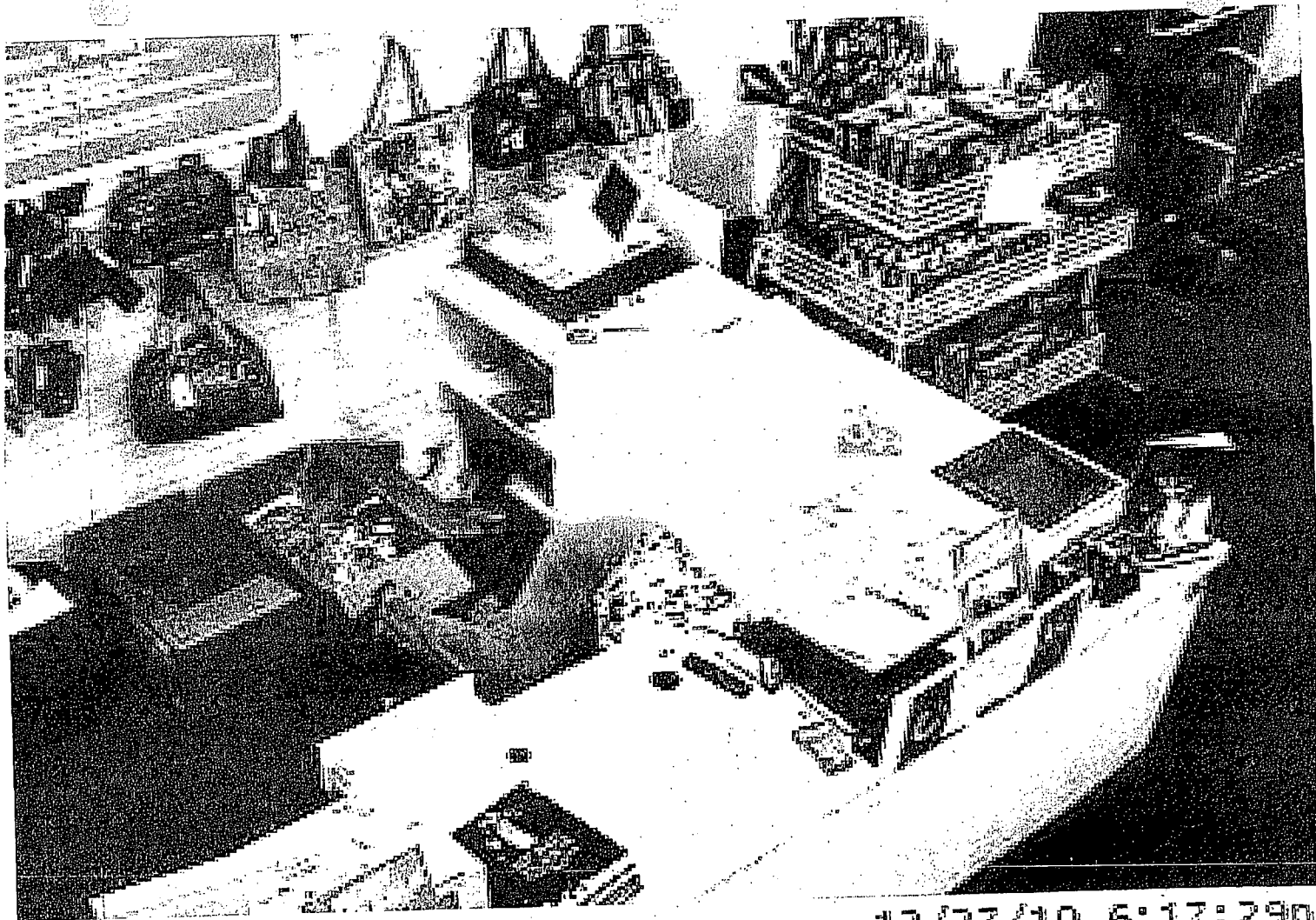


Rec on Appeal 553

App'x 555

Citi Trends #42  
Dillion, SC

12/27/10 6:17:28p  
Front Door

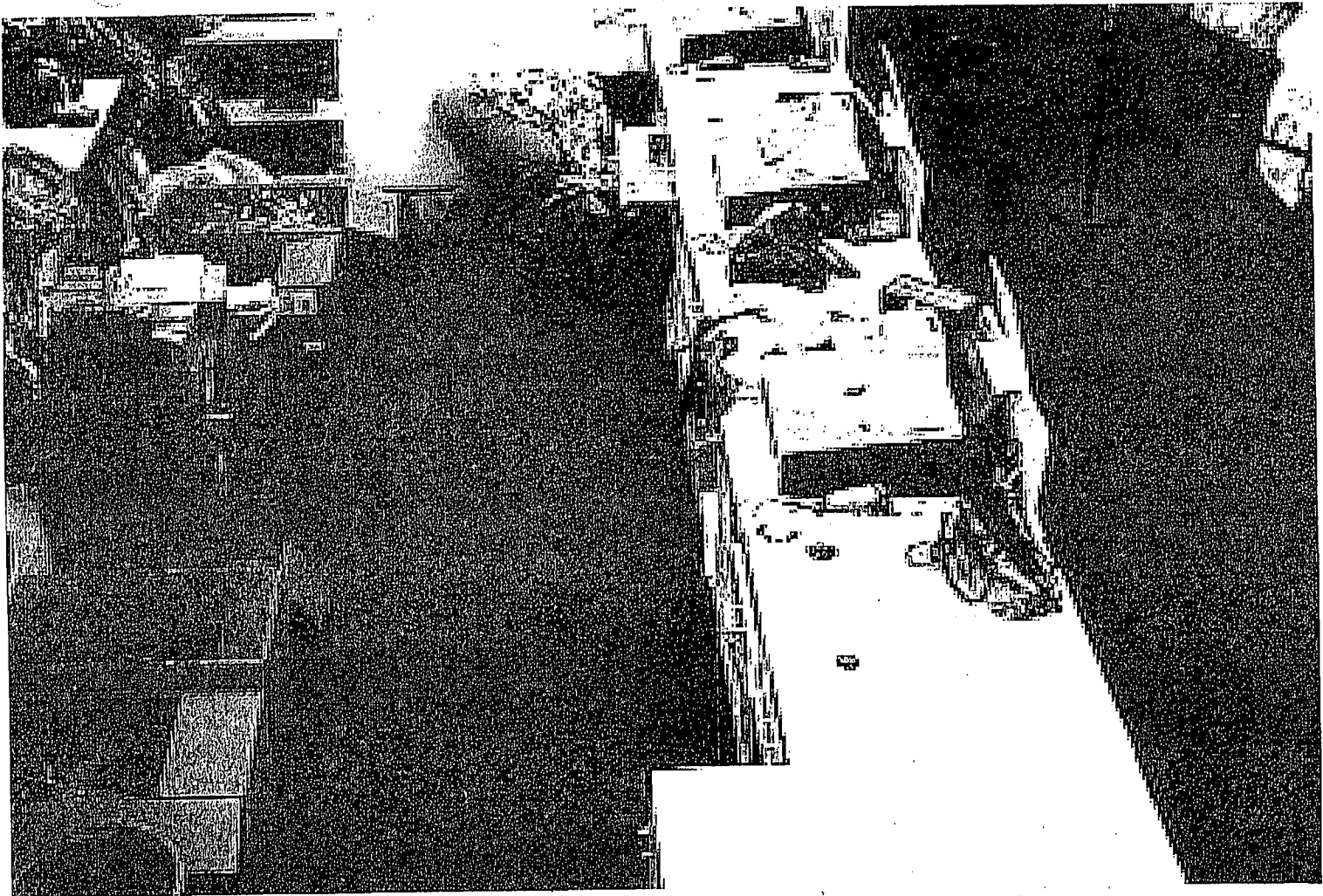


Citi Trends #42  
Dillion, SC

12/27/10 6:17:29p  
Register 1 & 2

Rec on Appeal 554

App'x 556



Citi Trends #42  
Dillion, SC

12/27/10 6:17:29p  
Register 3 & 4

Rec: on Appeal 555

App'x 557



Citi Trends #42  
Dillion, SC

12/27/10 6:17:29p  
Front Door

Rec on Appeal 556

App'x 558



Citi Trends #42  
Dillon, SC

12/27/10 6:17:30p  
Front Door

Rec on Appeal 557

App'x 559

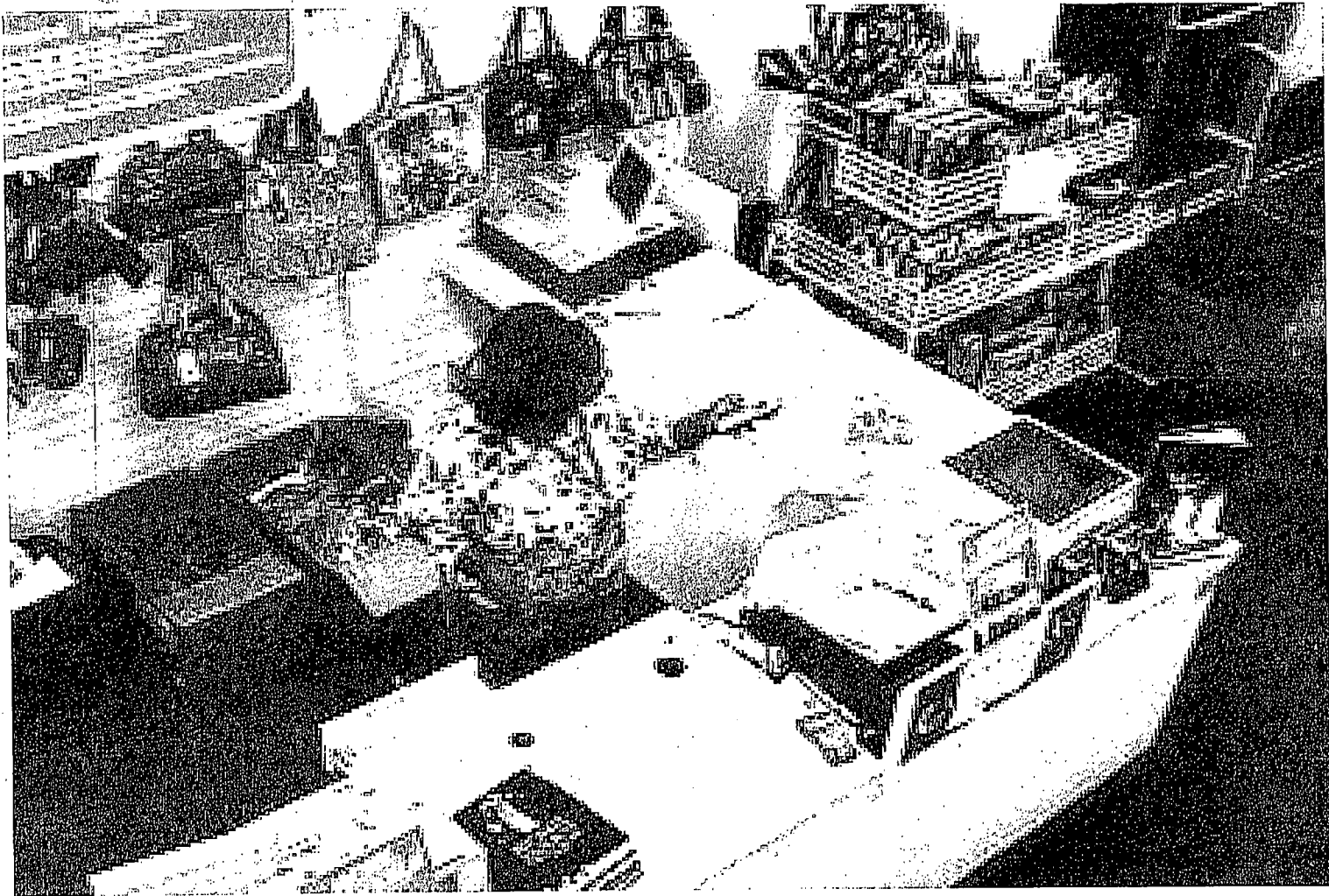


Citi Trends #42  
Dillion, SC

12/27/10 6:17:31p  
Front Door

Rec: on Appeal 558

App'x 560

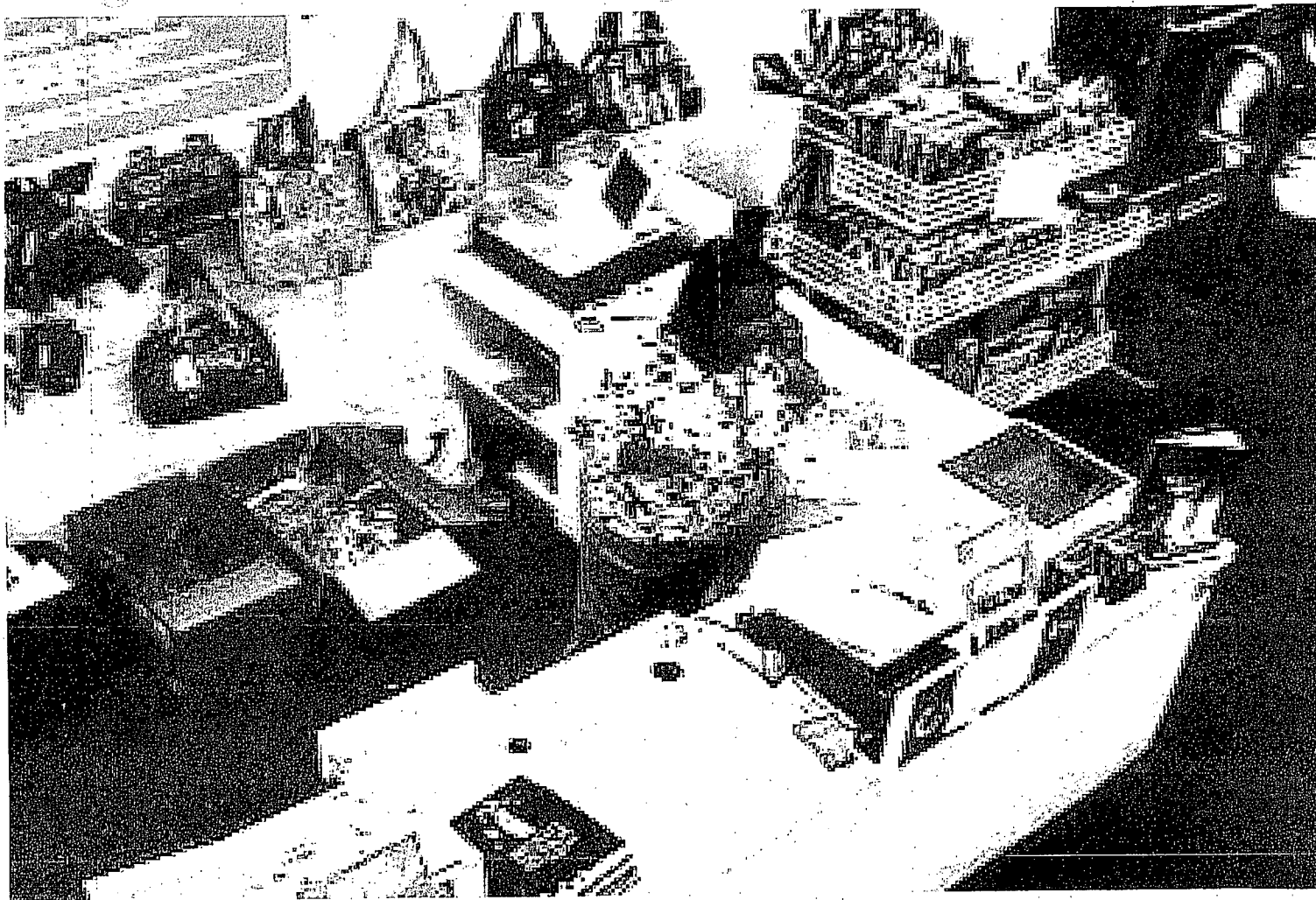


Citi Trends #42  
Dillion, SC

12/27/10 6:17:36p  
Register 1 & 2

Rec on Appeal 559

App'x 561



Citi Trends #42  
Dillion, SC

12/27/10 6:17:39p  
Register 1 & 2

Rec on Appeal 560

App'x 562



Rec on Appeal 561

App'x 563



Rec.on Appeal 562

App'x 564

C0170100

INCIDENT REPORT

2009-08204

INCIDENT TYPE				COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM					
1. 11A - CRIMINAL SEXUAL CONDUCT 1ST				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	10		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.					
2.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO								
3.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO								
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)						ZIP CODE	WEAPON TYPE						
S. 6TH AVE / E. HAMPTON ST., DILLON SC						29536	20						
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK			LOCATION NO.					
08/21/2009	0535		08/21/2009	0545	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME					
					08/21/2009	0602	0603	0718					
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE		
WALLACE, CHRISTINA LEE				#1 AQ	J	W	F	23	N	(843) 774-7079			
ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.						
638 MARK RD				DILLON	SC	29536	CTY						
VICTIM'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE		
WALLACE, CHRISTINA LEE				#1 AQ	J	W	F	23	N	(843) 774-7079			
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.									
5-6	150	BRO	GRN										
ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.						
638 MARK RD				DILLON	SC	29536	CTY						
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -													
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. CRACK COCAINE													
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown													
<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)				RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
<input type="checkbox"/> RUNAWAY	PERSON, UNKNOWN/UNTRACKED				B	M	20-25	N		5-6	150	BLK	BRO
<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.												
<input type="checkbox"/> WARRANT	AKA DENVER												
<input type="checkbox"/> ARREST	ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.					
<input type="checkbox"/> JAIL	400 BLOCK OF E. DARGAN ST. APT. 1				DILLON	SC	29536	03					
<input type="checkbox"/> SUMMONS	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				DATE/TIME OF OFFENSE		DATE/TIME OF ARREST						
	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE: TOTAL # ARRESTED 0				08/21/2009		0535						

ON THE ABOVE DATE AND TIME CITY UNITS WERE DISPATCHED TO SPEAK WITH THE ABOVE VICTIM IN REFERENCE TO THE VICTIM BEING RAPED. THE VICTIM STATED SHE WAS WALKING DOWN SOUTH 6TH AVE. WHEN THE ABOVE SUSPECT RAN UP BEHIND HER WITH A BOX CUTTER. THE SUSPECT FORCED THE VICTIM BEHIND SOME TREES ON EAST HAMPTON STREET AND 6TH AVE. THE SUSPECT FORCED THE VICTIM TO PERFORM ORAL SEX AND ALSO INTERCOURSE. THE SUSPECT TOLD THE VICTIM THAT HE WOULD GIVE HER SOME CD'S IF SHE DIDNT CALL THE POLICE. THE VICTIM WAS TRANSPORTED TO DILLON MCLEOD HOSPITAL. THE VICTIM STATED THAT SHE DOES PROSTITUTE FOR HER DRUG HABITAT. THE VICTIM IS ADDICTED TO CRACK COCAINE. THE VICTIM HAS BEEN SMOKING CRACK FOR OVER TWO YEARS. THE VICTIM HAS BEEN PROSTITUTING SINCE 2008. THE R/O ATTEMPTED TO LOCATE THE ABOVE SUSPECT WITH NO SUCCESS. THE VICTIM KNEW THE SUSPECT BY THE STREET NAME OF DENVER. THE SUSPECT IS AN EMPLOYEE AT KINGS PIZZA.

TYPE (GROUP)				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY			
Burned											TOTAL VALUE
Count/Forged											
Dest/Damaged											
Recovered											
Seized											
Stolen											
Unknown											
SUBJECT IDENTIFIED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		SUBJECT LOCATED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18		<input type="checkbox"/> EX-CLEAR UNDER 18		<input type="checkbox"/> EX-CLEAR 18 AND OVER	
				<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER					
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY											
REPORTING OFFICER(S)			DATE	UNIT NUMBER	APPROVING OFFICER			DATE	UNIT NUMBER		
SGT RYAN BERRY			08/21/2009	211	ASST CHIEF BOBBY MCLEAN			08/21/2009	202		
FOLLOW-UP INVESTIGATION OFFICER <input type="checkbox"/> YES <input type="checkbox"/> NO											

Dillon Report 0001

Rec.on Appeal 563

App'x 565

20170100

INCIDENT REPORT

2,009-08195

INCIDENT TYPE				COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM					
1. BUR - BURGLARY / GRAND LARCENY				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	21		<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Org. <input type="checkbox"/> Soc. Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Of.					
2.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO								
3.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO								
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)						ZIP CODE	WEAPON TYPE						
829 RADFORD BLVD (B&C STEAK & BBQ), DILLON SC						29536							
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK			LOCATION NO					
08/19/2009	2130		08/20/2009	0830	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME					
					08/20/2009	0830	0840	0910					
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE		
STUBBS, CAROL L			#1 ST	#2	#3	J	S	O	U	W	F		
ADDRESS			CITY		STATE	ZIP CODE	LOCATION NO.						
2339 SPRING ST			HAMER		SC	29547	CTY						
VICTIM'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE		
B&C STEAK & BBQ			#1	#2	#3	J	S	O	U	(843) 774-5818			
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.									
ADDRESS			CITY		STATE	ZIP CODE	LOCATION NO.						
829 RADFORD BLVD			DILLON		SC	29536							
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -													
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.													
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED <input type="checkbox"/> J - This Jurisdiction <input type="checkbox"/> S - State <input type="checkbox"/> O - Out of State <input type="checkbox"/> U - Unknown													
<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)				RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
<input type="checkbox"/> RUNAWAY	PERSON, UNKNOWN/UNTRACKED				U	U	00	U					
<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.												
<input type="checkbox"/> WARRANT	ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.					
<input type="checkbox"/> ARREST													
<input type="checkbox"/> JAIL	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.				ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST				
<input type="checkbox"/> SUMMONS	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:				TOTAL # ARRESTED		08/19/2009		2130				

ON THE ABOVE DATE AND TIME, THE R/O RESPONDED TO THE ABOVE LOCATION IN REFERENCE TO BURGLARY. THE COMPLAINANT STATES THE RESTAURANT WAS CLOSED AROUND 2130 HOURS ON 08/19/2009. COMPLAINANT STATES WHEN SHE OPENED UP THIS MORNING, THE BACK DOOR WAS LEFT OPEN AND A FILE CABINET IN THE OFFICE WAS PRIED OPEN. COMPLAINANT STATES THAT SOME \$1 AND ALL THE \$5, \$10, AND \$20 BILLS WERE TAKEN FROM THE CABINET. THE SUBJECT LEFT SOME \$1 BILLS AND ALL THE CHANGE. SGT HAYES WAS NOTIFIED AND PROCESSED THE CRIME SCENE.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY SC0170100				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY			
TYPE (GROUP)	20-Money					TOTAL VALUE	
Burned							
Count/Forged							
Dest/Damaged							
Recovered							
Seized	1500.00					1500.00	
Unknown							
SUBJECT IDENTIFIED		SUBJECT LOCATED		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER	
						<input type="checkbox"/> EX-CLEAR UNDER 15	
						<input type="checkbox"/> EX-CLEAR 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO C.S.							
REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER
CPL ERIC POSTON		08/20/2009	214	ASST CHIEF BOBBY MCLEAN		08/20/2009	202
				FOLLOW-UP INVESTIGATION OFFICER			
				<input type="checkbox"/> YES <input type="checkbox"/> NO			

Rec.on Appeal 564

App'x 566

AGENCY I.D.  
SC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER

2009 - 08189

INC. EXP. NO.

E V E N T	INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM <input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Org. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
	1. NRP - SUSPICIOUS ACTIVITY		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		
	2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)						ZIP CODE	WEAPON TYPE
1212 EAST WASHINGTON STREET, DILLON SC						29536	
INCIDENT DATE		24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
08/19/2009		0800		08/19/2009	2230	DISP. DATE	DISP. TIME
						08/19/2009	2249
						TIME ARRIVED	DEPART. TIME
						2253	2330
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE
LESANE, BENNETT JERRY		#1	#2	J	S	O	U
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.	
1212 EAST WASHINGTON STREET		DILLON		SC	29536	02	
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE
LESANE, BENNETT JERRY		#1	#2	J	S	O	U
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.	
1212 EAST WASHINGTON STREET		DILLON		SC	29536	02	
HEIGHT		WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
6-0		205	BLK	BRO			
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.	
1212 EAST WASHINGTON STREET		DILLON		SC	29536	02	
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -							
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.							
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown							
S U B J E C T	<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.
	<input type="checkbox"/> RUNAWAY	PERSON, UNKNOWN/UNTRACKED		U	U	00	U
	<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					
<input type="checkbox"/> WARRANT	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	
<input type="checkbox"/> ARREST							
<input type="checkbox"/> JAIL	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE/TIME OF OFFENSE	DATE/TIME OF ARREST		
<input type="checkbox"/> SUMMONS	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED	0	08/19/2009	0800	

ON THE ABOVE DATE AND TIME OFFICERS WERE DISPATCHED TO THE ABOVE LOCATION IN REFERENCE TO SUSPICIOUS ACTIVITY OBSERVED BY THE COMP. OF OTHERS IN HIS COMMUNITY. THE COMP. STATED THAT UNKNOWN SUSPECTS HAVE BEEN BEATING ON THE RESIDENCE. THE COMP. STATED THAT THE SUSPECT ALSO SHOTS BB'S AT THE COMP. RESIDENCE. THE COMP. HAS LIVED AT THE RESIDENCE FOR A MONTH AND FEELS THAT THE NEIGHBORS DOESN'T WANT A BLACK MAN IN THE NEIGHBORHOOD. THE R/O EXPLAINED TO THE COMP. THAT HE (R/O) DIDN'T THINK THAT THE NEIGHBORS FELT THAT WAY. THE COMP. RESIDENCE IS RIGHT BESIDE OF DEERFIELD APARTMENTS AND THAT THERE WERE PLENTY OF AFRICAN-AMERICANS THAT RESIDE THERE. THE R/O TOLD THE COMP. THAT HE WOULD KEEP A CHECK ON THE RESIDENCE.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
TYPE (GROUP)			TOTAL VALUE
Burned			
Count/Scraped			
Dest./Damaged			
Recovered			
Seized			
Stolen			
Unknown			
SUBJECT IDENTIFIED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		SUBJECT LOCATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<input type="checkbox"/> ACTIVE <input type="checkbox"/> UNFOUNDED		<input checked="" type="checkbox"/> ADV. CLOSED	
<input type="checkbox"/> ARRESTED UNDER 18		<input type="checkbox"/> EX-CLEAR UNDER 18	
<input type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY			
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER
SGT RYAN BERRY	08/19/2009	211	ASST CHIEF BOBBY MCLEAN
			DATE
			08/19/2009
			UNIT NUMBER
			202
FOLLOW-UP INVESTIGATION OFFICER <input type="checkbox"/> YES <input type="checkbox"/> NO			

Dillon Report 0005

Rec.on Appeal 565

App'x 567

AGENCY I.D.  
SC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-07108

INQ. ENTD.

E V E N T	INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM							
	1. 13A - ASSAULT AND BATTERY 87363ER		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	25		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.							
	2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO										
V I C T I M	INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)						ZIP CODE	WEAPON TYPE						
	607 W CALHOUN ST, DILLON SC						29536	40						
	INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK		LOCATION NO.						
	07/12/2009	1530		07/12/2009	1535	07/12/2009	1552	1618	04					
	COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE			
	MCLELLAN, LATONICA			#1 #2 #3	J S O U		F	35		H	H			
	ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.							
	VICTIM'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE			
	JUVENILE VICTIM			#1 #2 #3	J S O U		F	14		H	H			
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.									
ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.								
VISIBLE INJURY (VICT. 1) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN - Apparent Minor Injur														
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.														
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown														
S U B J E C T	<input checked="" type="checkbox"/> SUSPECT		SUBJECT NAME (LAST, FIRST, MIDDLE)			RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
	<input type="checkbox"/> RUNAWAY		DAVIS, SYLVIA JEAN				F	33						
	<input type="checkbox"/> WANTED		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.											
	<input checked="" type="checkbox"/> WARRANT		ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.					
	<input checked="" type="checkbox"/> ARREST													
#	<input checked="" type="checkbox"/> JAIL		SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.			ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST				
	<input type="checkbox"/> SUMMONS		DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. TYPE:			TOTAL # ARRESTED 1		07/12/2009 1530		07/12/2009 1610				
N A R R A T I V E	Offenses: ASSAULT AND BATTERY 87363ER													
	ON THE ABOVE DATE AND TIME THE REPORTING OFFICER WAS DISPATCHED TO 507 W CALHOUN ST IN REFERENCE TO AN ASSAULT. UPON OFFICERS ARRIVAL THE COMPLAINANT STATED THAT HER DAUGHTER WAS ASSAULTED BY THE SUSPECT. THE VICTIM STATED THAT SHE AND THE SUSPECT'S DAUGHTER WERE IN THE PARK FIGHTING WHEN THE SUSPECT CAME OUT OF HER RESIDENCE AND HIT THE VICTIM IN THE MOUTH BUSTING HER LIP. THE VICTIM IS A JUVENILE. THE SUSPECT WAS HANDCUFFED, CUFFS WERE CHECKED FOR TIGHTNESS AND THEN TRANSPORTED TO DCDC. THE SUSPECT WAS READ HER MARANDA RIGHTS AND THEN CHARGED WITH ASSAULT AND BATTERY. A WITNESS TO THIS INCIDENT IS MARGRET MANNING TELEPHONE #843-774-0201.													

				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY			
P	TYPE (GROUP)										TOTAL VALUE
R	Burned										
O	Court/Forged										
P	Dist/Damaged										
E	Recovered										
R	Seized										
T	Stolen										
Y	Unknown										
A D M I N I S T	SUBJECT IDENTIFIED		SUBJECT LOCATED		<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18		<input type="checkbox"/> EX-CLEAR UNDER 18		
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input checked="" type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR 18 AND OVER		
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY											
REPORTING OFFICER(S)			DATE	UNIT NUMBER	APPROVING OFFICER			DATE	UNIT NUMBER		
OFC ROBERT COOK			07/12/2009	223	ASST CHIEF BOBBY MCLEAN			07/12/2009	202		
SGT JEFFREY H COOK			07/12/2009	209	FOLLOW-UP INVESTIGATION OFFICER			<input type="checkbox"/> YES <input type="checkbox"/> NO			

Rec.on Appeal 566

App'x 568

AGENCY I.D.  
SC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2,009-07065

INQ. ENTD.

E V E N T	INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.		
	1. 13A - ASSAULT & BATTERY		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	25				
	2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO					
I N C I D E N T	3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO					
	INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)					ZIP CODE	WEAPON TYPE		
	607 WEST CALHOUN ST. (WEST CALHOUN PARK), DILLON SC					29536	40		
V I C T I M	INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK		LOCATION NO.	
	07/07/2009	2000		07/07/2009	2000	DISP. DATE	DISP. TIME	TIME ARRIVED	
						07/07/2009	2009	2020	
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	
MCINNIS, ERNEST LAMONT		#1	#2	#3	J	S	O	U	
ADDRESS		CITY			STATE	ZIP CODE	LOCATION NO.		
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	
JUVENILE VICTIM		#1	#2	#3	J	S	O	U	
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					
ADDRESS		CITY			STATE	ZIP CODE	LOCATION NO.		
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -									
#1 VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.									
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown									
S U B J E C T	<input checked="" type="checkbox"/> SUSPECT		SUBJECT NAME (LAST, FIRST, MIDDLE)			RACE	SEX	AGE	ETH.
	<input type="checkbox"/> RUNAWAY		JUVENILE OFFENDER			F		15	
	<input type="checkbox"/> WANTED		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						
<input type="checkbox"/> WARRANT		ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.	
<input type="checkbox"/> ARREST									
<input type="checkbox"/> JAIL		SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.			ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE	DATE/TIME OF ARREST	
<input type="checkbox"/> SUMMONS		DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. TYPE:			TOTAL # ARRESTED	0	07/07/2009	2000	
Offenses: ASSAULT & BATTERY									
N A R R A T I V E	ON THE ABOVE DATE AND TIME OFFICERS WERE DISPATCHED TO THE ABOVE INCIDENT LOCATION. UPON OFFICERS ARRIVAL THE COMPLAINANT REPORTED THAT THE VICTIM WAS AT THE ABOVE INCIDENT LOCATION AND THE SUSPECT CAME UP TO THE VICTIM AND HIT HIM IN THE FACE AND NECK. THE COMPLAINANT WAS ADVISED TO SIGN PETITION ON THE SUSPECT.								

				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P	TYPE (GROUP)						TOTAL VALUE
R	Burned						
O	Count/Seized						
P	Dest./Damaged						
E	Recovered						
R	Seized						
T	Stolen						
Y	Unknown						
A	SUBJECT IDENTIFIED	SUBJECT LOCATED	<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18	<input type="checkbox"/> EX-CLEAR UNDER 18		
M	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR 18 AND OVER		
I	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY						
N I S T	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER	
	SGT JEFFREY H COOK	07/07/2009	209	ASST CHIEF BOBBY MCLEAN	07/07/2009	202	
				FOLLOW-UP INVESTIGATION OFFICER			
				<input type="checkbox"/> YES <input type="checkbox"/> NO			

Rec.on Appeal 567

App'x 569

AGENCY NO.  
SC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-07064

INQ. ENTD.

E V E N T	INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM	
	1. 13B - ASSAULT - SIMPLE		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	28		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.	
	2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
V I C T I M	3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
	INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE		
	DILLON MANOR, 1046 MCKENZIE RD APT P1, DILLON SC				29536	40		
# 1	INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK		LOCATION NO.
	07/07/2009	1900		07/07/2009	1917	DISP. DATE	DISP. TIME	TIME ARRIVED
						07/07/2009	1917	1919
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE
SHORT, PHYLLIS MONIQUE			#1	#2	#3	J S O U	F	23
ADDRESS			CITY		STATE	ZIP CODE	LOCATION NO.	
VICTIM'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE
SHORT, PHYLLIS MONIQUE			#1	#2	#3	J S O U	F	23
HEIGHT			WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
ADDRESS			CITY		STATE	ZIP CODE	LOCATION NO.	
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -								
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.								
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown								
S U B J E C T	<input checked="" type="checkbox"/> SUSPECT		SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.
	<input type="checkbox"/> RUNAWAY		JUVENILE OFFENDER		F		15-18	
	<input type="checkbox"/> WANTED		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					
# 1	<input type="checkbox"/> WARRANT		ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.
	<input type="checkbox"/> ARREST							
	<input type="checkbox"/> JAIL		SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE	DATE/TIME OF ARREST
<input type="checkbox"/> SUMMONS		DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED 0		07/07/2009	1900	
Offenses: ASSAULT - SIMPLE								
N A R R A T I V E  ON THE ABOVE DATE AND TIME, OFFICERS WERE DISPATCHED TO THE INCIDENT LOCATION IN REFERENCE TO A FIGHT BETWEEN THE VICTIM AND THE SUSPECT. UPON ARRIVAL, THE SUSPECT HAD ALREADY LEFT THE SCENE. THE VICTIM STATED THAT SHE HAD BEEN AT THE PARK WHEN SHE WAS APPROACHED BY THE SUSPECT. THE VICTIM HAD PREVIOUSLY HAD AN ALTERCATION WITH THE SUSPECT'S GRANDMOTHER, AND AS A RESULT WAS APPROACHED BY THE SUSPECT. THE VICTIM STATED THE SUSPECT JUMPED ON HER, TEARING THE VICTIM'S SHIRT IN THE PROCESS. THE VICTIM WISHES TO SEEK CHARGES AGAINST THE SUSPECT.								

		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P	TYPE (GROUP)				TOTAL VALUE
R	Burned				
O	Count/Forged				
P	Dest/Damaged				
E	Recovered				
R	Seized				
T	Stolen				
Y	Unknown				
A	SUBJECT IDENTIFIED	SUBJECT LOCATED	<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18	<input type="checkbox"/> EX-CLEAR UNDER 18
D	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR 18 AND OVER
M	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY				
N I S T	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE
	CPL CRYSTAL G NORRIS	07/07/2009	213	ASST CHIEF BOBBY MCLEAN	07/07/2009
	PFC J C BRACEY	07/07/2009	222	FOLLOW-UP INVESTIGATION OFFICER	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	

Dillon Report 0006

Rec.on Appeal 568

AGENCY LD.  
SC 70100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2,009, - 08, 17, 8

INQ. ENTQ.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM	
138 - ASSAULT - SIMPLE		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst <input type="checkbox"/> Government <input type="checkbox"/> Releg. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Prese OK	
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)		ZIP CODE		WEAPON TYPE			
507 MARTIN LUTHER KING, DILLON SC		29536		80			
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK		LOCATION NO.
08/18/2009	2200		08/18/2009	2218	08/18/2009	2218	2224
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE
LOETZER, SYLVIA		AQ		<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	W	F	59
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.	
306 MARTIN LUTHER KING BLVD		DILLON		SC	29536	01	
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE
LOETZER, SYLVIA		AQ		<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	W	F	59
HEIGHT		WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
5-3		150	BRO	GRN			
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.	
306 MARTIN LUTHER KING BLVD		DILLON		SC	29536	01	
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -							
VICTIM (NO. 1) USING: ALCOHOL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.							
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown							
SUBJECT		SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.
<input checked="" type="checkbox"/> SUSPECT		LEACH, RAVON		B	M	40-50	N
<input type="checkbox"/> RUNAWAY		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					
<input type="checkbox"/> WANTED		ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.
<input type="checkbox"/> WARRANT				DILLON	SC	29536	
<input type="checkbox"/> ARREST		SUBJECT (NO. 1) USING: ALCOHOL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE	
<input type="checkbox"/> JAIL						DATE/TIME OF ARREST	
<input type="checkbox"/> SUMMONS		DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED		08/18/2009 2200	

ON THE ABOVE DATE OFFICERS RESPONDED TO THE INCIDENT LOCATION IN REFERENCE TO A FIGHT. UPON ARRIVAL THE SUSPECT HAD ALREADY LEFT. ACCORDING TO THE VICTIM, SHE AND THE SUSPECT HAD BEEN ARGUING. THE VICTIM HAD ACCUSED THE SUSPECT OF STEALING FOOD FROM THE RESIDENCE. THE SUSPECT THEN THREW A CAN OF CORN AT THE VICTIM, STRIKING HER IN THE CHEST. THE VICTIM, COMPLAINING OF NOT FEELING WELL, WAS TRANSPORTED TO DILLON MCLEOD ER BY EMS.

		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		TOTAL VALUE
P	TYPE (GROUP)					
R	Burned					
O	Count/Forged					
P	Dest/Damaged					
E	Recovered					
R	Seized					
T	Stolen					
Y	Unknown					
A	SUBJECT IDENTIFIED	SUBJECT LOCATED	<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18		
D	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER		
M	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY					
I	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER		DATE
N	CPL CRYSTAL G NORRIS	08/18/2009	215	ASST CHIEF BOBBY MCLEAN		08/18/2009
I				FOLLOW-UP INVESTIGATION OFFICER		UNIT NUMBER
S	SGT TONY J ROBERTS	08/18/2009	210	<input type="checkbox"/> YES <input type="checkbox"/> NO		202

Dillon Report 0007

Rec.on Appeal 569

# INCIDENT REPORT SUPPLEMENTAL

Page #: 1

Case Number: 2009-08174

TURNERJ TURNER, JASON Date Entered/Changed: 08/19/2009 Reviewer: MCLEAN Review Date: 08/19/2009

ADDED STATEMENT OF INVESTIGATION: A FOLLOW-UP INVESTIGATION INTO THIS INCIDENT REVEALED THE ABOVE THREE SUBJECT'S THE INDIVIDUALS INVOLVED IN THIS INCIDENT. DURING THE COURSE OF THE MISSING PERSON INVESTIGATION, INFORMATION ESSENT AT THE SCENE SUGGESTED THAT LAW ENFORCEMENT LOOK CLOSER AT THE SCENE. SLED WAS CALLED IN TO PROCESS THE SCENE FOR DETAILED INFORMATION, AND SLED PEE DEE FIELD AGENTS WERE SENT TO ASSIST, ALONG WITH THE DILLON COUNTY SHERIFF'S DEPARTMENT. WHILE WORKING THE SCENE, THE VICTIM'S CAR WAS LOCATED, AND EVENTUALLY STOPPED BY LAW ENFORCEMENT, ALONG WITH THE SUBJECT #1 AND SUBJECT #3 IN THE CAR. INTERVIEWS WERE DONE ON THE SUBJECT #1 AND SUBJECT #3, AND THAT INFORMATION LED LAW ENFORCEMENT TO THE ABOVE ADDED CHARGES IN THIS INCIDENT.

Dillon Report 0000

Rec.on Appeal 570

App'x 572

# INCIDENT REPORT SUPPLEMENTAL

Case Number: 2009-08174

Page #: 1

WAINRYN BRACEY, J

Date Entered/Changed: 08/18/2009

Reviewer: MCLEAN

Review Date: 08/18/2009

STATEMENT OF INVESTIGATION: VICTIM'S BODY WAS LATER RECOVERED BY CITY OFFICERS AS THE RESULT OF AN  
INVESTIGATION IN CONJUNCTION WITH MUTUAL AID. IT IS REQUESTED THAT VICTIM BE REMOVED FROM NCIC.

Rec: on Appeal 571

App'x 573

AGENCY I.D.  
SC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2,009-07063

INQ. ENTD.

EVENT	INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM		
	1. 23C - SHOPLIFTING		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	09		<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc. Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.		
	2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO					
VICTIM	INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)						ZIP CODE	WEAPON TYPE	
	1210 HWY 301 (WALGREENS), DILLON SC						29536		
	INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK		LOCATION NO.	
	07/07/2009	1700		07/07/2009	1705	DISP. DATE	DISP. TIME	TIME ARRIVED	
	COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH
	FRAZIER, ANDREW		#1	#2	#3	J	S	O	U
	ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.		
	VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH
	WALGREENS		#1	#2	#3	J	S	O	U
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.			
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -									
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.									
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED									
J - This Jurisdiction S - State O - Out of State U - Unknown									
SUBJECT	<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)			RACE	SEX	AGE	ETH.	
	<input type="checkbox"/> RUNAWAY	JUVENILE OFFENDER			M		16-17		
	<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.							
	<input type="checkbox"/> WARRANT	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.		
	<input type="checkbox"/> ARREST	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.		
#1	<input type="checkbox"/> JAIL	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST	
	<input type="checkbox"/> SUMMONS	DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED		07/07/2009		1700	
NARRATIVE	Offenses: SHOPLIFTING								
	ON THE ABOVE DATE AND TIME, R/O WAS DISPATCHED TO THE ABOVE LOCATION IN REFERENCE TO A SHOPLIFTING. UPON ARRIVAL, COMPLAINANT STATED THE SUSPECT CAME INTO THE STORE, AND ATTEMPTED TO STEAL A 3 RING BINDER BY PUTTING IT UNDER HIS SHIRT. COMPLAINANT STATED HE ASKED THE SUSPECT IF HE HAD ANYTHING, AND THE SUSPECT PULLED THE BINDER OUT AND GAVE IT TO THE COMPLAINANT. COMPLAINANT STATED WHILE HE WAS CALLING FOR POLICE, THE SUSPECT LEFT THE INCIDENT LOCATION. COMPLAINANT STATED THIS WAS NOT THE FIRST TIME THE SUSPECT HAS DONE THIS. SUSPECT WAS WEARING A GRAY T-SHIRT AND BLUE JEANS, WITH A RED BASEBALL HAT ON.								

		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P	TYPE (GROUP)				TOTAL VALUE
R	Burned				
O	Count/Forged				
P	Dest/Damaged				
E	Recovered				
R	Seized				
T	Stolen				
Y	Unknown				
A	SUBJECT IDENTIFIED		SUBJECT LOCATED		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED
M	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY				
	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE
I	PFC J C BRACEY	07/07/2009	222	ASST CHIEF BOBBY MCLEAN	07/07/2009
	FOLLOW-UP INVESTIGATION OFFICER				
S	<input type="checkbox"/> YES <input type="checkbox"/> NO				

Rec.on Appeal 572

AGENCY I.D.  
SC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-07054

INC. ENTD.

E V E N T	INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc. Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
	1. 13C - ASSAULT - INTIMIDATION		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	28		
	2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
	3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
	INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)					ZIP CODE	WEAPON TYPE
	CEDAR TERRACE APTS, MCKENZIE RD, DILLON SC					29536	
	INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
	07/05/2009	2000		07/05/2009	2100	DISP. DATE	DISP. TIME
						07/06/2009	1426
						1426	1520
	COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
	MCLELLAN, LATONIKA LINETTE		#1	#2	J	S	O
	ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
	VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
	JUVENILE VICTIM		#1	#2	J	S	O
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
	ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
	VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
	VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.						
	<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
S U B J E C T	<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.
	<input type="checkbox"/> RUNAWAY	PERSON, UNKNOWN/UNTRACKED		M		30-35	
	<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					
<input type="checkbox"/> WARRANT	ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
<input type="checkbox"/> ARREST							
<input type="checkbox"/> JAIL	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST
<input type="checkbox"/> SUMMONS	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED 0		07/05/2009		2000
N A R R A T I V E	Offenses: ASSAULT - INTIMIDATION						
	ON THE ABOVE DATE AND TIME, THE COMPLAINANT CAME TO THE POLICE DEPT TO REPORT THAT THE SUSPECT THREATENED TO SHOOT HER CHILDREN. SHE STATES THAT SHE HAS BEEN HAVING PROBLEMS IN REGARD TO PERSONS PICKING ON HER CHILDREN. THE COMPLAINANT LIVES AT DILLON MANOR, AND ON OCCASION, HER CHILDREN WILL WALK OVER TO THE INCIDENT LOCATION TO GET THEIR FRIENDS. COMPLAINANT DOES NOT WISH TO PROSECUTE AT THIS TIME, BUT DOES WISH THE INCIDENT TO BE ON RECORD.						

		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P	TYPE (GROUP)				TOTAL VALUE
R	Burned				
O	Count/Forged				
P	Dest/Damaged				
E	Recovered				
R	Seized				
T	Stolen				
Y	Unknown				
A	SUBJECT IDENTIFIED	SUBJECT LOCATED	<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18	<input type="checkbox"/> EX-CLEAR UNDER 18
D	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED 18 AND OVER	<input checked="" type="checkbox"/> EX-CLEAR 18 AND OVER
M	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input checked="" type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY				
I N I S T	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE
	CPL CRYSTAL G NORRIS	07/06/2009	213	ASST CHIEF BOBBY MCLEAN	07/06/2009
	FOLLOW-UP INVESTIGATION OFFICER				UNIT NUMBER
	<input type="checkbox"/> YES <input type="checkbox"/> NO				202

Rec.on Appeal 573

App'x 575

AGENCY NO.  
SC0170100

**WILLOW POLICE DEPARTMENT**  
**SUPPLEMENTAL INCIDENT REPORT**

2,009-07054

ING. ENTD.

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

VICTIM SUBJ OVERFL	<input type="checkbox"/> COMPLAINT	NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH		
	<input checked="" type="checkbox"/> VICTIM # 002	, JUVENILE VICTIM			#1	#2	#3	J	S	O	U	M	13		
	<input type="checkbox"/> SUBJECT #	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.									
	<input type="checkbox"/> RUNAWAY	ADDRESS													
	<input type="checkbox"/> WANTED	CITY			STATE	ZIP CODE	LOCATION NO.	DAY PHONE	EVENING PHONE						
	<input type="checkbox"/> WARRANT														
	<input type="checkbox"/> ARREST	<input checked="" type="checkbox"/> VICTIM NO. 002 VISIBLE INJURY: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES			VICTIM USING ALCOHOL: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK.			<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> DETECTIVES/PLASMT <input type="checkbox"/> ALONE							
	<input type="checkbox"/> JAIL	EXPLAIN:			DRUGS: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES TYPE:			<input type="checkbox"/> UNK. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> OTHER							
	<input type="checkbox"/> SUMMONS	<input type="checkbox"/> SUBJECT NO. _____ USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES			USING DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE:			<input type="checkbox"/> UNK. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> OTHER							
	<input type="checkbox"/>														
NARRATIVE															
						JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY			JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY						

AD	SUBJECT IDENTIFIED	SUBJECT LOCATED	<input type="checkbox"/> ACTIVE	<input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18	<input type="checkbox"/> EX-CLEAR UNDER 18
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER	<input checked="" type="checkbox"/> EX-CLEAR 18 AND OVER
MINIST	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input checked="" type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY					
	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
	CPL CRYSTAL G NORRIS	07/06/2009	213	ASST CHIEF BOBBY MCLEAN	07/06/2009	202
	FOLLOW-UP INVESTIGATION OFFICER					
	<input type="checkbox"/> YES <input type="checkbox"/> NO					

Rec.on Appeal 574

App'x 576

AGENCY I.D.  
SC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-07040

INC. ENTD.

E V E N T	INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Reg. Orgn. <input type="checkbox"/> Soc/Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Of.	
	1. 13C - LYNCHING 2ND		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	23			
	2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
V I C T I M	3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
	INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)					ZIP CODE	WEAPON TYPE	
	601 HWY 34 WEST (FOOD MART), DILLON SC					29536		
# 1	INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK		LOCATION NO.
	07/05/2009	1350		07/05/2009	1400	DISP. DATE	DISP. TIME	TIME ARRIVED
						07/05/2009	1410	1411
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX
PAGE, TRAVIS DURAND						J	S	O
ADDRESS			CITY			STATE	ZIP CODE	LOCATION NO.
VICTIM'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX
PAGE, TRAVIS DURAND						J	S	O
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				
ADDRESS			CITY			STATE	ZIP CODE	LOCATION NO.
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -								
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.								
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown								
S U B J E C T	<input checked="" type="checkbox"/> SUSPECT		SUBJECT NAME (LAST, FIRST, MIDDLE)			RACE	SEX	AGE
	<input type="checkbox"/> RUNAWAY		JUVENILE OFFENDER			M		16
	<input type="checkbox"/> WANTED		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					
# 1	<input type="checkbox"/> WARRANT		ADDRESS			CITY	STATE	ZIP CODE
	<input type="checkbox"/> ARREST							
	<input type="checkbox"/> JAIL		SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.			ARRESTED NEAR OFFENSE SCENE	DATE/TIME OF OFFENSE	DATE/TIME OF ARREST
<input type="checkbox"/> SUMMONS		DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:			TOTAL # ARRESTED	07/05/2009	1350	
Offenses: LYNCHING 2ND								
ON THE ABOVE DATE AND TIME, R/O MEET WITH THE VICTIM AT 300 SOUTH 11TH AVE IN REFERENCE TO AN ASSAULT THAT OCCURRED AT THE FOOD MART ON HWY 34 WEST. THE VICTIM STATES THAT SUBJECT #1 MEET HIM AS HE WAS WALKING OUT THE DOOR OF THE STORE. SUBJECT #1 THEN JUMPED THE VICTIM ALONG WITH SUBJECTS #2 AND #3 AND BEGAN BEATING THE VICTIM. THE SUBJECTS THEN RAN SOUTH ON SOUTH 9TH AVE. THE VICTIM HAS MARKS ON THE CHEST AREA AND HIS RIGHT ARM. VICTIM STATES THAT HE KNOWS SUBJECTS #1 AND #2 AND ONLY KNOWS THE FIRST NAME OF SUBJECT #3. VICTIM STATES THAT THE SUBJECTS JUMPED HIM DUE TO AN INCIDENT THAT OCCURRED ON 07/04/2009 IN REFERENCE FIREWORKS. THE SUBJECTS ARE ALL JUVENILES. THE VICTIM STATES THAT HE WILL PETITION THE SUBJECTS WITH DJJ AND PRESS CHARGES. VICTIM ALSO DECLINES MEDICAL TREATMENT.								

		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		TOTAL VALUE
P	TYPE (GROUP)					
R	Burned					
O	Count/Forged					
P	Dest/Damaged					
E	Recovered					
R	Seized					
T	Stolen					
	Unknown					
A	SUBJECT IDENTIFIED	SUBJECT LOCATED	<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18	<input type="checkbox"/> EX-CLEAR UNDER 18	
D	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR 18 AND OVER	
M	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY					
I N V E S T	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
	CPL ERIC POSTON	07/05/2009	215	ASST CHIEF BOBBY MCLEAN	07/05/2009	202
FOLLOW-UP INVESTIGATION OFFICER <input type="checkbox"/> YES <input type="checkbox"/> NO						

Rec.on Appeal 575

SC0170100

**MILTON POLICE DEPARTMENT  
SUPPLEMENTAL INCIDENT REPORT**

2009-07040

INQ. ENTD.

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

VICTIM SUBJECT OFFENSE	<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH
	<input type="checkbox"/> VICTIM #	JUvenile OFFENDER		#1	#2	#3	J	S	O	U		
	<input checked="" type="checkbox"/> SUBJECT # 02	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						
	<input type="checkbox"/> RUNAWAY <input type="checkbox"/> WANTED <input type="checkbox"/> WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/> JAIL <input type="checkbox"/> SUMMONS	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE	EVENING PHONE			
	VICTIM NO. _____ VISIBLE INJURY: <input type="checkbox"/> NO <input type="checkbox"/> YES			VICTIM USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK.			TWO-MAN VEH. <input type="checkbox"/> DETECTIVE/PLASMIT <input type="checkbox"/> ALONE					
	EXPLAIN:			DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE: _____			UNK. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED					
	<input checked="" type="checkbox"/> SUBJECT NO. 02 USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES			USING DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE: _____			UNKNOW					

VICTIM SUBJECT OFFENSE	<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH
	<input type="checkbox"/> VICTIM #	JUvenile OFFENDER		#1	#2	#3	J	S	O	U		
	<input checked="" type="checkbox"/> SUBJECT # 03	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						
	<input type="checkbox"/> RUNAWAY <input type="checkbox"/> WANTED <input type="checkbox"/> WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/> JAIL <input type="checkbox"/> SUMMONS	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE	EVENING PHONE			
	VICTIM NO. _____ VISIBLE INJURY: <input type="checkbox"/> NO <input type="checkbox"/> YES			VICTIM USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK.			TWO-MAN VEH. <input type="checkbox"/> DETECTIVE/PLASMIT <input type="checkbox"/> ALONE					
	EXPLAIN:			DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE: _____			UNK. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED					
	<input checked="" type="checkbox"/> SUBJECT NO. 03 USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES			USING DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE: _____			UNKNOW					

ADMINISTRATIVE	SUBJECT IDENTIFIED	SUBJECT LOCATED	<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18	<input type="checkbox"/> EX-CLEAR UNDER 18
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR 18 AND OVER
	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY.				
	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE
CPL ERIC POSTON	07/05/2009	215	ASST CHIEF BOBBY MCLEAN	07/05/2009	202
			FOLLOWUP INVESTIGATION OFFICER		
			<input type="checkbox"/> YES <input type="checkbox"/> NO		

Rec.on Appeal 576

App'x 578

AGENCY I.D.  
SC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-07076

INQ. ENTD.

E V E N T	INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM							
	1. 13B - SIMPLE ASSAULT		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc. Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.							
	2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO										
V I C T I M	3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO										
	INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)					ZIP CODE	WEAPON TYPE							
	608 SOUTH 10TH AVE., DILLON SC					29536	40							
	INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK								
	07/08/2009	2300		07/09/2009	0508	DISP. DATE	DISP. TIME							
						07/09/2009	0505							
						0508	0537							
						LOCATION NO.								
						03								
	COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE			
PAGE, JARRETTE LEVON		#1	#2	#3	J	S	O	U	M	35				
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.								
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE				
PAGE, JARRETTE LEVON		#1	#2	#3	J	S	O	U	M	35				
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.										
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.								
VISIBLE INJURY (VICT. 1) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN - Apparent Minor Injur														
#1 VICTM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.														
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown														
S U B J E C T	<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)				RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
	<input type="checkbox"/> RUNAWAY	JUVENILE OFFENDER				M		15						
	<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.												
	<input type="checkbox"/> WARRANT	ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.						
	<input type="checkbox"/> ARREST	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST						
#1	<input type="checkbox"/> JAIL	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED		07/08/2009		2300						
<input type="checkbox"/> SUMMONS														
N A R R A T I V E	Offenses: SIMPLE ASSAULT													
	ON THE ABOVE DATE AND TIME, R/O WAS DISPATCHED TO THE ABOVE LOCATION IN REFERENCE TO A DOMESTIC DISPUTE. UPON ARRIVAL R/O SPOKE WITH THE COMPLAINANT WHO STATED THAT HE AND THE SUSPECT WAS IN A DISPUTE. THE SUSPECT RETURN TO THE RESIDENCE AND THE VICTIM AND THE SUSPECT EXCHANGE WORDS AND THE SUSPECT HIT THE VICTIM IN THE MOUTH. THE VICTIM DECLINE MEDICAL TREATMENT AND DID NOT WANT TO PRESS CHARGES AGAINST THE SUSPECT. IT WAS LEARNED DURING FUTHER INVESTIGATION THAT THE SUSPECT HAD LEFT THE SIDE DOOR UNLOCKED AND WENT TO THE KANGAROO AT 2300 HRS. THE VICTIM RETURNED HOME AND FOUND THE DOOR SIDE UNLOCKED AND LOCKED THE DOOR AND WENT TO BED. THE VICTIM STATED THAT HE THOUGHT THE SUSPECT WAS IN BED ASLEEP. THE SUSPECT RETURNED AND KNOCKED AND GOT NO ANSWER. THE SUSPECT STATED THAT THE VICTIM WENT INTO HIS ROOM AND TORE UP THE BED. THE VICTIM STATED THAT HE WENT INTO THE ROOM LOOKING FOR THE REMOTE CONTROL.													

		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY					
P	TYPE (GROUP)									TOTAL VALUE	
R	Burned										
O	Count/Forged										
P	Dist/Damaged										
E	Recovered										
R	Seized										
T	Stolen										
Y	Unknown										
A	SUBJECT IDENTIFIED	SUBJECT LOCATED		<input type="checkbox"/> ACTIVE	<input checked="" type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18		<input type="checkbox"/> EX-CLEAR UNDER 18			
D	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR 18 AND OVER				
M	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY										
I N I S T	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER				
	PFC RONALD GRAHAM	07/09/2009	220	ASST CHIEF BOBBY MCLEAN		07/09/2009	202				
	FOLLOW-UP INVESTIGATION OFFICER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										

Rec.on Appeal 577

AGENCY I.D.  
C0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2,009-07189

NCIC  
ING. ENT.D.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 13B - ASSAULT - SIMPLE		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
808 S RAILROAD AVE, DILLON SC				29536	40	
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
07/21/2009	2000		07/21/2009	2018	DISP. DATE	DISP. TIME
				07/21/2009	2018	2025
					DEPART. TIME	LOCATION NO.
					2100	04
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
STACKHOUSE, SHERYKEE		AQ		<input checked="" type="checkbox"/> S	O	U
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
608 N 8TH AVE		DILLON		SC	29536	
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
STACKHOUSE, SHERYKEE		AQ		<input checked="" type="checkbox"/> S	O	U
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
5-4	130	BLK	XXX			
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
608 N 8TH AVE		DILLON		SC	29536	
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
VICTIM (NO. 1) USING: ALCOHOL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED						
J - This Jurisdiction S - State O - Out of State U - Unknown						
<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)			RACE	SEX	AGE
<input type="checkbox"/> RUNAWAY	ALFORD, ROBERT			B	M	30
<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.			ETH.	DATE OF BIRTH	HEIGHT
<input type="checkbox"/> WARRANT				N		6-4
<input type="checkbox"/> ARREST	ADDRESS			WEIGHT	HAIR	EYES
<input type="checkbox"/> JAIL	1302 NORTH PINE STREET			135	BRO	BRO
<input type="checkbox"/> SUMMONS	CITY			STATE	ZIP CODE	LOCATION NO.
SUBJECT (NO. 1) USING: ALCOHOL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK.			ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE	
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:			TOTAL # ARRESTED 0		07/21/2009 2000	
DATE/TIME OF ARREST						
ON THE ABOVE DATE AND TIME THE VICTIM STATED SHE WAS AT THE INCIDENT LOCATION WHEN THE SUSPECT STARTED AN ARGUMENT WITH THE VICTIM'S FATHER. WHEN THE VICTIM ADVISED HER FATHER NOT TO SAY ANYTHING, THE SUSPECT THREW A CUP OF BEER IN THE VICTIM'S FACE, AND THEN GRABBED HER, THROWING HER TO THE GROUND. IN THE PROCESS THE SUSPECT BROKE THE VICTIM'S CELL PHONE. THE CELL PHONE, A VERIZON MOBILE, IS VALUED AT APPROX \$50.00. VICTIM WISHES TO PRESS CHARGES.						

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P   TYPE (GROUP)			TOTAL VALUE
R   Burg			
O   Court. Forges			
P   Cash, Debits			
E   Merchandise			
T   Other			
Y   Other			
A   SUBJECT IDENTIFIED	SUBJECT LOCATED	<input checked="" type="checkbox"/> ACTIVE	<input type="checkbox"/> ADM. CLOSED
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED UNDER 18
RECORD OF EXCEPTIONAL CLEARANCE		<input type="checkbox"/> ARRESTED 18 AND OVER	
1. <input type="checkbox"/> OFFENDER DEATH	2. <input type="checkbox"/> NO PROSECUTION	3. <input type="checkbox"/> EXTRADITION DENIED	4. <input type="checkbox"/> VICTIM DECLINES COOPERATION
5. <input type="checkbox"/> JUVENILE - NO CUSTODY			
REPORTING OFFICER'S	DATE	UNIT NUMBER	APPROVING OFFICER
CPL CRYSTAL G MORRIS	07/21/2009	215	ASST CHIEF BOBBY MCLEAN
PFC J C BRACEY	07/21/2009	222	FOLLOWUP INVESTIGATION OFFICER
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

Rec.on Appeal 578

EXCT 10  
2179160

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2 0 0 9 - 0 7 2 4 8

INO. ENFD.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM						
- SUSPICIOUS ACTIVITY		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	21		<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Org. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.						
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)		ZIP CODE		WEAPON TYPE								
THE KITCHEN 110 S. 1ST AVE, DILLON SC		29536										
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK		LOCATION NO.					
07/26/2009	2000		07/27/2009	0500	DISP. DATE	DISP. TIME	DEPART. TIME					
					07/27/2009	1545	1546					
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH.	DAYTIME PHONE (843) 774-6381 H	EVENING PHONE H		
DANIELS, EDNA		#1	#2		J S O U	W	F	67	N	B		
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.						
110 SOUTH 1ST AVENUE		DILLON		SC	29536	04						
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH.	DAYTIME PHONE (843) 774-6381 H	EVENING PHONE H		
THE KITCHEN		#1	#2		J S O U				B	B		
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.								
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.						
110 SOUTH 1ST AVENUE		DILLON		SC	29536	04						
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN --												
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.												
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASHT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown												
<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)			RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
<input type="checkbox"/> RUNAWAY	, JUVENILE OFFENDER			B	M	15-20	N					
<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.											
<input type="checkbox"/> WARRANT	ADDRESS			CITY		STATE	ZIP CODE	LOCATION NO.				
<input type="checkbox"/> ARREST												
<input type="checkbox"/> JAIL	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.			ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			DATE/TIME OF OFFENSE		DATE/TIME OF ARREST			
<input type="checkbox"/> SUMMONS	DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. TYPE:			TOTAL # ARRESTED			07/26/2009		2000			

ON THE ABOVE DATE AND TIME THE REPORTING OFFICER WAS DISPATCHED TO THE ABOVE INCIDENT LOCATION. THE ABOVE COMP. STATED THAT SOMEONE HAD BEEN CLIMBING A TREE NEXT TO THE KITCHEN TO GET ON TOP OF THE ROOF. ONCE ON TOP OF THE ROOF THE UNKNOWN SUSPECTS WERE GOING TO KNOCK A HOLE IN THE ROOF TO GAIN ACCESS. THE COMP. ADVISED THE R/O TO KEEP A GOOD CHECK ON THE BUSINESS. THE COMP. GOT THE INFORMATION FROM A CUSTOMER. THE COMP. STATED THAT IT WAS YOUNG BLACK MALES.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		TOTAL VALUE
TYPE (GROUP)				
Butter				
Cash/Fin				
Car/Truck				
Cellular				
Gold				
Other				
Property				
Tools				
Watches				
Other				
Unk				
None				
SELECT OFFENSE		SELECT OFFENSE		
<input type="checkbox"/> BURGLARY	<input type="checkbox"/> BURGLARY	<input type="checkbox"/> BURGLARY	<input type="checkbox"/> BURGLARY	
<input type="checkbox"/> THEFT	<input type="checkbox"/> THEFT	<input type="checkbox"/> THEFT	<input type="checkbox"/> THEFT	
<input type="checkbox"/> VANDALISM	<input type="checkbox"/> VANDALISM	<input type="checkbox"/> VANDALISM	<input type="checkbox"/> VANDALISM	
<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER	
APPROVING OFFICER		APPROVING OFFICER		
ASST CHIEF BOBBY MCLEAN		ASST CHIEF BOBBY MCLEAN		
DILLON POLICE DEPT		DILLON POLICE DEPT		

2170100

### DILLON POLICE DEPARTMENT INCIDENT REPORT

2009 - 07246

INQ.	ENTO.
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INCIDENT TYPE <b>220 - BURGLARY II / GRAND LARCENY</b>	COMPLETED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	FORCED ENTRY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PREMISE TYPE 20	UNITS ENTERED	TYPE VICTIM <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc. Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
1	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
2	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER) <b>312 WALKER CT., DILLON SC</b>	ZIP CODE <b>29536</b>	WEAPON TYPE
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INCIDENT DATE <b>07/26/2009</b>	24 HR. CLOCK <b>1300</b>	TO	DATE <b>07/27/2009</b>	24 HR. CLOCK <b>1120</b>	DISP. DATE <b>07/27/2009</b>	DISPATCH DATE TIME <b>1136</b>	TIME ARRIVED <b>1139</b>	DEPART. TIME <b>1220</b>	LOCATION NO. <b>03</b>
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COMPLAINANT'S NAME (LAST, FIRST, MIDDLE) <b>THOMPSON, MONICA LATRICE</b>				RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE <b>(843) 687-5290</b>	EVENING PHONE
#1	#2	#3										
<b>RU</b>				<b>J</b>	<b>S</b>	<b>O</b>	<b>U</b>	<b>B</b>	<b>F</b>	<b>25</b>	<b>N</b>	

ADDRESS <b>312 WALKER CT</b>	CITY <b>DILLON</b>	STATE <b>SC</b>	ZIP CODE <b>29536</b>	LOCATION NO. <b>03</b>
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VICTIM'S NAME (LAST, FIRST, MIDDLE) <b>THOMPSON, MONICA LATRICE</b>				RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE <b>(843) 687-5290</b>	EVENING PHONE
#1	#2	#3										
<b>RU</b>				<b>J</b>	<b>S</b>	<b>O</b>	<b>U</b>	<b>B</b>	<b>F</b>	<b>25</b>	<b>N</b>	

HEIGHT <b>5-3</b>	WEIGHT <b>200</b>	HAIR <b>BLK</b>	EYES <b>BRO</b>	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
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ADDRESS <b>312 WALKER CT</b>	CITY <b>DILLON</b>	STATE <b>SC</b>	ZIP CODE <b>29536</b>	LOCATION NO. <b>03</b>
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VISIBLE INJURY (VCT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN --			
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.			

<input type="checkbox"/> TWO-MAN VEH.	<input type="checkbox"/> ONE-MAN VEH.	<input type="checkbox"/> DETECTIVE/SPLASMT.	<input type="checkbox"/> OTHER	<input type="checkbox"/> ALONE	<input type="checkbox"/> ASSISTED	J - This Jurisdiction S - State O - Out of State U - Unknown						
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<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE) <b>PERSON, UNKNOWN/UNTRACKED</b>	RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
<input type="checkbox"/> RUNAWAY		<b>U</b>	<b>U</b>	<b>00</b>	<b>U</b>					
<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.									
<input type="checkbox"/> WARRANT	ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.					
<input type="checkbox"/> ARREST										
<input type="checkbox"/> JAIL	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				DATE/TIME OF OFFENSE	DATE/TIME OF ARREST				
<input type="checkbox"/> SUMMONS	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE: TOTAL # ARRESTED <b>0</b>				<b>07/26/2009</b>	<b>1300</b>				

ON THE ABOVE DATE AND TIME THE REPORTING OFFICER WAS DISPATCHED TO THE ABOVE INCIDENT LOCATION IN REFERENCE TO A BREAK IN. ONCE ON SCENE THE VICTIM STATED THAT AN UNKNOWN SUSPECT BROKE INTO THE RESIDENCE THRU THE BACK DOOR. ONCE INSIDE THE SUSPECT OR SUSPECTS STOLE A SILVER EMERSON DVD PLAYER VALUED AT ONE HUNDRED DOLLARS, FIFTEEN DVD MOVIES VALUED AT TWO HUNDRED DOLLARS, FIVE PAIR OF NIKE AND JORDAN SHOES VALUED AT SEVEN HUNDRED DOLLARS, SIX POCKETBOOKS VALUED AT FIVE HUNDRED DOLLARS, AND A BROWN, GREY, AND TAN RACING JACKET VALUED AT TWO HUNDRED DOLLARS. THE DAMAGE TO THE BACK DOOR WAS ESTIMATED AT TWO HUNDRED DOLLARS. THE SUSPECT ALSO ATTEMPTED TO MAKE ENTRY THRU THE BATHROOM WINDOW TEARING OFF THE SCREEN. DAMAGE TO THE WINDOW WAS ESTIMATED AT ONE HUNDRED DOLLARS. INV. J. HAYES WAS CALLED OUT TO THE SCENE. THE SHOES SIZES RANGED FROM SIZE 6 TO 9.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY SC0170100					JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
TYPE (GROUP)	26-Radios/TVs/VCR	27-Recordings-Au	06-Clothes/Furs	25-Purses/Handba	TOTAL VALUE	
Auto						
Auto Parts						
Auto Damage						
Auto						
Auto						
Auto						
Auto						
Auto						
Auto						

Rec.on Appeal 580

AGENCY I.D.  
SC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2009-07242

INC. ENTD.

E V E N T	INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.							
	1. BEM - BBE OF MOTOR VEHICLE / LARCENY		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	18 14									
	2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO										
V I C T I M	INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)					ZIP CODE	WEAPON TYPE							
	817 RADFORD BLVD HAMPTON INN, DILLON SC					29536								
	INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	LOCATION NO.							
07/26/2009	1900		07/27/2009	0700	DISP. DATE 07/27/2009 DISP. TIME 0701 TIME ARRIVED 0706 DISPART. TIME 0721	01								
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE				
ABBOTT, DARRELL Q		RU		J	S	U	W	M	50	N	(678) 500-6985	H B		
ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.							
4771 FAIROAKS DR				PACE	FL	32571-0	OS							
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE				
ABBOTT, DARRELL Q		RU		J	S	U	W	M	50	N	(678) 500-6985	H B		
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.										
6-3	250	GRY	BLU											
ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.							
4771 FAIROAKS DR				PACE	FL	32571-0	OS							
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -														
# 1 VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.														
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown														
S U B J E C T	<input checked="" type="checkbox"/> SUSPECT		SUBJECT NAME (LAST, FIRST, MIDDLE)			RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
	<input type="checkbox"/> RUNAWAY		PERSON, UNKNOWN/UNTRACKED			U	U	00	U					
	<input type="checkbox"/> WANTED		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.											
<input type="checkbox"/> WARRANT		ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.						
<input type="checkbox"/> ARREST														
<input type="checkbox"/> JAIL		SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.			ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST					
<input checked="" type="checkbox"/> SUMMONS		DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:			TOTAL # ARRESTED 0		07/26/2009 1900							
N A R R A T I V E	ON THE ABOVE DATE AND TIME THE REPORTING OFFICER WAS DISPATCHED TO THE ABOVE INCIDENT LOCATION. UPON OFFICERS ARRIVAL THE VICTIM STATED THAT BETWEEN THE ABOVE DATE AND TIME AN UNKNOWN SUSPECT BROKE OUT THE DRIVERS SIDE WINDOW OF HIS VEHICLE AND STOLE A GARMIN GPS SYSTEM VALUED AT \$700. THE VEHICLE IS A 2000 CHEVOLETTE SILVERADO, FLORIDA TAG M73 7GF. THE VICTIM WAS STAYING IN ROOM 213 AT THE INCIDENT LOCATION. THE VALUE OF THE WINDOW IS \$250.													

		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY	JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	TOTAL VALUE
P	TYPE GROUP	26-Radios/TVs/VC		
R	Serial			
O	Court Copy			
P	Desk Copy			
E	Photocopy			
S	Serial			
T	Serial			
Y	Serial			

Rec.on Appeal 581

OFFICE NO. 100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

INCIDENT NUMBER: 2009-07233

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
20 - BURGLARY / BREAKING & ENTERING		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	20		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
1215 S MACAUTHER AVE, DILLON SC				29536		
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
07/25/2009	1230		07/26/2009	0030	DISP. DATE	DISP. TIME
					07/26/2009	0050
					TIME ARRIVED	DEPART. TIME
					0056	0153
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
HYATT, KYLIE ELIZABETH		RU		<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	W	F
ADDRESS		CITY		AGE	ETH.	DAYTIME PHONE
1215 S. MCARTHUR AVE.		DILLON		30	N	(843) 632-9393 H
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
HYATT, KYLIE ELIZABETH		RU		<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	W	F
ADDRESS		CITY		AGE	ETH.	DAYTIME PHONE
1215 S. MCARTHUR AVE.		DILLON		30	N	(843) 632-9393 H
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
5-4	155	BLK	BRO			
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
1215 S. MCARTHUR AVE.		DILLON		SC	29536	03
VICTIM INJURY (MCT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK						
VEHICLE TYPE: <input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.	DATE OF BIRTH
PERSON, UNKNOWN/UNTRACKED		U	U	00	U	
FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK TYPE:		TOTAL # ARRESTED 0		07/25/2009 1230		

ON THE ABOVE DATE AND TIME THE REPORTING OFFICER WAS DISPATCHED TO THE ABOVE INCIDENT LOCATION IN REFERENCE TO A BREAK IN. UPON OFFICERS ARRIVAL THE VICTIM STATED THAT BETWEEN THE ABOVE DATES AND TIME AN UNKNOWN SUSPECT OPENED THE BACK WINDOW OF THE RESIDENCE AND GAINED ENTRY. THE VICTIM STATED THAT AS FAR AS HE KNOWS NOTHING WAS TAKEN. THE UNKNOWN SUSPECT LEFT THE RESIDENCE USING THE BACK DOOR. INVESTIGATOR JASON TURNER WAS NOTIFIED AND PROCESSED THE SCENE.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
TYPE (GROUP)			TOTAL VALUE
Burglar			
Count/Forged			
Dist./Damaged			
Recovered			
Seized			
Stolen			
Unknown			
SUBJECT IDENTIFIED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	SUBJECT LOCATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM CLOSED <input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED UNDER 17 <input type="checkbox"/> ARRESTED 18 AND OVER
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTORTION 4. <input type="checkbox"/> EXTORTION 5. <input type="checkbox"/> NEW DELINE COOPERATION 6. <input type="checkbox"/> CRIMINAL ACTIVITY			
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER
OFC ROBERT COOK	07/26/2009	223	ASST CHIEF BOBBY MCLEAN
FOLLOW-UP INVESTIGATOR OFFICER			
<input type="checkbox"/> YES <input type="checkbox"/> NO			

Rec.on Appeal 582

AGENCY ID:  
CO179100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER

2009-07280

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE
229 - BURGLARY / BREAKING & ENTERING		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	20
2		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
3		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE
308 REID CT, DILLON SC				29536
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK
07/30/2009	2340		07/30/2009	2345
DISPATCH DATE/TIME 24 HR. CLOCK		DISPATCH DATE/TIME 24 HR. CLOCK		DEPART. TIME
07/30/2009 2342		07/30/2009 2345		0030
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)			RESIDENT	RACE
PARNELL, APRIL T			<input checked="" type="checkbox"/> SOU	B
ADDRESS			SEX	AGE
308 REID CT			F	27
CITY			ETH	DAYTIME PHONE
DILLON			N	(843) 774-6809
STATE			ZIP CODE	LOCATION NO.
SC			29536	03
VICTIM'S NAME (LAST, FIRST, MIDDLE)			RESIDENT	RACE
PARNELL, APRIL T			<input checked="" type="checkbox"/> SOU	B
ADDRESS			SEX	AGE
308 REID CT			F	27
CITY			ETH	DAYTIME PHONE
DILLON			N	(843) 774-6809
STATE			ZIP CODE	LOCATION NO.
SC			29536	03
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
5-7	155	BLK	BRO	
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -				
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK				
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown				
SUBJECT NAME (LAST, FIRST, MIDDLE)				
PERSON, UNKNOWN/UNTRACKED				
RACE SEX AGE ETH DATE OF BIRTH HEIGHT WEIGHT HAIR EYES				
B M 18-24 N 5-6 160 BLK BRO				
FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				
ADDRESS CITY STATE ZIP CODE LOCATION NO.				
308 REID CT DILLON SC 29536 03				
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
DATE/TIME OF OFFENSE DATE/TIME OF ARREST				
07/30/2009 2340				
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK TYPE: TOTAL # ARRESTED 0				

ON THE ABOVE DATE AND TIME, R/O WERE DISPATCHED TO THE ABOVE LOCATION IN REFERENCE TO A BREAKING AND ENTERING IN PROGRESS. UPON ARRIVAL, VICTIM STATED THE SUSPECTS HAD ALREADY LEFT. VICTIM STATED WHILE SHE WAS ON THE PHONE IN THE LIVING ROOM, SHE HEARD SOMETHING BANGING ON THE FRONT AND BACK DOOR. VICTIM STATED SHE DROPPED HER PHONE AND AS SHE WAS GOING IN THE CHILDRENS ROOM, THE SUSPECTS CAME IN THE FRONT DOOR. VICTIM STATED THE SUSPECTS CAME IN THE CHILDRENS ROOM AND AS SUSPECT #1 STAYED IN THE ROOM TALKING TO HER, SUSPECTS #2 AND #3 WENT THROUGH THE HOUSE. VICTIM STATED SHE DID NOT KNOW IF ANYTHING HAD BEEN TAKEN AT THIS TIME. VICTIM STATED THE SUSPECTS ASKED HER WHERE HER MONEY WAS, AND SHE TOLD THEM SHE DIDNT HAVE ANY. VICTIM STATED SUSPECT #3 TOLD THEM SHE WAS LIEING AND SAID KILL HER. VICTIM STATED SUSPECT #1 TOLD HER TO STAY IN THE ROOM WHILE THEY LEFT AND THEY THEN LEFT ON FOOT AWAY FROM THE HOUSE. VICTIM STATED THE SUSPECT TOOK HER CELL PHONE.

P TYPE (GROUP)		JURISDICTION OF THEFT - LAW ENFORCEMENT AGENCY		JURISDICTION OF THEFT - LAW ENFORCEMENT AGENCY	
R	Burned			77-Other	
O	Count/Forged				
P	Dest/Damaged				
E	Recovered				
R	Seized				
T	Stolen				
Y	Unknown				
SUBJECT IDENTIFIED		SUBJECT LOCATED		REASON FOR EXCEPTIONAL CLEARANCE	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> OFFENSE ONLY <input type="checkbox"/> OTHER	
REPORTING OFFICER'S					
PFC J C BRACEY					

Rec.on Appeal 583

App'x 585

GENCY I.D.  
C0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2009-0727

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE
13A - ASSAULT - AGGRAVATED		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE
210 E HAMPTON ST, DILLON SC				29536
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK
07/30/2009	1200		07/30/2009	1215
DISPATCH DATE/TIME 24 HR. CLOCK		DISPATCH DATE/TIME 24 HR. CLOCK		LOCATION NO.
DISP. DATE		DISP. TIME		DISP. DATE
07/30/2009		1303		1306
DISP. TIME		DISP. TIME		DEPART. TIME
1303		1306		1316
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)				DAYTIME PHONE
ROBINSON, JEANETTE				(843) 752-2265
RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
#1 RU		<input checked="" type="checkbox"/> SO	B	F
#2				
#3				
ADDRESS		CITY	STATE	ZIP CODE
1526 MAIN STREET		SELLERS	SC	29592
VICTIM'S NAME (LAST, FIRST, MIDDLE)				DAYTIME PHONE
ROBINSON, JEANETTE				(843) 752-2265
RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
#1 OK		<input checked="" type="checkbox"/> SO	B	F
#2				
#3				
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
5-6	130	BLK	BRO	
ADDRESS		CITY	STATE	ZIP CODE
1526 MAIN STREET		SELLERS	SC	29592
LOCATION NO.		CTY		
LOCATION NO.		CTY		
VISIBLE INJURY (VICT. 1) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN -- Apparent Minor Injur				
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK				
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown				
SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE
PERSON, UNKNOWN/UNTRACKED		B	M	30-32
ETH.		DATE OF BIRTH	HEIGHT	WEIGHT
N			5-4	150
FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				
ADDRESS		CITY	STATE	ZIP CODE
LOCATION NO.		CTY		
LOCATION NO.		CTY		
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
DATE/TIME OF OFFENSE DATE/TIME OF ARREST				
07/30/2009 1200				
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK TYPE: TOTAL # ARRESTED 0				

ON THE ABOVE DATE AND TIME THE REPORTING OFFICER WAS DISPATCHED TO THE ABOVE INCIDENT LOCATION. UPON OFFICERS ARRIVAL THE VICTIM STATED THAT WHILE SHE WAS SITTING IN A CHAIR IN FRONT OF THE INCIDENT LOCATION AN UNKNOWN SUSPECT WALKED UP TO HER AND HIT HER IN THE FOREHEAD WITH A STICK. THE VICTIM DID NOT KNOW THE SUSPECT BUT SAID THAT HE WAS A BLACK MALE WEARING CAMOUFLAGE PANTS AND A BLACK TANK TOP. THE VICTIM DOES NOT WANT TO PRESS CHARGES AT THIS TIME.

JURISDICTION OF THEFT		LAW ENFORCEMENT AGENCY	
P	TYPE (GROUP)	TOTAL VALUE	
R	Burned		
O	Count/Forged		
P	Dest/Damaged		
E	Recovered		
R	Seized		
Y	Stolen		
	Unknown		
SUBJECT IDENTIFIED		SUBJECT LOCATED	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
REASON FOR EXCEPTIONAL CLEARANCE			
REPORTING OFFICER'S			
OFC ROBERT COOK			

Rec.on Appeal 584

AGENCY ID  
SC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2,009

INCIDENT TYPE		COMPLETED		FORCED ENTRY	
SEMI-BEZE OF MOTOR VEHICLE / LARCENY		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)					
507 NORTH 4TH AVE., DILLON SC					
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK
07/28/2009	2000		07/29/2009	0515	DISP. DATE: 07/29/2009 DISP. TIME: 0521 TIME ARRIVED: 0525
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE
MARTIN, SAMMY J		#1	ST	<input checked="" type="checkbox"/> S	<input checked="" type="checkbox"/> O
ADDRESS		CITY		SEX	AGE
507 N 4 TH AVE		DILLON		<input checked="" type="checkbox"/> W	37
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		ETH	DAYTIME PHONE
MARTIN, SAMMY J		#1		<input checked="" type="checkbox"/> N	632-6781
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.	
5-9	193	BRO	BRO		
ADDRESS		CITY		STATE	ZIP CODE
507 N 4 TH AVE		DILLON		SC	29536
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -					
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK					
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/PLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown					
SUBJECT	<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX
	<input type="checkbox"/> RUNAWAY	PERSON, UNKNOWN/UNTRACKED		<input checked="" type="checkbox"/> U	<input checked="" type="checkbox"/> U
	<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		AGE	ETH.
	<input type="checkbox"/> WARRANT	ADDRESS		DATE OF BIRTH	HEIGHT
<input type="checkbox"/> ARREST	CITY		STATE	WEIGHT	HAIR
<input type="checkbox"/> JAIL	DATE/TIME OF OFFENSE		DATE/TIME OF ARREST	EYES	
<input type="checkbox"/> SUMMONS	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input type="checkbox"/> NO		
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK TYPE:		TOTAL # ARRESTED		0	
ON THE ABOVE DATE AND TIME, R/O WAS DISPATCHED TO THE ABOVE LOCATION IN REFERENCE TO BREAKING AND ENTERING OF A MOTOR VEHICLE. UPON ARRIVAL THE VICTIM STATED THAT WHEN HE WENT TO CRANK UP THE VEHICLE HE NOTICE THAT THE RADIO WAS MISSING. THE VICTIM STATED THAT HE OPEN THE PASSENGER DOOR FROM THE OUTSIDE. THE VICTIM STATED THAT HE NOTICE BLOOD ON THE DOOR, WHERE THE SUSPECT HAD CUT HISSELF. R/O OBSERVED SEVEN SPOTS OF BLOOD ON THE INSIDE AND OUTSIDE OF THE PASSENGER DOOR. THE DASHBOARD WAS PRIED LOOSE FROM THE DASH ON THE PASSENGER SIDE. R/O OBSERVED A CIGARETTE BUTT ON THE PASSENGER FLOOR BOARD. THE CIGARETTE APPEAR TO BE A NEWPORT BRAND. SGT. JAMES HAYES WAS NOTIFIED AND CAME OUT AND PROCESS THE CRIME SCENE. THE VEHICLE IS A 1999 CHEVROLET TRAIL BLAZER. THE RADIO IS A ALPINE WITH A CD CHANGER, COLOR CHANGER AND MP3 PLAYER.					

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY 170100		JURISDICTION OF SEIZURE LAW ENFORCEMENT AGENCY	
P	TYPE (GROUP)	38-Vehicle Parts /	03-Motor Vehicle -
R	Burned		
O	Count/Seized		
P	Dest./Damaged	300.00	
E	Recovered		
R	Seized		
T	Stolen	350.00	
Y	Unknown		
SEE DATE			
SEE DATE			
SEE DATE			
SEE DATE			

Rec.on Appeal 585

App'x 587

INCL ID  
0100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2,009

INCIDENT TYPE	COMPLETED	FORCED ENTRY
BURGLARY	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

OFFENSE LOCATION (S, BOYSSON, APARTMENT AND NUMBER, STREET NAME AND NUMBER)

1215 S. MCARTHUR AVE., DILLON SC

INCIDENT DATE	24 HR CLOCK	TO	DATE	24 HR CLOCK	DISPATCH DATE/TIME 24 HR CLOCK	DISPATCH TIME	TIME ARRIVED
07/28/2009	0815		07/28/2009	1156	07/28/2009	1158	1201

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE
HYATT, KYLIE ELIZABETH	ST	<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	W	F	30	N	(843) 632-8333
ADDRESS	CITY	STATE	ZIP CODE				
1215 S. MCARTHUR AVE.	DILLON	SC	29536				

VICTIM'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE
HYATT, KYLIE ELIZABETH		<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	W	F	30	N	(843) 632-8333
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.			
5-4	155	BLK	BRO				
ADDRESS	CITY	STATE	ZIP CODE				
1215 S. MCARTHUR AVE.	DILLON	SC	29536				

VISIBLE INJURY (VICT. 1)  YES  NO EXPLAIN -

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

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

SUBJECT NAME (LAST, FIRST, MIDDLE)	RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES	
PERSON, UNKNOWN/UNTRACKED	U	U	00	U						
FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.										
ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO						
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.	ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE/TIME OF OFFENSE	DATE/TIME OF ARREST							
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:	TOTAL # ARRESTED 0	07/28/2009	0815							

ON THE ABOVE DATE AND TIME, R/O WAS DISPATCHED TO THE ABOVE LOCATION IN REFERENCE TO A BURGLARY. UPON ARRIVING, THE VICTIM STATED THAT SHE LEFT HER RESIDENCE AT APPROXIMATELY 0815 HRS. WHEN THE VICTIM RETURNED AT APPROXIMATELY 1150 HRS, SHE NOTICED THAT HER FRONT DOOR WAS OPEN. THE VICTIM THEN NOTICED THAT HER FRONT DOOR WAS DAMAGED. THE VICTIM LOOKED INSIDE HER RESIDENCE AND NOTICED THAT HER ENTERTAINMENT CENTER WAS LYING IN THE FLOOR. THE VICTIM ALSO NOTICED THAT HER PLAYSTATION 2, VALUED AT APPROXIMATELY \$200.00, WAS MISSING. THE VICTIM ALSO NOTICED THREE PLAYSTATION 2 GAMES ALL VALUED AT APPROXIMATELY \$60.00 EACH WERE MISSING. NO SUSPECT INFORMATION AT THIS TIME. LT. OWENS WAS CALLED OUT TO INVESTIGATE.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY SC0170100		JURISDICTION OF SEVERE J.A. BROWN UNIT	
P	TYPE (GROUP)	07-Computer	
R	Burned		
O	Count/Forged		
P	Dist/Damaged		
E	Recovered		
R	Seized		
T	Spent	182.00	
Y	Unpaid		
A	SELF CENTER	SURE SOURCE	
D	ENC	ENC	
W	RECORDED	INDEXED	
S	SEARCHED	SERIALIZED	

Rec.on Appeal 586

AGENCY ID  
70100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2009-08256

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1 BUR - BURGLARY / LARCENY		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	20		<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
403 SOUTH 4TH AVNE., DILLON SC				29536		
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
08/26/2009	1800		08/26/2009	2150	DISP. DATE	DISP. TIME
					08/26/2009	2157
					TIME ARRIVED	DEPART. TIME
					2159	2230
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
GRAVES, VALERIE C		#1 ST	#2	#3	S O U	B F
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
403 SOUTH 4TH AVENUE		DILLON		SC	29536	03
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
GRAVES, VALERIE C		#1	#2	#3	S O U	B F
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
403 SOUTH 4TH AVENUE		DILLON		SC	29536	03
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
4-11	132	BLK	BRO			
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
403 SOUTH 4TH AVENUE		DILLON		SC	29536	03
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)			RACE	SEX	AGE
<input type="checkbox"/> RUNAWAY	PERSON, UNKNOWN/UNTRACKED			U	U	00
<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					
<input type="checkbox"/> WARRANT	ADDRESS		CITY		STATE	ZIP CODE
<input type="checkbox"/> ARREST						
<input type="checkbox"/> JAIL	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE	DATE/TIME OF ARREST
<input type="checkbox"/> SUMMONS	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK TYPE		TOTAL # ARRESTED		08/26/2009	1800

ON THE ABOVE DATE DILLON PD WAS DISPATCHED TO THE ABOVE LOCATION. UPON ARRIVAL VICTIM STATED THAT WHEN SHE RETURNED TO HER RESIDENCE, SHE NOTICED THAT SOMEONE HAD KICKED HER BACK DOOR OPEN AND THREW SOME OF HER THINGS AROUND IN THE HOME. VICTIM STATED THAT SHE DIDN'T NOTICE ANYTHING MISSING. LT. OWENS WAS CALLED OUT TO PROCESS THE SCENE.

		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
				77-Other	TOTAL VALUE
P	TYPE (GROUP)				
R	Burned				
O	Count/Forged				
P	Dist/Damaged				
E	Recovered				
R	Seized			25.00	25.00
T	Stolen				
Y	Unknown				
A	SUBJECT IDENTIFIED	SUBJECT LOCATED	<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18	<input type="checkbox"/> EX-CLEAR UNDER 18
D	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR 18 AND OVER
M	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY				
I	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE
N	SGT TONY J ROBERTS	08/26/2009	210	ASST CHIEF BOBBY MCLEAN	08/26/2009
I				FOLLOW-UP INVESTIGATION OFFICER	DATE
S				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO LT LORENZO OWENS	08/26/2009
T					203

Rec.on Appeal 587

AGENCY I.D.  
C0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2009-08207

NCIC  
INQ. ENTG.  
X

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 23F - THEFT FROM MOTOR VEHICLE		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	18 14		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
BEST VALUE INN 904 RADFORD BLVD., DILLON SC				29536		
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
08/21/2009	0100		08/21/2009	1130	DISP. DATE	DISP. TIME
					08/21/2009	1200
					TIME ARRIVED	DEPART. TIME
					1200	1220
					LOCATION NO.	
					1A	
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
PHILLIPS, HOPE ALEXANDRA		#1	#2	J	O	U
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
304 WEST PICKENS STREET		MARION		SC	29571	ST
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
PHILLIPS, HOPE ALEXANDRA		#1	#2	J	O	U
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
5-9	192	BLK	BRO			
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
304 WEST PICKENS STREET		MARION		SC	29571	ST
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.	DATE OF BIRTH
PERSON, UNKNOWN/UNTRACKED		U	U	00	U	
FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK TYPE:		TOTAL # ARRESTED 0		08/21/2009 0100		

ON THE ABOVE DATE, VICTIM CAME TO THE PD TO REPORT THAT WHILE AT BEST VALUE INN SOME UNKNOWN PERSON ENTERED HER VEHICLE AND TOOK HER 9MM HANDGUN BLACK IN COLOR. THE VICTIM STATES THAT SHE LEFT HER BACK DOOR TO THE VEHICLE OPEN. THE GUN WAS VALUED AT \$250 DOLLARS. THE SERIAL NUMBER OF THE GUN IS P1447675.

		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P	TYPE (GROUP)	13-Firearms			TOTAL VALUE
R	Burned				
O	Count/Forged				
P	Dest/Damaged				
E	Recovered				
R	Seized				
T	Stolen	250.00			250.00
Y	Unknown				
SUBJECT IDENTIFIED		SUBJECT LOCATED		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED <input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED <input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY					
REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER	DATE
SGT TONY J ROBERTS		08/21/2009	210	ASST CHIEF BOBBY MCLEAN	08/21/2009
				FOLLOW-UP INVESTIGATION OFFICER	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

Rec.on Appeal 588

App'x 590

AGENCY I.D.  
IC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2009-08206

INC. ENTD.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 13A - ASSAULT - AGGRAVATED		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	13		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
607 S 9 TH AVE, DILLON SC				29536	12	
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
08/21/2009	1120		08/21/2009	1125	DISP. DATE	DISP. TIME
					08/21/2009	1125
					TIME ARRIVED	DEPART. TIME
					1127	1145
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
NELSON, CEDRIC DEVON		#1 AQ	#2	J	O	U
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
518 BEAUFORD ST		DILLON		SC	29536	04
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
NELSON, CEDRIC DEVON		#1 AQ	#2 AQ	J	O	U
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
5-9	130	BLK	BRO			
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
518 BEAUFORD ST		DILLON		SC	29536	04
VISIBLE INJURY (VICT. 1) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN - Apparent Minor Injur						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT NAME (LAST, FIRST, MIDDLE)						
GRAHAM, MARVIN						
RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT
B	M	25-30	N		5-10	200
FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						
ADDRESS						
CITY						
STATE						
ZIP CODE						
LOCATION NO.						
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK						
ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
DATE/TIME OF OFFENSE						
DATE/TIME OF ARREST						
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:						
TOTAL # ARRESTED 0						
08/21/2009 1120						

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P	TYPE (GROUP)		TOTAL VALUE
R	Burned		
O	Count/Forged		
P	Dest/Damaged		
E	Recovered		
R	Seized		
T	Stolen		
Y	Unknown		
SUBJECT IDENTIFIED		SUBJECT LOCATED	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18	
<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY			
REPORTING OFFICER(S)		DATE	UNIT NUMBER
LCPL CHRIS CUMMINGS		08/21/2009	218
SGT TONY J ROBERTS		08/21/2009	210
APPROVING OFFICER		DATE	UNIT NUMBER
ASST CHIEF BOBBY MCLEAN		08/21/2009	202
FOLLOW-UP INVESTIGATION OFFICER			
<input type="checkbox"/> YES <input type="checkbox"/> NO			

Rec.on Appeal 589

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER

2009-08173

NCIC

INQ. ENTD.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
BURGLARY		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	20		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
LARCENY		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)		ZIP CODE		WEAPON TYPE		
604 N 5TH AVE, DILLON SC		29536				
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
08/17/2009	1710		08/17/2009	1745	DISP. DATE	DISP. TIME
					08/17/2009	2347
					TIME ARRIVED	DEPART. TIME
					2349	0040
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
JONES, TROY		RU		<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	B	M
ADDRESS		CITY	STATE	AGE	ETH	DAYTIME PHONE
604 NORTH 5TH AVENUE		DILLON	SC	32	N	(843) 774-4723
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
JONES, TROY		RU		<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	B	M
ADDRESS		CITY	STATE	AGE	ETH	DAYTIME PHONE
604 NORTH 5TH AVENUE		DILLON	SC	32	N	(843) 774-4723
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
5-11	262	BLK	BRO			
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	
604 NORTH 5TH AVENUE		DILLON	SC	29536	01	
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN --						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT	SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.
	PERSON, UNKNOWN/UNTRACKED		U	U	00	U
	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					
	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.
SUMMONS	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE	DATE/TIME OF ARREST
	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK TYPE:		TOTAL # ARRESTED 0		08/17/2009	1710

OFFICERS RESPONDED TO THE INCIDENT LOCATION IN REFERENCE TO A BREAK-IN, ON THE ABOVE DATE AND TIME. UPON ARRIVAL, R/O SPOKE WITH THE VICTIM WHO INDICATED THAT HE LEFT HIS RESIDENCE AT APPROX 1710 HRS TO RUN TO WAL-MART. WHILE HE WAS GONE, AT APPROX 1745, HIS WIFE CAME HOME, AND CALLED HIM TO ASK WHY HE HAD LEFT THE BACK DOOR STANDING WIDE OPEN. THE VICTIM TOLD HER HE HAD NOT, BUT THOUGHT NO MORE OF IT UNTIL HE LATER OPENED HIS DRESSER DRAWER TO FIND HIS DUTY WEAPON WAS MISSING. THE VICTIM STATED HE DID NOT NOTICE ANYTHING ELSE MISSING. INVESTIGATOR TURNER RESPONDED TO THE SCENE. VICTIM STATED HE SAW NO SIGN OF ANY FORCED ENTRY. INVESTIGATOR TURNER LATER FOUND VICTIM'S GUN IN VICTIM'S BACK YARD.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
		DILLON PD	
P	TYPE (GROUP)	13-Firearms	TOTAL VALUE
R	Burned		
O	Count/Forged		
P	Dist/Damaged		
E	Recovered	600.00	600.00
R	Seized		
T	Stolen	600.00	600.00
Y	Unknown		
A	SUBJECT IDENTIFIED		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18
D	SUBJECT LOCATED		<input type="checkbox"/> UNFOUNDED <input type="checkbox"/> ARRESTED 18 AND OVER
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> EX-CLEAR 18 AND OVER
M	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY		
	REPORTING OFFICER(S)	DATE	UNIT NUMBER
I	CPL CRYSTAL G NORRIS	08/17/2009	215
	APPROVING OFFICER		DATE
N	ASST CHIEF BOBBY MCLEAN		08/17/2009
	FOLLOW-UP INVESTIGATION OFFICER		UNIT NUMBER
S	<input type="checkbox"/> YES <input type="checkbox"/> NO		202

Rec.on Appeal 590

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER

2009-08171

INQ. INTD.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
28 - ROBBERY		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	25		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgs. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
INCIDENT LOCATION (SUBMISSION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)		ZIP CODE		WEAPON TYPE		
900 BLOCK OF HWY 301 NORTH, DILLON SC		29536		12 14		
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
08/17/2009	2200		08/17/2009	2202	DISP. DATE	DISP. TIME
				08/17/2009	2204	2204
						2300
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
MCCORMICK, SHELLEY ANNE		ST		J	W	F
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
1509 SANDY ACRES DR		DILLON		SC	29536	02
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
MCCORMICK, SHELLEY ANNE		ST		J	W	F
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
5-0	130	BLN	BLU			
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
1509 SANDY ACRES DR		DILLON		SC	29536	02
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.	DATE OF BIRTH
PERSON, UNKNOWN/UNTRACKED		B	M	22-25	N	
FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE	DATE/TIME OF ARREST	
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED 0		08/17/2009	2200	

ON THE ABOVE DATE AND TIME, VICTIM #1 FLAGGED R/O ON HWY 301 NORTH AND STATED HERSELF AND VICTIMS #2 AND #3 HAD JUST BEEN ROBBED AT THE ABOVE INCIDENT LOCATION IN A WHITE IN COLOR BUICK SKYLARK. R/O ATTEMPTED TO LOCATE THE SUSPECTS BUT WAS UNABLE TO LOCATE AT THE TIME. VICTIM #1 STATED HERSELF AND VICTIMS #2 AND #3 WERE SITTING AT THE INCIDENT LOCATION WHEN THE SUSPECTS CAME TO THEM POINTING A BLACK PISTOL AND A BLACK SHOTGUN AND DEMANDED MONEY FROM THEM. VICTIM #1 STATED SHE TOLD THEM SHE HAD SOME MONEY IN HER CAR. VICTIM #1 STATED SUSPECT #3 TOOK THE PISTOL AND WALKED WITH HER TO THE DRIVERS DOOR. VICTIM #1 STATED ONE OF THE SUSPECTS SAID, "POLICE POLICE", AND THE SUSPECTS RAN TO THEIR VEHICLE AND LEFT THE INCIDENT LOCATION.

P TYPE (GROUP)		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
R Burned				77-Other	
O Count/Forged				TOTAL VALUE	
P Dam/Damaged					
E Recovered					
R Seized				300.00	
T Stolen				300.00	
Y Unknown					
SUBJECT IDENTIFIED		SUBJECT LOCATED		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18	
				<input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> AMENITY - NO CUSTODY					
REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER	
PFC J C BRACEY		08/17/2009	222	ASST CHIEF BOBBY MCLEAN	
				DATE	
				08/17/2009	
				UNIT NUMBER	
				202	
FOLLOWUP INVESTIGATION OFFICER					
<input type="checkbox"/> YES <input type="checkbox"/> NO					

Rec.on Appeal 591

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2009-08169

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
29-SECULARY 2ND		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	20		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Instl <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)		ZIP CODE		WEAPON TYPE		
406 WEST HUDSON STREET, DILLON SC		29536				
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
08/17/2009	1700		08/17/2009	1930	DISP. DATE	DISP. TIME
				TIME ARRIVED		DEPART. TIME
				08/17/2009		1933
				1945		2010
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
SCOTT, RICHARD LEE		#1	#2	<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	W	M
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
406 W. HUDSON ST.		DILLON		SC	29536	04
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
SCOTT, RICHARD LEE		#1	#2	<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	W	M
AGE	ETH	DAYTIME PHONE	EVENING PHONE			
47	N					
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
5-10	197	BRO	BRO			
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
406 W. HUDSON ST.		DILLON		SC	29536	04
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED						
J - This Jurisdiction S - State O - Out of State U - Unknown						
<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.
<input type="checkbox"/> RUNAWAY	PERSON, UNKNOWN/UNTRACKED		U	U	00	U
<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					
<input type="checkbox"/> WARRANT	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.
<input type="checkbox"/> ARREST						00
<input type="checkbox"/> JAIL	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE	DATE/TIME OF ARREST
<input type="checkbox"/> SUMMONS	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED		08/17/2009	1700

ON THE ABOVE DATE AND TIME R/O WAS DISPATCHED TO THE INCIDENT LOCATION IN REFERENCE TO A BURGLARY. UPON ARRIVAL THE VICTIM STATED THE SUSPECT KICKED THE BACK DOOR IN. HE STATED THAT HE DID NOT NOTICE ANYTHING MISSING. HE STATED THE SUSPECT HAD OPENED A FEW CABINET DOORS AND DRESSER DRAWERS. PICTURES WERE TAKEN OF THE DAMAGE. THE DAMAGE TO THE DOOR IS ESTIMATED AT \$200.00.

TYPE (GROUP)		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
29-Structure -					TOTAL VALUE
Burned					
Count/Forged					
Dist./Damaged	200.00				200.00
Recovered					
Stolen					
Unknown					
SUBJECT IDENTIFIED		SUBJECT LOCATED		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> ARRESTED 18 AND OVER	
				<input type="checkbox"/> EX-CLEAR UNDER 18 <input type="checkbox"/> EX-CLEAR 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY					
REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER	
PFC RAY MCPHATTER		08/17/2009	221	ASST CHIEF BOBBY MCLEAN	
				DATE	
				08/17/2009	
				UNIT NUMBER	
				202	
FOLLOW-UP INVESTIGATION OFFICER					
<input type="checkbox"/> YES <input type="checkbox"/> NO					

Rec.on Appeal 592

INCIDENT ID. 1190200

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2,009-08148 INC. ENT.

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1: NRP - RECOVERED HAND GRENADE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	13		<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input checked="" type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER) TRUE VALUE 205 WEST MAIN ST., DILLON SC ZIP CODE 29536 WEAPON TYPE

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	LOCATION NO.
08/14/2009	1800		08/14/2009	2120	DISP. DATE: 08/14/2009 DISP. TIME: 2118 TIME ARRIVED: 2120 DEPART. TIME: 0338	04

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE (843) 774-0051	EVENING PHONE
GRAHAM, RONALD	ST	<input checked="" type="checkbox"/> YES	J S O U	W M	48	N		

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
401 WEST MAIN STREET PO DRAWER 431	DILLON	SC	29536	04

VICTIM'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE
SOCIETY/PUBLIC		<input checked="" type="checkbox"/> YES	J S O U					

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

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.

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

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

<input type="checkbox"/> TWO-MAN VEH.	<input type="checkbox"/> ONE-MAN VEH.	<input type="checkbox"/> DETECTIVE/SPLASMT.	<input type="checkbox"/> OTHER	<input type="checkbox"/> ALONE	<input type="checkbox"/> ASSISTED	J - This Jurisdiction	S - State	O - Out of State	U - Unknown
SUBJECT NAME (LAST, FIRST, MIDDLE)	RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
<input checked="" type="checkbox"/> SUSPECT PERSON, UNKNOWN/UNTRACKED	U	U	00	U					
<input type="checkbox"/> RUNAWAY	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.								
<input type="checkbox"/> WANTED	ADDRESS								
<input type="checkbox"/> WARRANT	CITY								
<input type="checkbox"/> ARREST	STATE								
<input type="checkbox"/> JAIL	ZIP CODE								
<input type="checkbox"/> SUMMONS	LOCATION NO.								
SUBJECT (NO. 1) USING:ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.			ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			DATE/TIME OF OFFENSE		DATE/TIME OF ARREST	
DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. TYPE:			TOTAL # ARRESTED 0			08/14/2009		1800	

ON THE ABOVE DATE AND TIME, R/O WAS DISPATCHED TO THE ABOVE LOCATION IN REFERENCE TO A HAND GRENADE LAYING BY THE SIDE WALK IN FRONT OF TRUE VALUE HARDWARE. UPON ARRIVAL R/O OBSERVED A CYLINDER SHAPED OBJECT LAYING ON THE CONCRETE CURBING. THE HAND GRENADE HAD WHAT APPEAR TO BE A PIN ON THE SIDE. SGT POSTON MADE CONTACT WITH KEVIN JORDON OF SLED BOMB SQUAD. THE HAND GRENADE WAS PUT IN A BOX AND TRANSPORTED TO THE POLICE DEPARTMENT. MR. JORDON ARRIVED AND COULD NOT TELL IF THE HAND GRENADE WAS REAL OR FALSE. MR JORDON TOOK PHOTOS OF THE HAND GRENADE AND WAS SENT TO CAMP LEJEUNE TO BE DETERMINE WHAT KIND OF GRENADE IT WAS. AT FIRST IT WAS A JAPANESE GRENADE. FORT BRAGG N.C. WAS CALLED TO GET A BOMB SQUAD, FORT BRAGG CALLED FORT JACKSON FOR THE BOMB SQUAD. THE BOMB SQUAD ARRIVED AT 0310. THE BOMB SQUAD IDENTIFIED THE HAND GRENADE AS A RUSSIAN RDG-3. IT WAS LEARNED THAT THIS HAND GRENADE WAS A TRAINING AID, AND NOT A LIVE HAND GRENADE. IT WAS LEARNED THAT THIS TYPE OF HAND GRENADE IS BEING USED IN IRAQ. THE HAND GRENADE WAS TURN OVER TO SLED, SLED TURNED IT OVER TO THE BOMB SQUAD. THE BOMB SQUAD RETURNED THE HAND GRENADE BACK TO SLED TO BE USED AS A TRAINING DEVICE.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY 170100	
P TYPE (GROUP)		77-Other	TOTAL VALUE
R Burned			
O Count/Forged			
P Dest./Damaged			
E Recovered		500.00	500.00
R Seized			
T Stolen			
Y Unknown			
SUBJECT IDENTIFIED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		SUBJECT LOCATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<input type="checkbox"/> ACTIVE <input checked="" type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18	
<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY			
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER
PFC RONALD GRAHAM	08/14/2009	220	ASST CHIEF BOBBY MCLEAN
CPL ERIC POSTON	08/14/2009	214	FOLLOW-UP INVESTIGATION OFFICER
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

Rec.on Appeal 593

AGENCY LD.  
00170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-08146

INC. ENTD.

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

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER) 502 BEA CT, DILLON SC ZIP CODE 29536 WEAPON TYPE

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	DISPATCH TIME	TIME ARRIVED	DEPART. TIME	LOCATION NO.
08/14/2009	2315		08/14/2009	2330	08/14/2009	2333	2340	0000	03

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE (843) 774-4914	EVENING PHONE
SEWELL, ARETHA F	ST	<input checked="" type="checkbox"/> U	S	B	F	32	N	

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
502 BEA CT	DILLON	SC	29536	03

VICTIM'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE (843) 774-4914	EVENING PHONE
SEWELL, ARETHA F		<input checked="" type="checkbox"/> U	S	B	F	32	N	

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
5-5	140	BLK	BRO	

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
502 BEA CT	DILLON	SC	29536	03

VISIBLE INJURY (VICT. 1)  YES  NO EXPLAIN -

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

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

<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)	RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
<input type="checkbox"/> RUNAWAY	PERSON, UNKNOWN/UNTRACKED	U	U	00	U					
<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.									
<input type="checkbox"/> WARRANT	ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.					
<input type="checkbox"/> ARREST										
<input type="checkbox"/> JAIL	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.	ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE/TIME OF OFFENSE	DATE/TIME OF ARREST						
<input type="checkbox"/> SUMMONS	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:	TOTAL # ARRESTED	0	08/14/2009	2315					

ON THE ABOVE DATE AND TIME, THE R/O RESPONDED TO THE ABOVE LOCATION IN REFERENCE TO VANDALISM OF A CAR WINDOW. VICTIM STATES WHILE IN THE HOUSE, SHE HEARD A LOUD SHATTERING NOISE AND WHEN SHE WENT OUTSIDE, THE FRONT PASSENGER WINDOW TO HER VEHICLE WAS COMPLETELY SHATTERED OUT. THE VEHICLE IS A WHITE IN COLOR FOUR DOOR BUICK, SC TAG DNY258. ACCORDING TO THE VICTIM, NO ITEMS WERE TAKEN AND THE CAR ALARM WAS STILL ON. THE R/O TOOK PHOTOS OF THE VICTIMS VEHICLE. ITS UNCERTAIN AT THIS TIME WHAT THE SUBJECT USED TO BRAKE THE WINDOW.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
TYPE (GROUP)	03-Motor Vehicle -	TOTAL VALUE	
Burned			
Count/Forged			
Dest./Damaged	800.00		800.00
Recovered			
Seized			
Stolen			
Unknown			
SUBJECT IDENTIFIED	SUBJECT LOCATED	<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY			
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER
CPL ERIC POSTON	08/14/2009	214	ASST CHIEF BOBBY MCLEAN
FOLLOW-UP INVESTIGATION OFFICER			
<input type="checkbox"/> YES <input type="checkbox"/> NO			

Rec.on Appeal 594

**DILLON POLICE DEPARTMENT**  
**INCIDENT REPORT**

CASE NUMBER  
**2009-08138**

INC. ENT'D

INCIDENT TYPE <b>ASSAULT - SIMPLE</b>	COMPLETED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	FORCED ENTRY <input type="checkbox"/> YES <input type="checkbox"/> NO	PREMISE TYPE <b>20</b>	UNITS ENTERED	TYPE VICTIM <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn <input type="checkbox"/> Soc. Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
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LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)  
**HOWARD ST., DILLON SC**

ZIP CODE **29536** WEAPON TYPE **99**

DATE <b>08/14/2009</b>	24 HR. CLOCK <b>1440</b>	TO	DATE <b>08/14/2009</b>	24 HR. CLOCK <b>1450</b>	DISPATCH DATE/TIME 24 HR. CLOCK DISP. DATE <b>08/14/2009</b>	DISP. TIME <b>1511</b>	TIME ARRIVED <b>1511</b>	DEPART. TIME <b>1545</b>	LOCATION NO. <b>03</b>
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VICTIM'S NAME (LAST FIRST MIDDLE) <b>SHERRIE D</b>	RELATIONSHIP TO SUBJECT #1 <b>ST</b> #2 #3	RESIDENT <input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	RACE <b>W</b>	SEX <b>F</b>	AGE <b>35</b>	ETH <b>N</b>	DAYTIME PHONE <b>(843) 774-6187</b>	EVENING PHONE <b>H B</b>
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ADDRESS  
**18TH AVENUE**

CITY **DILLON** STATE **SC** ZIP CODE **29536** LOCATION NO. **03**

VICTIM'S NAME (LAST FIRST MIDDLE) <b>SHERRIE D</b>	RELATIONSHIP TO SUBJECT #1 <b>ST</b> #2 #3	RESIDENT <input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	RACE <b>W</b>	SEX <b>F</b>	AGE <b>35</b>	ETH <b>N</b>	DAYTIME PHONE <b>(843) 774-6187</b>	EVENING PHONE <b>H B</b>
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HAIR **BRO** EYES **BLU** FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

ADDRESS  
**18TH AVENUE**

CITY **DILLON** STATE **SC** ZIP CODE **29536** LOCATION NO. **03**

INJURY/ACT:  YES  NO EXPLAIN -

DRUGS:  YES  NO  UNK

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

SUBJECT NAME (LAST FIRST, MIDDLE) <b>PERSON, UNKNOWN/UNTRACKED</b>	RACE <b>B</b>	SEX <b>M</b>	AGE <b>15-20</b>	ETH <b>N</b>	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
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FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

ADDRESS CITY STATE ZIP CODE LOCATION NO.

SUBJECT (NO 1) USING ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK	ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE/TIME OF OFFENSE <b>08/14/2009 1440</b>	DATE/TIME OF ARREST
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THE ABOVE DATE AND TIME R/O WAS DISPATCHED TO THE POLICE DEPARTMENT TO SPEAK WITH A SUBJECT IN REFERENCE TO A ESTIC DISPUTE. UPON ARRIVING, THE VICTIM STATED THAT A GROUP OF BLACK MALES WERE STANDING IN HER YARD ARGUING. VICTIM ATTEMPTED TO WALK TO HER NIEGHBOR'S RESIDENCE TO USE THE PHONE AND THE SUSPECTS THREATENED TO KILL HER E CALLED THE POLICE.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		TOTAL VALUE
GROUP				
Forged				
Stolen				
REC				
SUBJECT IDENTIFIED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO      SUBJECT LOCATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED <input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18 <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER				
PCA EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY				
REPORTING OFFICER(S) <b>WILLIE BERRY</b>	DATE <b>08/14/2009</b>	UNIT NUMBER <b>219</b>	APPROVING OFFICER <b>ASST CHIEF BOBBY MCLEAN</b>	DATE <b>08/14/2009</b>
FOLLOW-UP INVESTIGATION OFFICER <input type="checkbox"/> YES <input type="checkbox"/> NO				

Rec.on Appeal 595

App'x 597

GENCY I.D.   
 C0170100

DILLON POLICE DEPARTMENT   
 INCIDENT REPORT

CASE NUMBER

2009-08130

NCIC

INQ ENTD

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. NRP - BROKEN WINDOW		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	14		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
BEST VALUE INN , 904 RADFORD BLVD, DILLON SC				29536		
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
08/13/2009	1300		08/13/2009	1904	DISP. DATE	DISP. TIME
				08/13/2009	1904	1916
					2000	DEPART. TIME
						LOCATION NO.
						1A
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
JACKSON, JAMES RONALD		ST		J	W	M
ADDRESS		CITY		STATE	AGE	ETH
2204 ARRIE RD		DILLON		SC	52	N
				ZIP CODE	DAYTIME PHONE	
				29536	(843) 992-8735	
				LOCATION NO.	EVENING PHONE	
				CTY		
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
JACKSON, JAMES RONALD		ST		J	W	M
ADDRESS		CITY		STATE	AGE	ETH
2204 ARRIE RD		DILLON		SC	52	N
				ZIP CODE	DAYTIME PHONE	
				29536	(843) 992-8735	
				LOCATION NO.	EVENING PHONE	
				CTY		
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
5-7	155	BRO	BRO			
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
2204 ARRIE RD		DILLON		SC	29536	CTY
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPL.ASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.	DATE OF BIRTH
PERSON, UNKNOWN/UNTRACKED		U	U	00	U	
FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST
		TOTAL # ARRESTED 0		08/13/2009		1300

ON THE ABOVE DATE AND TIME R/O WAS DISPATCHED TO THE ABOVE LOCATION . UPON ARRIVAL THE VICTIM STATED HE CAME OUTSIDE AND FOUND HIS VEHICLE PASSENGER WINDOW BROKEN OUT . THE VEHICLE IS A 2006 CHEVY AVALANCHE SC TAG #DNK 380 . SC VIN # 3GNEC1222G111529 INSURED WITH PROGRESSIVE INSURANCE . THE VICTIM STATED THEY WERE CUTTING GRASS AROUND HIS VEHICLE . THE COMPANY IS CAROLINA IRRIGATION AND LANDSCAPE , THE OWNER IS ALBERT EARL BRAYFIELD FROM 4557 FISHER RD MULLINS SC 29574 PHONE # 843-992-9301 . THE OWNER OF CAROLINA LANDSCAPE ADVISED THEY DIDN'T GET AROUND THE VEHICLE . R/O ADVISED THE VICTIM A COPY OF THE REPORT WOULD BE READY TO PICK UP FOR INSURANCE PURPOSES .

P TYPE (GROUP)		03-Motor Vehicle -		TOTAL VALUE	
R	Burned				
O	Count/Forged				
P	Dest./Damaged	250.00			250.00
E	Recovered				
R	Seized				
T	Stolen				
Y	Unknown				
SUBJECT IDENTIFIED		SUBJECT LOCATED		ACTIVE	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	
				<input type="checkbox"/> UNFOUNDED	
				<input type="checkbox"/> ARRESTED UNDER 18	
				<input type="checkbox"/> ARRESTED 18 AND OVER	
				<input type="checkbox"/> EX-CLEAR UNDER 18	
				<input type="checkbox"/> EX-CLEAR 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY					
REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER	
LCPL CHRIS CUMMINGS		08/13/2009	218	ASST CHIEF BOBBY MCLEAN	
				DATE	
				08/13/2009	
				UNIT NUMBER	
				202	
FOLLOW-UP INVESTIGATION OFFICER					
<input type="checkbox"/> YES <input type="checkbox"/> NO					

Rec.on Appeal 596

GENCY I.D.  
C0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-08128

INC. ENDO.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 220 - BURGLARY / BREAKING & ENTERING		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	20		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2. 290 - VANDALISM OF PROPERTY		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
209 LOCKEMY HWY, DILLON SC				29536		
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
08/13/2009	0400		08/13/2009	1700	DISP. DATE	DISP. TIME
				08/13/2009	1700	1706
					1730	LOCATION NO.
						03
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
VANDERHALL, KENNY		ST		<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	B	M
ADDRESS		CITY	STATE	AGE	ETH	DAYTIME PHONE
209 LOCKEMY HWY		DILLON	SC	47	N	(843) 774-7936
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
VANDERHALL, KENNY				<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	B	M
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
6-4	165	BLK	BRO			
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	
209 LOCKEMY HWY		DILLON	SC	29536	03	
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
<input checked="" type="checkbox"/> SUSPECT		SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE
<input type="checkbox"/> RUNAWAY		PERSON, UNKNOWN/UNTRACKED		U	U	00
<input type="checkbox"/> WANTED		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				
<input type="checkbox"/> WARRANT		ADDRESS		CITY	STATE	ZIP CODE
<input type="checkbox"/> ARREST						
<input type="checkbox"/> JAIL		SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE
<input type="checkbox"/> SUMMONS		DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED	0	08/13/2009 0400
ON THE ABOVE DATE AND TIME R/O WAS DISPATCHED TO INCIDENT LOCATION . UPON ARRIVAL THE VICTIM STATED HE CAME HOME AND FOUND THE FRONT DOOR KICKED OPEN . THE VICTIM STATED HE DIDN'T FIND ANYTHING MISSING . THE DAMAGE DONE TO THE FRONT DOOR IS ABOUT \$200 . INVESTIGATOR LT. OWENS ARRIVED ON SCENE AND PROCESSED THE SCENE . THE VICTIM STATED HE LEFT THE RESIDENCE ABOUT 4:00 AM AND CAME HOME AT 5:00 PM . THE VICTIM STATED HE WENT AND ASKED THE NEIGHBORS IF THEY SEEN ANYONE AROUND THE RESIDENCE AND THE NEIGHBORS ADVISED NO.						

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
TYPE (GROUP)	29-Structure	TOTAL VALUE	
Burned			
Count/Forged			
Dest./Damaged	200.00	200.00	
Recovered			
Seized			
Stolen			
Unknown			
SUBJECT IDENTIFIED		SUBJECT LOCATED	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18	
<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY			
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER
LCPL CHRIS CUMMINGS	08/13/2009	218	ASST CHIEF BOBBY MCLEAN
		DATE	
		08/13/2009	
		UNIT NUMBER	
		202	
		FOLLOWUP INVESTIGATION OFFICER	
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO LT LORENZO OWENS	
		DATE	
		08/13/2009	
		UNIT NUMBER	
		203	

Rec.on Appeal 597

AGENCY I.D.  
SC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER

2009-08127

NCIC

INQ. ENTD.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 13C - ASSAULT - INTIMIDATION		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc. Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
703 S 5TH AVE, DILLON SC				29536		
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
08/12/2009	2300		08/12/2009	2305	DISP. DATE	DISP. TIME
					08/12/2009	2312
					TIME ARRIVED	DEPART. TIME
					2315	2336
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
DAVIS, WILLIAM CHARLES		#1 AQ	#2	<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	B	M
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
703 S 5TH AVE		DILLON		SC	29536	04
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
DAVIS, WILLIAM CHARLES		#1 AQ	#2	<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	B	M
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
703 S 5TH AVE		DILLON		SC	29536	04
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
6-2	225	BLK	BRO			
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
703 S 5TH AVE		DILLON		SC	29536	04
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT	SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.
	ROGERS, RANDY		B	M	50-55	N
	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					
	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.
703 S 5TH AVE		DILLON	SC	29536	04	
SUMMONS	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE	DATE/TIME OF ARREST
	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED		08/12/2009	2300

ON THE ABOVE DATE AND TIME THE REPORTING OFFICER WAS DISPATCHED TO THE ABOVE INCIDENT LOCATION IN REFERENCE TO AN ASSAULT. UPON OFFICERS ARRIVAL THE VICTIM STATED THAT THE SUSPECT TOLD HIM THAT HE HAD A BULLET FOR HIM. THE SUSPECT SAID THAT THE VICTIM HAD STOLEN A RADIO FROM HIM AND THAT IS WHY HE THREATENED THE VICTIM.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P TYPE (GROUP)			TOTAL VALUE
R Burned			
O Count./Forged			
P Dest./Damaged			
E Recovered			
R Seized			
T Stolen			
Y Unknown			
SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SUBJECT LOCATED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18	
<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY			
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER
OFC ROBERT COOK	08/12/2009	223	ASST CHIEF BOBBY MCLEAN
		DATE	
		08/12/2009	
		UNIT NUMBER	
		202	
FOLLOW-UP INVESTIGATION OFFICER			
<input type="checkbox"/> YES <input type="checkbox"/> NO			

Rec.on Appeal 598

AGENCY I.D.  
C0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2009-08126

NCIC  
INQ. ENFD.

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 220 - BURGLARY II	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	20		<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input checked="" type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER) WEAPON TYPE  
REAVES AVE, DILLON SC 29536

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	LOCATION NO.
08/11/2009	1700		08/12/2009	1900	DISP. DATE: 08/12/2009 1900 DISP. TIME: 1905 TIME ARRIVED: 1937 DEPART. TIME:	02

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH.	DAYTIME PHONE (843) 774-4777	EVENING PHONE
THOMPSON, BOBBY LEE	ST	<input checked="" type="checkbox"/> J <input type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	W	M	69	N		

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
410 LEE CIRCLE	DILLON	SC	29536	02

VICTIM'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH.	DAYTIME PHONE	EVENING PHONE
DILLON SCHOOL DISTRICT 2		<input checked="" type="checkbox"/> J <input type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U						

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

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
405 WEST WASHINGTON ST.	DILLON	SC	29536	01

VISIBLE INJURY (VICT. 1)  YES  NO EXPLAIN -

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

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

<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)	RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
<input type="checkbox"/> RUNAWAY	PERSON, UNKNOWN/UNTRACKED	U	U	00	U					
<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.									
<input type="checkbox"/> WARRANT	ADDRESS									
<input type="checkbox"/> ARREST	CITY									
<input type="checkbox"/> JAIL	STATE									
<input type="checkbox"/> SUMMONS	ZIP CODE									
	LOCATION NO.									

<input type="checkbox"/> JAIL	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.	ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE/TIME OF OFFENSE	DATE/TIME OF ARREST
<input type="checkbox"/> SUMMONS	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:	TOTAL # ARRESTED 0	08/11/2009 1700	

ON THE ABOVE DATE AND TIME, R/O WAS DISPATCHED TO THE INCIDENT LOCATION IN REFERENCE TO A BREAK-IN. UPON ARRIVAL, R/O SPOKE WITH THE COMPLAINANT AND CONDUCTED A WALK-THROUGH OF THE PREMISES. ENTRY HAD BEEN FORCIBLY MADE THROUGH EITHER THE FRONT OR BACK DOOR, AND BOTH WERE FOUND LEFT OPEN. WINDOWS IN THE FRONT OF THE HOUSE HAD BEEN DAMAGED AND THE ATTIC ACCESS WAS LEFT OPEN. THE COMPLAINANT REQUESTED A REPORT BE FILED ON BEHALF OF THE VICTIM. PROPERTY DAMAGE ESTIMATED AT APPROX \$1,500.00. INVESTIGATOR TURNER RESPONDED TO THE SCENE.

NARRATIVE

P TYPE (GROUP)		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		TOTAL VALUE
R Burned						
O Cont./Forced						
P Dest./Damaged						
E Recovered						
R Seized						
T Stolen						
Y Unknown						
A D	SUBJECT IDENTIFIED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	SUBJECT LOCATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18	<input type="checkbox"/> EX-CLEAR UNDER 18
M	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY				<input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR 18 AND OVER
I	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	LIST NUMBER
I	CPL CRYSTAL G NORRIS	08/12/2009	215	ASST CHIEF BOBBY MCLEAN	08/12/2009	202
S	FOLLOW-UP INVESTIGATION OFFICER					
T	SGT JASON TURNER	08/12/2009	208	<input type="checkbox"/> YES <input type="checkbox"/> NO		

Rec.on Appeal 599

AGENCY I.D.  
SC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2 0 0 9 - 0 8 1 1 9

NCIC  
ING. ENTD.

INCIDENT TYPE										COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM				
1. BUR - BURGLARY I / GRAND LARCENY										<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	20		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.				
2.										<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO							
3.										<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO							
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)										ZIP CODE			WEAPON TYPE					
1218 HILLSIDE DRIVE, DILLON SC										29536								
INCIDENT DATE		24 HR. CLOCK		TO		DATE		24 HR. CLOCK		DISPATCH DATE/TIME 24 HR. CLOCK			LOCATION NO.					
08/06/2009		0800				08/09/2009		2000		DISP. DATE 08/12/2009		DISP. TIME 0805		TIME ARRIVED 0830				
										DEPART. TIME 1030				02				
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)										RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH.	DAYTIME PHONE	EVENING PHONE
ROFF, ROGER										ST		<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	W	M	58	N	(843) 774-2832	H B
ADDRESS										CITY		STATE	ZIP CODE	LOCATION NO.				
1218 HILLSIDE DRIVE										DILLON		SC	29536	02				
VICTIM'S NAME (LAST, FIRST, MIDDLE)										RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH.	DAYTIME PHONE	EVENING PHONE
ROFF, ROGER										ST		<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	W	M	58	N	(843) 774-2832	H B
HEIGHT										WEIGHT		HAIR		EYES		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
6-0										180		GRY		BLU				
ADDRESS										CITY		STATE	ZIP CODE	LOCATION NO.				
1218 HILLSIDE DRIVE										DILLON		SC	29536	02				
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -																		
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.																		
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED										J - This Jurisdiction S - State O - Out of State U - Unknown								
SUBJECT NAME (LAST, FIRST, MIDDLE)										RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
PERSON, UNKNOWN/UNTRACKED										U	U	00	U					
FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.																		
ADDRESS										CITY		STATE	ZIP CODE	LOCATION NO.				
1218 HILLSIDE DRIVE										DILLON		SC	29536	02				
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										DATE/TIME OF OFFENSE		DATE/TIME OF ARREST						
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:										TOTAL # ARRESTED		08/06/2009		0800				
BETWEEN THE ABOVE DATES AND TIMES, AN UNKNOWN INDIVIDUAL OR INDIVIDUALS DID ENTER THE VICTIM #1'S RESIDENCE AND DID TAKE A ROLEX WATCH FROM THAT RESIDENCE. THE POINT OF ENTRY APPEARS TO BE THE SIDE DOOR UNDER THE CARPORT, AND THE EXIT POINT WAS THE FAR LEFT BASEMENT GLASS FRENCH DOOR. AT THE TIME OF THE REPORT, THERE DOESN'T APPEAR TO BE ANYTHING ELSE MISSING FROM THE RESIDENCE. THE ROLEX WATCH WAS A MEN'S PRESIDENTIAL ROLEX WITH GOLD COLORED BAND WITH A DARK COLORED FACE INSIDE, WITH A DIAMOND STUDED BEZEL. AFTER RESEARCH ONLINE WITH VARIOUS ROLEX DEALERS, THE APPROXIMATE VALUE OF THE WATCH IS AROUND \$45,000. THE SCENE WAS PROCESSED BY SGT. JASON TURNER.																		

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY DILLON PD				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY			
P	TYPE (GROUP)	17-Jewelry/Preciou					TOTAL VALUE
R	Burned						
O	Count/Forged						
P	Dist./Damaged						
E	Recovered						
R	Seized						
T	Stolen	45000.00					45000.00
Y	Unknown						
SUBJECT IDENTIFIED		SUBJECT LOCATED		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY							
REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER
SGT JASON TURNER		08/12/2009	208	ASST CHIEF BOBBY MCLEAN		08/12/2009	202
				FOLLOW-UP INVESTIGATION OFFICER			
				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO SGT JASON TURNER		08/12/2009 208	

Rec.on Appeal 600

GENCY I.D.  
CO170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2009-08115

NCIC  
IND. ENT.D.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 295 - VANDALISM OF PROPERTY		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orga. <input type="checkbox"/> Soc/Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
405 W. CALHOUN ST., DILLON SC				29536		
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
08/11/2009	2345		08/11/2009	2350	DISP. DATE	DISP. TIME
				08/12/2009		0001
				TIME ARRIVED		DEPART. TIME
				0003		0030
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
WOMACK, VANESSA LOUISE		ST		<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	B	F
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
405 W. CALHOUN ST.		DILLON		SC	29536	03
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
WOMACK, VANESSA LOUISE		<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U		<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	B	F
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
5-7	245	BLK	BRO			
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
405 W. CALHOUN ST.		DILLON		SC	29536	03
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.	DATE OF BIRTH
PERSON, UNKNOWN/UNTRACKED		U	U	00	U	
FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						
ADDRESS						
CITY						
STATE						
ZIP CODE						
LOCATION NO.						
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. DATE/TIME OF OFFENSE						
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE: TOTAL # ARRESTED 0 08/11/2009 2345 DATE/TIME OF ARREST						

ON THE ABOVE DATE AND TIME R/O WAS DISPATCHED TO THE ABOVE LOCATION IN REFERENCE TO A VANDALISM. UPON ARRIVING, THE VICTIM STATED THAT SHE WAS SITTING IN HER LIVING ROOM WHEN SHE HEARD A LOUD NOISE COME FROM THE BACK OF THE HOUSE. THE VICTIM STATED THAT SHE WALKED AROUND TO SEE WHAT HAPPENED AND NOTICED THAT HER SON'S BEDROOM WINDOW WAS BROKEN. NO SUSPECT INFORMATION AT THIS TIME. THE WINDOW IS VALUED AT APPROXIMATELY \$300.00.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY SC0170100		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P TYPE (GROUP)	29-Structure -	TOTAL VALUE	
R Burned			
O Count/Forged			
P Des/Damaged	300.00	300.00	
E Recovered			
R Seized			
T Stolen			
Y Unknown			
SUBJECT IDENTIFIED		SUBJECT LOCATED	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<input checked="" type="checkbox"/> ACTIVE		<input type="checkbox"/> ADM. CLOSED	
<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED UNDER 18	
		<input type="checkbox"/> ARRESTED 18 AND OVER	
		<input type="checkbox"/> EX-CLEAR UNDER 18	
		<input type="checkbox"/> EX-CLEAR 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY			
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER
PFC WILLIE BERRY	08/12/2009	219	ASST-CHIEF BOBBY MCLEAN
		DATE	
		08/12/2009	
		UNIT NUMBER	
		202	
FOLLOW-UP INVESTIGATION OFFICER			
<input type="checkbox"/> YES <input type="checkbox"/> NO			

Rec.on Appeal 601

GENY I.D.  
C0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-08113

INQ. ENTD.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM							
1. BUR - BURGLARY I		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	28		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.							
2. 280 - MALICIOUS INJURY TO PROPERTY		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	28									
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO										
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE								
DILLON MANOR APTS. 1046 MCKENZIE RD. APT. E-3, DILLON SC				29536									
INCIDENT DATE	24 HR. CLOCK	TO DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	LOCATION NO.								
08/11/2009	1530	08/11/2009	2300	DISP. DATE: 08/11/2009 DISP. TIME: 2313 TIME ARRIVED: 2318 DEPART. TIME: 0030	04								
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX							
HUGGINS, DIAMOND FAITH			#1 RU #2 #3	J	O	U							
ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.							
1046 MCKENZIE RD. APT-E3			DILLON	SC	29536	04							
VICTIM'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX							
HUGGINS, DIAMOND FAITH			#1 #2 #3	J	O	U							
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.									
5-3	134	BLK	BRO										
ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.							
1046 MCKENZIE RD. APT-E3			DILLON	SC	29536	04							
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -													
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.													
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown													
S U B J E C T	<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)			RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
	<input type="checkbox"/> RUNAWAY	PERSON, UNKNOWN/UNTRACKED			U	U	00	U					
	<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.											
	<input type="checkbox"/> WARRANT	ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.					
	<input type="checkbox"/> ARREST												
<input type="checkbox"/> JAIL	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.			ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST					
<input type="checkbox"/> SUMMONS	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:			TOTAL # ARRESTED		08/11/2009 1530							

ON THE ABOVE DATE AND TIME AN UNKNOWN SUSPECT GAIN ENTRY TO THE ABOVE INCIDENT LOCATION THRU THE BEDROOM WINDOW. ONCE INSIDE THE SUSPECT WENT THRU THE VICTIMS BELONGINGS. THE SUSPECT KNOCKED A LARGE HOLE IN THE WALL. DAMAGE TO THE WALL WAS ESTIMATED AT FIVE HUNDRED DOLLARS. INV. J. TURNER WAS CALLED OUT TO THE SCENE. THE VICTIM DIDNT NOTICE ANYTHING MISSING AT THE TIME OF THE REPORT. THERE WAS NO DAMAGE TO THE WINDOW. THE VICTIM HAD BEEN OUT OF TOWN FOR SEVERAL HOURS.

				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY					
P	TYPE (GROUP)	28-Structure -											TOTAL VALUE
R	Burned												
O	Count/Forged												
P	Dist./Damaged	500.00											500.00
E	Recovered												
R	Seized												
T	Stolen												
Y	Unknown												
A	SUBJECT IDENTIFIED		SUBJECT LOCATED		<input checked="" type="checkbox"/> ACTIVE	<input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18		<input type="checkbox"/> EX-CLEAR UNDER 18				
D	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR 18 AND OVER				
M	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY												
I	REPORTING OFFICER(S)			DATE	UNIT NUMBER	APPROVING OFFICER			DATE	UNIT NUMBER			
S	SGT RYAN BERRY			08/11/2009	211	ASST CHIEF BOBBY MCLEAN			08/11/2009	202			
T	FOLLOW-UP INVESTIGATION OFFICER <input type="checkbox"/> YES <input type="checkbox"/> NO												

Rec.on Appeal 602

App'x 604

GENY I.D.  
C0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-08111

INC. ENTD.

INCIDENT TYPE				COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM					
1. 753 - HARASSMENT				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	18 28		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Org. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Ct.					
2.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO								
3.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO								
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)							ZIP CODE	WEAPON TYPE					
DILLON GARDEN APTS. 701 GARDEN CT., DILLON SC							29536						
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK		LOCATION NO						
08/11/2009	2115		08/11/2009	2130	DISP. DATE	DISP. TIME	DEPART. TIME						
					08/11/2009	2134	2136						
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE (843) 774-6279 H	EVENING PHONE	
WILLIAMS, ASHLEY LATRICE				#1 AQ	#2	#3	SO	U	B	F	25	N	
ADDRESS				CITY		STATE	ZIP CODE	LOCATION NO					
701 GARDEN COURT APT. E-7				DILLON		SC	29536	01					
VICTIM'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE (843) 774-6279 H	EVENING PHONE	
WILLIAMS, ASHLEY LATRICE				#1	#2	#3	SO	U	B	F	25	N	
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.									
5-5	180	BLK	BRO										
ADDRESS				CITY		STATE	ZIP CODE	LOCATION NO					
701 GARDEN COURT APT. E-7				DILLON		SC	29536	01					
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN --													
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.													
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown													
SUBJECT NAME (LAST, FIRST, MIDDLE)				RACE	SEX	AGE	ETH	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES	
<input checked="" type="checkbox"/> SUSPECT CROSLAND, NAKEEVA				B	F	18-20	N		5-4	160	BLK	BRO	
<input type="checkbox"/> RUNAWAY				FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.									
<input type="checkbox"/> WANTED													
<input type="checkbox"/> WARRANT													
<input type="checkbox"/> ARREST				ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.				
<input type="checkbox"/> JAIL				GERMANTOWN PLACE		LITTLE ROCK	SC	29567	CTY				
<input type="checkbox"/> SUMMONS				SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST			
<input type="checkbox"/> SUMMONS				DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED		08/11/2009		2115			

ON THE ABOVE DATE AND TIME THE ABOVE VICTIM CAME UP TO THE DILLON POLICE DEPT. TO FILE A REPORT ON THE ABOVE SUSPECT FOR HARASSMENT. THE SUSPECT WENT TO THE APARTMENT COMPLEX AND STARTED CALLING THE VICTIM NAMES. THE SUSPECT WAS ATTEMPTING TO PICK A FIGHT WITH THE VICTIM. THE SUSPECT STATED THAT SHE WAS GOING TO KICK THE VICTIMS ASS AND ALSO FUCK HER UP. THE VICTIM HAS HAD PROBLEMS WITH THE SUSPECT IN THE PAST. THE SUSPECT LIVES IN THE COUNTY AND HAS NO BUSINESS AT THE APARTMENT COMPLEX. THE VICTIM WISHES TO PRESS CHARGES ON THE SUSPECT.

				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY			
TYPE (GROUP)											TOTAL VALUE
Burned											
Count/Forged											
Dest/Damaged											
Recovered											
Seized											
Stolen											
Unknown											
SUBJECT IDENTIFIED		SUBJECT LOCATED		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18		<input type="checkbox"/> EX-CLEAR UNDER 18			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR 18 AND OVER			
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY											
REPORTING OFFICER(S)			DATE	UNIT NUMBER	APPROVING OFFICER			DATE	UNIT NUMBER		
SGT RYAN BERRY			08/11/2009	211	ASST CHIEF BOBBY MCLEAN			08/11/2009	202		
FOLLOW-UP INVESTIGATION OFFICER											
<input type="checkbox"/> YES <input type="checkbox"/> NO											

Rec.on Appeal 603

AGENCY I.D.  
00170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2009-08091

NCIC  
INQ. ENTD.

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
ZC - SHOPLIFTING	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	07		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Business <input type="checkbox"/> Financial Inst <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER) 1208 EAST MAIN ST. (TIGER MART), DILLON SC ZIP CODE 29536 WEAPON TYPE

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	LOCATION NO.
08/09/2009	1915		08/09/2009	1922	DISP. DATE 08/09/2009 1922 TIME ARRIVED 1922 DEPART. TIME 1937	03

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE
BETHEA, LATORIA	ST	<input checked="" type="checkbox"/> SOU	B	F	29	N		

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
1208 EAST MAIN ST.	DILLON	SC	29536	03

VICTIM'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE
TIGER MART		<input checked="" type="checkbox"/> SOU	J	S			(843) 841-0259	

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

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
1208 EAST MAIN STREET	DILLON	SC	29536	03

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

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

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

SUBJECT NAME (LAST, FIRST, MIDDLE)	RACE	SEX	AGE	ETH	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
PERSON, UNKNOWN/UNTRACKED	B	M	18-20	N		5-7	150	BLK	BRO

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

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.

WARRANT

ARREST

JAIL

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

SUMMONS DRUGS:  YES  NO  UNK. TYPE: TOTAL # ARRESTED 0 08/09/2009 1915

ON THE ABOVE DATE AND TIME OFFICERS WERE DISPATCHED TO THE ABOVE INCIDENT LOCATION IN REFERENCE TO SHOPLIFTERS. UPON OFFICERS ARRIVAL THE COMPLAINANT REPORTED THAT THE TWO SUSPECTS CAME IN THE LOCATION WITH A BLACK FEMALE. THE COMPLAINANT REPORTED THAT THE FEMALE PURCHASED SOME CIGARETTES AND SUSPECT#1 CONCEALED SOME CANDY IN HIS POCKET AND ALSO HANDED SUSPECT#2 SOME CANDY AND LEFT THE LOCATION. THE CANDY IS VALUED AT \$5.

NARRATIVE

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P TYPE (GROUP)	08-Consumable		TOTAL VALUE
R Burned			
O Count/Forged			
P Dest./Damaged			
E Recovered			
R Seized			
T Stolen	3.00		3.00
Y Unknown			
A SUBJECT IDENTIFIED	SUBJECT LOCATED	<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY			
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER
JEFFREY H COOK	08/09/2009	209	ASST CHIEF BOBBY MCLEAN
			DATE
			08/09/2009
			UNIT NUMBER
			202
FOLLOW-UP INVESTIGATION OFFICER			
<input type="checkbox"/> YES <input type="checkbox"/> NO			

Rec.on Appeal 604

AGENCY I.D.  
K0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2,009,08089

NCIC  
INC. ENTO.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 138 - ASSAULT - SIMPLE		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Reg. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
804 WEST ST, DILLON SC				29536	40	
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
08/09/2009	1430		08/09/2009	1435	DISP. DATE	DISP. TIME
				08/09/2009	1444	1447
					DEPART. TIME	1510
						LOCATION NO.
						04
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
ROGERS, DAWELL L		#1 AQ	#2	<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	B	M
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
407 SOUTH 3RD AVE		DILLON		SC	29536	04
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
ROGERS, DAWELL L		#1 AQ	#2	<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	B	M
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
5-9	220	BLK	BRO			
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
407 SOUTH 3RD AVE		DILLON		SC	29536	04
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
<input checked="" type="checkbox"/> SUSPECT		SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE
<input type="checkbox"/> RUNAWAY		WILLIAMS, RHONDA		B	F	55-60
<input type="checkbox"/> WANTED		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		ETH.	DATE OF BIRTH	HEIGHT
<input type="checkbox"/> WARRANT						218
<input type="checkbox"/> ARREST		ADDRESS		CITY	STATE	ZIP CODE
<input type="checkbox"/> JAIL		308 CENTER STREET		DILLON	SC	29536
<input type="checkbox"/> SUMMONS		SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE	DATE/TIME OF ARREST	
		DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. TYPE: TOTAL # ARRESTED 0		08/09/2009	1430	

ON THE ABOVE DATE AND TIME THE REPORTING OFFICER WAS DISPATCHED TO THE ABOVE INCIDENT LOCATION IN REFERENCE TO AN ASSAULT. UPON OFFICERS ARRIVAL THE VICTIM STATED THAT WHILE HE WAS IN THE DRIVERS SIDE OF HIS VEHICLE THE SUSPECT CAME UP TO THE VEHICLE AND STARTED CUSSING AT HIM. THE VICTIM STATED THAT WHEN HE OPENED THE DOOR OF THE VEHICLE THE SUSPECT SWUNG AT HIM AND HIT HIM IN THE LIP. THE SUSPECT TOLD THE OFFICER THAT SHE DID HIT THE VICTIM BECAUSE HE STRUCK HER GRANDCHILD. THE VICTIM WANTS TO PRESS CHARGES ON THE SUSPECT.

P TYPE (GROUP)		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		TOTAL VALUE	
R Burned							
O Count/Forged							
P Dam/Damaged							
E Recovered							
R Seized							
T Stolen							
Y Unknown							
SUBJECT IDENTIFIED		SUBJECT LOCATED		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY							
REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER
ROBERT COOK		08/09/2009	223	ASST CHIEF BOBBY MCLEAN		08/09/2009	202
				FOLLOW-UP INVESTIGATION OFFICER			
				<input type="checkbox"/> YES <input type="checkbox"/> NO			

Rec.on Appeal 605

AGENCY I.D.  
C0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2009-08082

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1 HAR - HARASSMENT		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
220 S LONGSTREET APT S1, DILLON SC				29536		
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
08/08/2009	1600		08/08/2009	1615	DISP. DATE	DISP. TIME
			08/08/2009	1625	TIME ARRIVED	DEPART. TIME
					1628	1650
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
HELTON, MARYLON J		#1	AQ	#2	S	O
		#3		U	W	F
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	DAYTIME PHONE
220 S LONGSTREET APT S1		DILLON	SC	29536	04	(843) 774-0617
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
HELTON, MARYLON J		#1	AQ	#2	S	O
		#3		U	W	F
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	DAYTIME PHONE
220 S LONGSTREET APT S1		DILLON	SC	29536	04	(843) 774-0617
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
5-7	170	BRO	BRO			
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	
220 S LONGSTREET APT S1		DILLON	SC	29536	04	
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN --						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.	DATE OF BIRTH
OWENS, LISA		W	F	30-35	N	
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	HEIGHT
220 S LONGSTREET APT S2		DILLON	SC	29536	04	5-5
SUBJECT (NO. 1) USING ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE	DATE/TIME OF ARREST	
DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED		08/08/2009	1600	

ON THE ABOVE DATE AND TIME THE REPORTING OFFICER WAS DISPATCHED TO 220 S LONGSTREET APT 13 TO FILE A REPORT IN REFERENCE TO HARASSMENT. UPON OFFICERS ARRIVAL THE VICTIM STATED THAT WHEN SHE GOT HOME AT THE INCIDENT LOCATION THE SUSPECT STARTED CUSSING HER AND HER KIDS OUT. THE VICTIM THEN WENT TO HER SISTERS APARTMENT (13) AND CALLED CENTRAL. THE OFFICERS TALKED TO THE SUSPECT AND SHE SAID THAT THIS WOULD NOT HAPPEN AGAIN.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY			
P TYPE (GROUP)							TOTAL VALUE
R Burned							
O Count/Forged							
P Dest/Damaged							
E Recovered							
R Seized							
T Stolen							
Y Unknown							
SUBJECT IDENTIFIED		SUBJECT LOCATED		<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. 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 type="checkbox"/> ARRESTED 18 AND OVER	
<input type="checkbox"/> EX-CLEAR UNDER 18		<input type="checkbox"/> EX-CLEAR 18 AND OVER		REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input checked="" type="checkbox"/> VICTIM OCCLUDES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY			
REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER
BOBBY COOK		08/08/2009	223	ASST CHIEF BOBBY MCLEAN		08/08/2009	202
FOLLOW-UP INVESTIGATION OFFICER				<input type="checkbox"/> YES <input type="checkbox"/> NO			

Rec.on Appeal 606

AGENCY I.D.  
C0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2009-08071  
INC. ENTD.

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
HAR - HARASSMENT	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	18 02		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER) 406 EAST MAIN ST. FIRST CITIZEN BANK, DILLON SC ZIP CODE 29536 WEAPON TYPE

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HRL. CLOCK			LOCATION NO.
08/07/2009	1010		08/07/2009	1025	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME
					08/07/2009	1025	1027	1037
								02

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH.	DAYTIME PHONE (843) 774-1774	EVENING PHONE
MCKEE, PHYLLIS	XS	<input checked="" type="checkbox"/> J <input type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	W	F	41	N		

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
1025 AIRPORT ROAD	DILLON	SC	29536	CTY

VICTIM'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH.	DAYTIME PHONE (843) 774-1774	EVENING PHONE
MCKEE, PHYLLIS		<input checked="" type="checkbox"/> J <input type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	W	F	41	N		

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
5-2	128	BLK	BRO	

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
1025 AIRPORT ROAD	DILLON	SC	29536	CTY

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

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

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

<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)	RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
<input type="checkbox"/> RUNAWAY	WATTS, CURTIS	W	M	50-51	N		5-9	160	GRY	BRO

WANTED

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

<input type="checkbox"/> WARRANT	ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
<input type="checkbox"/> ARREST	376 OLD HAMER ROAD	HAMER	SC	29547	CTY

<input type="checkbox"/> JAIL	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE/TIME OF OFFENSE	DATE/TIME OF ARREST
<input type="checkbox"/> SUMMONS	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE: TOTAL # ARRESTED 0	08/07/2009 1010	

ON THE ABOVE DATE AND TIME OFFICERS WERE DISPATCHED TO THE ABOVE INCIDENT LOCATION. UPON OFFICERS ARRIVAL THE VICTIM REPORTED THAT WHEN SHE WENT INSIDE THE LOCATION THE SUSPECT WAS ALREADY INSIDE THE LOCATION. THE VICTIM REPORTED THAT THE SUSPECT LEFT FROM THE INSIDE AND WENT TO HIS VEHICLE BUT DID NOT LEAVE THE PREMISES. THE VICTIM HAS SERVED THE SUSPECT WITH HARASSMENT NOTICE.

NARRATIVE

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		TOTAL VALUE
P TYPE (GROUP)				
R Burned				
O Copy/Forged				
P Dest./Damaged				
E Recovered				
R Seized				
T Stolen				
Y Unknown				
A SUBJECT IDENTIFIED	SUBJECT LOCATED	<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY				
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE
SST JEFFREY H COOK	08/07/2009	209	ASST CHIEF BOBBY MCLEAN	08/07/2009
			FOLLOWUP INVESTIGATION OFFICER	UNIT NUMBER
			<input type="checkbox"/> YES <input type="checkbox"/> NO	202

Rec.on Appeal 607

GENCY I.D.  
C0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2 0 0 9 - 0 8 0 6 9

NCC  
IND. ENTD.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM	
1 SUS - SUSPICIOUS PERSON		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	28		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Instl <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.	
2		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
3		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)					ZIP CODE	WEAPON TYPE	
GARDEN COURT APARTMENT A-8, DILLON SC					29536		
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK		LOCATION NO.
08/06/2009	1030		08/07/2009	0110	DISP. DATE	DISP. TIME	DEPART. TIME
					08/07/2009	0117	0120
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE
DRAWHORN, ERNEST		ST		<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	B	M	28
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.		
GARDEN COURT APT. A-8		DILLON	SC	29536	01		
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE
DRAWHORN, ERNEST		ST		<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	B	M	28
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.			
5-8	180	BLK	BRO				
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.		
GARDEN COURT APT. A-8		DILLON	SC	29536	01		
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -							
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.							
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown							
SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT
PERSON, UNKNOWN/UNTRACKED		B	F	18-25	N		
FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.							
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.		
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
DATE/TIME OF OFFENSE		DATE/TIME OF ARREST					
08/06/2009 1030							
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE: TOTAL # ARRESTED 0							

ON THE ABOVE DATE AND TIME, R/O WAS DISPATCHED TO THE ABOVE LOCATION IN REFERENCE SOME ONE HAD BEEN IN HIS APARTMENT. UPON ARRIVAL THE COMPLAINANT STATED THAT SOME ONE HAD BEEN IN HIS APARTMENT. THE COMPLAINANT STATED THAT NO ONE HAS A KEY TO HIS APARTMENT. THE COMPLAINANT CHECKED THE WINDOW AND FOUND ONE UNLOCKED. R/O ASKED THE COMPLAINANT IF SOME ONE HAD BEEN IN THE APARTMENT RECENTLY. THE COMPLAINANT STATED THAT TWO BLACK FEMALES HAD BEEN OVER TO GET SOMETHING TO EAT. R/O ASKED THE COMPLAINANT WHEN DID HE GO TO WORK. THE COMPLAINANT STATED THAT HE LEFT AT 1030 ON 08/06/2009. THE COMPLAINANT DESCRIBED THE SUSPECTS AS ONE DARK SKIN FEMALE AND ONE LIGHT SKIN FEMALE. R/O DESCRIBED ONE FEMALE THAT WAS INVOLVED IN AN INCIDENT EARLIER IN THE SHIFT. THE COMPLAINANT STATED THAT THE FEMALE IN QUESTION IS KNOWN AS BIANCA BETHEA AND LIVES AT CEDAR TERRACE APARTMENT. THE COMPLAINANT WILL SIGN COURTESY SUMMON ON THE SUSPECT.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P TYPE (GROUP)			TOTAL VALUE
Burned			
Count/Forged			
Dest./Damaged			
Recovered			
Seized			
Stolen			
Unknown			
SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SUBJECT LOCATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18	
<input checked="" type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY			
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER
PIC RONALD GRAHAM	08/07/2009	220	ASST CHIEF BOBBY MCLEAN
		DATE	
		08/07/2009	
		UNIT NUMBER	
		202	
FOLLOW-UP INVESTIGATION OFFICER			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

Rec.on Appeal 608

AGENCY I.D.  
C0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER

2009-08066

NCIC

R/O: ENT0

EVENT	INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
	1. BEM - B&E OF MOTOR VEHICLE / LARCENY		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	18 21		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
	2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
VICTIM	3. INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
	HEMI'S JAPANESE RESTAURANT 813A RADFORD BLVD., DILLON SC				29536		
	INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
08/06/2009	2150		08/06/2009	2155	DISP. DATE	DISP. TIME	TIME ARRIVED
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE
LOUDERMILK, JAMES WILLIAM		ST		<input checked="" type="checkbox"/> SOU	W	M	41
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.	
663 HIGGINS RD.		DILLON		SC	29536	CTY	
VICTIM	VICTIM'S NAME (LAST, FIRST, MIDDLE)				RESIDENT	RACE	SEX
	LOUDERMILK, JAMES WILLIAM				<input checked="" type="checkbox"/> SOU	W	M
	HEIGHT	WEIGHT	HAIR	EYES	AGE	ETH.	DAYTIME PHONE
6-1	160	BRO	BRO	41	N	(843) 632-5213	
ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.
663 HIGGINS RD.				DILLON	SC	29536	CTY
VISIBLE INJURY (MCT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -							
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK							
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown							
SUBJECT	SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.	DATE OF BIRTH
	PERSON, UNKNOWN/UNTRACKED		B	M	00	U	
	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						
ARREST	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	
NARRATIVE	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST
	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK TYPE:		TOTAL # ARRESTED 0		08/06/2009 2150		
	ON THE ABOVE DATE AND TIME, R/O WAS DISPATCHED TO THE ABOVE LOCATION IN REFERENCE TO A BREAKING AND ENTERING OF A MOTOR VEHICLE. UPON ARRIVAL R/O SPOKE WITH THE VICTIM, WHO STATED THAT HE A PUT A PLATE OF FOOD AND FOUR PACKS OF CIGARETTES IN HIS TRUCK AND WENT BACK INTO THE RESTAURANT. THE VICTIM CAME BACK OUT AND FOUND THAT HIS FOOD AND CIGARETTES WERE MISSING. THE VICTIM CHECKED THE AREA, AND FOUND A BLACK MALE SITTING BEHIND THE HAMPTON INN EATING HIS FOOD. THE SUSPECT JUMPED ON A 10 SPEED BIKE, BLUE IN COLOR AND LEFT THE AREA. THE AREA WAS CHECKED WITH NO FINDING OF THE SUSPECT.						

		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY 170100		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P	TYPE (GROUP)	08-Consumable			TOTAL VALUE
R	Burned				
O	Count/Forged				
P	Dest/Damaged				
E	Recovered				
R	Seized				22.00
T	Stolen	22.00			
Y	Unknown				
A	SUBJECT IDENTIFIED	SUBJECT LOCATED	<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18	<input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER
D	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR 18 AND OVER
M	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY				
R	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE
	PFC RONALD GRAHAM	08/06/2009	220	ASST CHIEF BOBBY MCLEAN	08/06/2009
	FOLLOW-UP INVESTIGATION OFFICER				
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				

Rec.on Appeal 609

AGENCY I.D.  
30170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-08061

INO. ENTO.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 290 - MALICIOUS INJURY TO PROPERTY		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	18 23		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
AUTO ZONE 1012 HWY 301 NORTH, DILLON SC				29536		
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
08/06/2009	1520		08/06/2009	1530	DISP. DATE	DISP. TIME
				08/06/2009	1546	1546
					1600'	DEPART. TIME
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
ROLAND, CEDRIC ANTONIO		#1	BG	#2	J	S
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
317 ELKINS RD		HAMER		SC	29547	CTY
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
ROLAND, CEDRIC ANTONIO		#1	BG	#2	J	S
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
317 ELKINS RD		HAMER		SC	29547	CTY
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
5-3	125	BLK	BRO			
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN --		VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.				
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT	SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.
	DOUGLAS, NATASHA		B	F	22	N
	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					
	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.
124 PEE DEE CHURCH RD		DILLON	SC	29536	CTY	
SUMMONS	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST	
	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE: TOTAL # ARRESTED 0		08/06/2009 1520			

ON THE ABOVE DATE AND TIME THE VICTIM WENT TO THE DILLON POLICE DEPARTMENT TO FILE A REPORT ON THE SUSPECT IN REFERENCE TO DAMAGING THE VICTIMS VEHICLE. THE SUSPECT THREW A BRAKE PAD ON THE HOOD OF THE VICTIMS 1994 CHEVY CAPRICE. DAMAGE TO THE HOOD WAS VALUED AT FIVE HUNDRED DOLLARS. PHOTO'S WERE TAKEN, THE VICTIM AND SUSPECT HAVE A CHILD TOGETHER. THE VICTIM WISHES TO PRESS CHARGES AGAINST THE SUSPECT. THE VICTIM HAS INSURANCE WITH SAFE AUTO. THE INCIDENT HAPPENED IN THE PARKING LOT OF AUTO ZONE.

P TYPE (GROUP)		03-Motor Vehicle -		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		
R	Burned						TOTAL VALUE	
O	Count/Forced							
P	Dest./Damaged	500.00					500.00	
E	Recovered							
R	Seized							
T	Stolen							
Y	Unknown							
A	SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SUBJECT LOCATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18	
D					<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER	
R	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY							
	REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER
	SGT RYAN BERRY		08/06/2009	211	ASST CHIEF BOBBY MCLEAN		08/06/2009	202
	FOLLOW-UP INVESTIGATION OFFICER <input type="checkbox"/> YES <input type="checkbox"/> NO							

Rec.on Appeal 610

SAICY LD.  
00170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER

2009-08056

NCIC

INC. ENTD.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 13B ASSAULT AND BATTERY		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
1046 MCKENZIE RD DILLON MANOR, DILLON SC				29536	40	
INCIDENT DATE	24 HR. CLOCK	TO DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK		LOCATION NO.
08/05/2009	2210	08/05/2009	2232	DISP. DATE	DISP. TIME	TIME ARRIVED
				08/05/2009	2232	2342
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
ROBERTS, TINA SUSANNE		#1	#2	J	W	F
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
1046 MCKENZIE RD APT.C3		DILLON		SC	29536	04
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
ROBERTS, TINA SUSANNE		#1	#2	J	W	F
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
1046 MCKENZIE RD APT.C3		DILLON		SC	29536	04
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
5-6	140	BLK	BRO			
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
1046 MCKENZIE RD APT.C3		DILLON		SC	29536	04
VISIBLE INJURY (VICT. 1) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN - Apparent Minor Injur						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT	<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE
	<input type="checkbox"/> RUNAWAY	COOK, CASSANDRA		W	F	30-35
	<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		ETH.	DATE OF BIRTH	HEIGHT
	<input type="checkbox"/> WARRANT	ADDRESS		ETH.	DATE OF BIRTH	HEIGHT
<input type="checkbox"/> ARREST	2746 JUDSON ROAD		HAMER	SC	29547	WEIGHT
<input type="checkbox"/> JAIL	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE/TIME OF OFFENSE	DATE/TIME OF ARREST
<input type="checkbox"/> SUMMONS	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED	0	08/05/2009	2210

NARRATIVE

ON THE ABOVE DISPATCH DATE AND TIME, OFFICERS RESPONDED TO A FIGHT IN PROGRESS AT DILLON MANOR REPORTED BY THE APARTMENT MANAGER. OFFICERS ARRIVED ON SCENE AND MET WITH THE APARTMENT MANAGER AND THE VICTIM. VICTIM STATED SHE WAS WALKING TO HER APARTMENT AND OBSERVED THE SUSPECTS OUTSIDE NEAR THE BENCH AREA. VICTIM STATED SHE PREVIOUSLY HAD A PROBLEM WITH SUSPECT # 1 AND WORDS WERE EXCHANGED BETWEEN THE TWO. VICTIM STATED THEY BEGAN TO FIGHT AND THEN SHE WAS ATTACKED BY ALL THREE SUBJECTS. VICTIM STATED THE SUBJECTS WERE PUNCHING AND KICKING HER. VICTIM DID HAD A VISIBLE INJURY ON HER LEFT EAR. VICTIM'S EARRING WAS PULLED OUT AND OFFICERS OBSERVED BLOOD ON THE VICTIM'S EAR. A PICTURE WAS TAKEN OF THE INJURY. A SEARCH OF THE AREA WAS DONE FOR THE SUSPECTS WITH NEGATIVE RESULTS.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P	TYPE (GROUP)	TOTAL VALUE	
R	Burned		
O	Count/Forged		
P	Dest/Damaged		
E	Recovered		
R	Seized		
T	Stolen		
Y	Unknown		
A	SUBJECT IDENTIFIED	SUBJECT LOCATED	<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED
E	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED <input type="checkbox"/> ARRESTED UNDER 18
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY		<input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER	
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER
SFC SARA JEAN MACIEL	08/05/2009	224	ASST CHIEF BOBBY MCLEAN
		DATE	
		08/05/2009	
		UNIT NUMBER	
		202	
FOLLOWUP INVESTIGATION OFFICER			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

Rec.on Appeal 611

GENCY I.D.  
C0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2 0 0 9 - 0 8 0 4 7

INQ. ENTD.

INCIDENT TYPE				COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM							
1. 992 - PROWLER				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.							
2.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO										
3.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO										
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)						ZIP CODE	WEAPON TYPE								
103 WALNUT ST., DILLON SC						29536									
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK			LOCATION NO.							
08/05/2009	0200		08/05/2009	0210	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME							
					08/05/2009	0210	0215	0227							
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH.	DAYTIME PHONE	EVENING PHONE			
PORTER, SADIE				RU		<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	W	F	79	N	(843) 841-2738				
ADDRESS				CITY		STATE	ZIP CODE	LOCATION NO.							
103 WALNUT ST.				DILLON		SC	29536	04							
VICTIM'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH.	DAYTIME PHONE	EVENING PHONE			
PORTER, SADIE						<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	W	F	79	N	(843) 841-2738				
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.											
5-5	180	BRO	HAZ												
ADDRESS				CITY		STATE	ZIP CODE	LOCATION NO.							
103 WALNUT ST.				DILLON		SC	29536	04							
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN --															
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.															
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown															
SUBJECT	<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)					RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
	<input type="checkbox"/> RUNAWAY	PERSON, UNKNOWN/UNTRACKED					U	U	00	U					
	<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.													
	<input type="checkbox"/> WARRANT	ADDRESS													
#1	<input type="checkbox"/> ARREST	ADDRESS					CITY	STATE	ZIP CODE	LOCATION NO.					
	<input type="checkbox"/> JAIL	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					DATE/TIME OF OFFENSE		DATE/TIME OF ARREST						
<input type="checkbox"/> SUMMONS	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:					TOTAL # ARRESTED		08/05/2009 0200							

ON THE ABOVE DATE AND TIME OFFICERS WERE DISPATCHED TO THE ABOVE INCIDENT LOCATION. UPON OFFICERS ARRIVAL THE VICTIM REPORTED THAT SHE HEARD SOMEONE AROUND HER STORAGE BUILDING. OFFICERS CHECKED AROUND THE BUILDING AND DID NOT LOCATE ANYTHING.

NARRATIVE

				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY				
P	TYPE (GROUP)											TOTAL VALUE
R	Burned											
O	Count./forged											
P	Dist./Damaged											
E	Recovered											
R	Seized											
T	Stolen											
Y	Unknown											
A	SUBJECT IDENTIFIED		SUBJECT LOCATED		<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18		<input type="checkbox"/> EX-CLEAR UNDER 18			
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR 18 AND OVER			
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY												
REPORTING OFFICER(S)			DATE	UNIT NUMBER	APPROVING OFFICER			DATE	UNIT NUMBER			
SST JEFFREY H COOK			08/05/2009	209	ASST CHIEF BOBBY MCLEAN			08/05/2009	202			
FOLLOW-UP INVESTIGATION OFFICER <input type="checkbox"/> YES <input type="checkbox"/> NO												

Rec.on Appeal 612

AGENCY I.D.  
SC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2009-08044

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 23C - SHOPLIFTING		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	12		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Business <input type="checkbox"/> Financial Inst <input type="checkbox"/> Governmental <input type="checkbox"/> Relig. Orgn <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
FOOD LION, 205 RADFORD BLVD, DILLON SC				29536		
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
08/04/2009	1815		08/04/2009	1902	DISP. DATE	DISP. TIME
				TIME ARRIVED		DEPART. TIME
				1908		1930
						LOCATION NO.
						1A
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
JONES, MAXIE DENNIS		#1 ST	#2 ST	#3 ST	J S O U	W M
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
205 RADFORD BLVD		DILLON		SC	29536	1A
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
FOOD LION		#1	#2	#3	J S O U	
HEIGHT		WEIGHT		HAIR		EYES
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
205 RADFORD BOULEVARD		DILLON		SC	29536	1A
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.	DATE OF BIRTH
PERSON, UNKNOWN/UNTRACKED		W	M	20-25	N	
FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		HEIGHT		WEIGHT		HAIR
		6-0		165		BRO
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED 0		08/04/2009 1815		

ON THE ABOVE DATE, THE COMPLAINANT REPORTED THAT 3 SUSPECTS DID SHOPLIFT FROM THE INCIDENT LOCATION. SUSPECT #3 ENGAGED AN EMPLOYEE WORKING IN THE AREA OF THE MEAT COUNTER BY ASKING HIM A QUESTION, IN ORDER TO DISTRACT HIM WHILE SUSPECT #1 PICKED UP STEAKS FROM THE COUNTER. SUSPECT #2 THEN ACCOMPANIED SUSPECT #1 TO AISLE 2 AND STOOD BY WHILE SUSPECT #1 PLACED THE PACKAGE UNDER HIS SHIRT. THE COMPLAINANT STATED HE DID NOT GET A GOOD LOOK AT SUSPECT #3, AND SHE GOT INTO THE CAR BEFORE SUSPECTS #1 AND #2. AS SUSPECTS FLED, THE COMPLAINANT OBSERVED THEY WERE IN A RED IN COLOR SUV BEARING A NC TAG. COMPLAINANT BELIEVES THE TAG # WAS 4711PZ.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P I TYPE (GROUP)	08-Consumable	TOTAL VALUE	
R (Burned)			
O (Count/Forged)			
P (Lost/Damaged)			
E (Recovered)			
IR (Stolen)	30.00	30.00	
U (Unknown)			
SUBJECT IDENTIFIED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		SUBJECT LOCATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18	
<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY			
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER
CRYSTAL G NORRIS	08/04/2009	215	ASST CHIEF BOBBY MCLEAN
		DATE	
		08/04/2009	
		UNIT NUMBER	
		202	
FOLLOW-UP INVESTIGATION OFFICER			

Rec.on Appeal 613

AGENCY I.D.  
COI70100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2009-08041

NCIC  
INQ. ENTY.

INCIDENT TYPE				COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM				
1. 23F - THEFT FROM MOTOR VEHICLE				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	18 27		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.				
2.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO							
3.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO							
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)						ZIP CODE	WEAPON TYPE					
FAMILY DOLLAR 108 HIGHWAY 301 SOUTH, DILLON SC						29536						
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE	DISPATCH TIME	24 HR. CLOCK	LOCATION NO.				
08/04/2009	0430		08/04/2009	1615	08/04/2009	1618	1621	04				
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH				
GERMAN, KENYA KUTEALYA			ST	<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	B	F	23	N				
ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.					
1302 HOPE CT.				DILLON	SC	29536	CTY					
VICTIM'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH				
GERMAN, KENYA KUTEALYA				<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	B	F	23	N				
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.								
5-5	195	BLK	BRO									
ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.					
1302 HOPE CT.				DILLON	SC	29536	CTY					
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -												
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.												
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown												
SUBJECT	SUBJECT NAME (LAST, FIRST, MIDDLE)			RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
	PERSON, UNKNOWN/UNTRACKED			U	U	00	U					
	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.											
	ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.				
JAIL				SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST		
SUMMONS				DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED 0		08/04/2009 0430				

ON THE ABOVE DATE, DILLON PD WAS DISPATCHED TO THE ABOVE LOCATION. UPON ARRIVAL, VICTIM STATED THAT SHE PARKED HER VEHICLE AROUND 430AM. WHEN SHE RETURNED AROUND 415PM, SHE NOTICED THAT SOMEONE HAD BROKEN OUT HER FRONT PASSENGER WINDOW AND TOOK HER POCKET BOOK, AND TWO 12 INCH SPEAKERS. VICTIM STATES THAT IN HER POCKET BOOK WAS HER LICENSES, SOCIAL SECURITY CARD, BIRTH CERTIFICATE, CREDIT CARDS, AND \$180 DOLLARS. THE VICTIM OWNS A 1998 FORD EXPEDITION. DETECTIVE TURNER WAS CALLED TO THE LOCATION.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY			
P	TYPE (GROUP)	20-Money	09-Credit/Debit				TOTAL VALUE
R	Summed						
O	Court Forged						
P	Sec. Damaged						
E	Recovered						
R	Stolen						
V	Value	180.00					180.00
SUBJECT IDENTIFIED		SUBJECT LOCATED		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER	
EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY		REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER	DATE
		TONY J ROBERTS		08/04/2009	210	ASST CHIEF BOBBY MCLEAN	08/04/2009
						FOLLOWUP INVESTIGATION OFFICER	
						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO SGT JASON TURNER	08/04/2009
							202
							206

Rec.on Appeal 614

AGENCY I.D.  
C0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2009-08039

INC. ENTO.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 220 - BURGLARY / BREAKING & ENTERING		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	20		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2. 290 - VANDALISM OF PROPERTY		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
610 E 14 TH AVE, DILLON SC				29536		
INCIDENT DATE	24 HR CLOCK	TO	DATE	24 HR CLOCK	DISPATCH DATE/TIME 24 HR CLOCK	
07/26/2009	0800		08/04/2009	1550	DISP. DATE	DISP. TIME
				08/04/2009	1556	1601
					DEPART. TIME	1610
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)				RESIDENT	RACE	SEX
GARRIS, MYRNA				<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	W	F
ADDRESS				AGE	ETH	DAYTIME PHONE
602 S 14 TH AVE				67	N	841-2335
CITY				STATE	ZIP CODE	LOCATION NO.
DILLON				SC	29536	03
VICTIM'S NAME (LAST, FIRST, MIDDLE)				RESIDENT	RACE	SEX
GARRIS, MYRNA				<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	W	F
ADDRESS				AGE	ETH	DAYTIME PHONE
602 S 14 TH AVE				67	N	841-2335
CITY				STATE	ZIP CODE	LOCATION NO.
DILLON				SC	29536	03
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
5-0	130	BLN	BLU			
ADDRESS				CITY	STATE	ZIP CODE
602 S 14 TH AVE				DILLON	SC	29536
LOCATION NO.				03		
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT NAME (LAST, FIRST, MIDDLE)						
PERSON, UNKNOWN/UNTRACKED						
RACE SEX AGE ETH. DATE OF BIRTH HEIGHT WEIGHT HAIR EYES						
U U 00 U						
FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						
ADDRESS						
CITY STATE ZIP CODE LOCATION NO.						
DILLON SC 29536 03						
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input type="checkbox"/> NO DATE/TIME OF OFFENSE DATE/TIME OF ARREST						
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE: TOTAL # ARRESTED 0 07/26/2009 0800						

ON THE ABOVE DATE AND TIME R/O WAS DISPATCHED TO THE ABOVE INCIDENT LOCATION ALONG WITH INVESTIGATOR J TURNER . UPON ARRIVAL THE VICTIM STATED THAT MS ALLISON WILLIAMS NOTIFIED THE VICTIM OF HER BARN BEING BROKEN INTO . THE VICTIM STATED MS. WILLIAMS WAS CLEANING THE YARD AND FOUND THE LOCK BROKE . THE VICTIM STATED SHE DIDNT SEE ANYTHING MISSING AT THIS TIME . DAMAGE TO LOCK VALUED AT \$10 .

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P TYPE (GROUP)	34-Structure -		TOTAL VALUE
R Burned			
O Court/Forged			
P Damaged	10.00		10.00
R Recovered			
R Stolen			
T Stolen			
SUBJECT IDENTIFIED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
SUBJECT LOCATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED			
<input type="checkbox"/> UNFOUNDED			
<input type="checkbox"/> ARRESTED UNDER 18			
<input type="checkbox"/> ARRESTED 18 AND OVER			
<input type="checkbox"/> EX-CLEAR UNDER 18			
<input type="checkbox"/> EX-CLEAR 18 AND OVER			
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY			
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER
CHRIS CUMMINGS	08/04/2009	218	ASST CHIEF BOBBY MCLEAN
BOB BRACEY	08/04/2009	222	FOLLOW-UP INVESTIGATION OFFICER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO SGT JASON TURNER
			DATE UNIT NUMBER
			08/04/2009 202
			08/04/2009 208

Rec.on Appeal 615

AGENCY I.D.  
00170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2009-08036

NCIC  
NO. ENDO.

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
SUS - SUSPICIOUS PERSON	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	18 20		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)  
1010 MCKENZIE RD APT A2, DILLON SC

ZIP CODE: 29536 WEAPON TYPE:

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	LOCATION NO.
08/04/2009	0550		08/04/2009	0553	08/04/2009	0615	0624	04

COMPANY NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE (843) 845-3580	EVENING PHONE
MCKEIL SHAKERA DENISE	RU	<input checked="" type="checkbox"/> SO	B	F	26	N		
ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.				
1010 MCKENZIE ROAD A-1	DILLON	SC	29536	04				

VICTIM'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE (843) 845-3580	EVENING PHONE
MCKEIL SHAKERA DENISE		<input checked="" type="checkbox"/> SO	B	F	26	N		
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				
5-3	166	BLK	BRO					
ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.				
1010 MCKENZIE ROAD A-1	DILLON	SC	29536	04				

VISIBLE INJURY (MCT. 1)  YES  NO EXPLAIN -

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

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

SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)	RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
<input checked="" type="checkbox"/>	PERSON, UNKNOWN/UNTRACKED	W	M	25-35	N					
<input type="checkbox"/> RUNAWAY	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.									
<input type="checkbox"/> WANTED	ADDRESS									
<input type="checkbox"/> WARRANT	CITY									
<input type="checkbox"/> ARREST	STATE									
<input type="checkbox"/> JAIL	ZIP CODE									
<input type="checkbox"/> SUMMONS	LOCATION NO.									
	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.	ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST				
	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:	TOTAL # ARRESTED 0		08/04/2009		0550				

ON THE ABOVE DATE AND TIME THE REPORTING OFFICER WAS DISPATCHED TO THE SUNOCO STATION ON RADFORD BLVD TO FILE A REPORT. UPON OFFICERS ARRIVAL THE VICTIM STATED THAT WHEN SHE GOT INTO HER VEHICLE AT THE INCIDENT LOCATION TO GO TO WORK AN UNKNOWN SUSPECT TRIED TO OPEN THE PASSENGER DOOR OF HER VEHICLE. THE VICTIM STATED THAT HER DOORS WERE LOCKED AND THE SUSPECT GOT INTO A GREEN BLAZER AND DROVE OFF. THE VICTIM LEFT THE INCIDENT LOCATION AND WENT TO THE SUNOCO STATION WHERE SHE WORKS AND THEN CALLED CENTRAL. THE SUSPECT IS A WHITE MALE WEARING A TAN BASEBALL HAT.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
TYPE (GROUP)			TOTAL VALUE
Burned			
Car/Forged			
Dest./Damaged			
Recovered			
Seized			
Stolen			
Unknown			
SUBJECT IDENTIFIED	SUBJECT LOCATED	<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY			
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER
CFC ROBERT COOK	08/04/2009	223	ASST CHIEF BOBBY MCLEAN
DATE		DATE	
08/04/2009		08/04/2009	
UNIT NUMBER		UNIT NUMBER	
202		202	
FOLLOW-UP INVESTIGATION OFFICER			
<input type="checkbox"/> YES <input type="checkbox"/> NO			

Rec.on Appeal 616

AGENCY I.D.  
C0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
**2009-07139**

IND. ENTD.

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 299 - VANDALISM OF PROPERTY	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	05		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)  
**305 EAST MAIN ST, DILLON SC**

ZIP CODE: **29536** WEAPON TYPE:

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	LOCATION NO.
07/15/2009	1900		07/16/2009	0700	DISP. DATE: 07/16/2009 DISP. TIME: 0920 TIME ARRIVED: 0930 DEPART. TIME: 1000	02

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE): **WYNN, SONJIA R**

RELATIONSHIP TO SUBJECT: **ST**

RESIDENT: **J S O U** RACE: **B** SEX: **F** AGE: **53** ETH: **N**

DAYTIME PHONE: **(843) 774-5883** EVENING PHONE:

ADDRESS: **902 WEST STREET** CITY: **DILLON** STATE: **SC** ZIP CODE: **29536** LOCATION NO.: **02**

VICTIM'S NAME (LAST, FIRST, MIDDLE): **VISION EDUCATION**

RELATIONSHIP TO SUBJECT: **J S O U** RESIDENT: **J S O U** RACE: **B** SEX: **F** AGE: **53** ETH: **N**

DAYTIME PHONE: **(843) 627-3482** EVENING PHONE:

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

ADDRESS: **305 EAST MAIN ST** CITY: **DILLON** STATE: **SC** ZIP CODE: **29536** LOCATION NO.: **02**

VISIBLE INJURY (VICT. 1)  YES  NO EXPLAIN -

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

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

SUSPECT SUBJECT NAME (LAST, FIRST, MIDDLE): **PERSON, UNKNOWN/UNTRACKED**

RACE: **U** SEX: **U** AGE: **00** ETH: **U** DATE OF BIRTH: HEIGHT: WEIGHT: HAIR: EYES:

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

WANTED

WARRANT ADDRESS: CITY: STATE: ZIP CODE: LOCATION NO.:

ARREST

JAIL SUBJECT (NO. 1) USING: ALCOHOL:  YES  NO  UNK. ARRESTED NEAR OFFENSE SCENE:  YES  NO DATE/TIME OF OFFENSE: **07/15/2009 1900** DATE/TIME OF ARREST:

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

ON THE ABOVE DATE AND TIME, R/O RESPONDED TO THE INCIDENT LOCATION IN REFERENCE TO A BROKEN WINDOW. THE WINDOW IS NEAR THE REAR OF THE BUILDING. THE COMPLAINANT DOES NOT WISH TO PROSECUTE. SHE DID WANT THE INCIDENT NOTATED. THERE WAS ALSO WHAT APPEARED TO BE A HOLE IN ANOTHER WINDOW THAT MAY HAVE BEEN CAUSED BY A BEE BEE.

NARRATIVE

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P TYPE (GROUP)	31-Structure -		TOTAL VALUE
R Burned			
O Count/Forged			
P Dam/Damaged	75.00		75.00
E Recovered			
R Seized			
T Stolen			
Y Unknown			
A D	SUBJECT IDENTIFIED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	SUBJECT LOCATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> ACTIVE <input checked="" type="checkbox"/> ADM. CLOSED
			<input type="checkbox"/> UNFOUNDED
			<input type="checkbox"/> ARRESTED UNDER 18
			<input type="checkbox"/> ARRESTED 18 AND OVER
			<input type="checkbox"/> EX-CLEAR UNDER 18
			<input type="checkbox"/> EX-CLEAR 18 AND OVER
M	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRACTION DENIED 4. <input type="checkbox"/> VICTIM DECLINED COOPERATION 5. <input type="checkbox"/> IDENTIFY THE OFFENDER		
I	REPORTING OFFICER(S)	DATE	UNIT NUMBER
I	CPL CRYSTAL G NORRIS	07/16/2009	215
S	APPROVING OFFICER: ASST CHIEF BOBBY MCLEAN		
T	FOLLOW-UP INVESTIGATION OFFICER: <input type="checkbox"/> YES <input type="checkbox"/> NO		

Rec.on Appeal 617

REPORT NO.  
00170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-07136

IND. ENTD.

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
3A - FORGING A PRETEXT	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
3B - ATTEMPTED SURSARY	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	20		
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			

SUSPECT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER) ZIP CODE WEAPON TYPE  
505 NORTH 9TH AVENUE, DILLON SC 29536 12

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	LOCATION NO.
07/15/2009	2222		07/15/2009	2222	DISP. DATE DISP. TIME TIME ARRIVED DEPART. TIME 07/15/2009 2222 2227 2240	01

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE) RELATIONSHIP TO SUBJECT RESIDENT RACE SEX AGE ETH DAYTIME PHONE EVENING PHONE  
MCNEIL, RETHER BELL ST #1 #2 #3 0 S O U B F 68 N (843) 841-0234 H B

ADDRESS CITY STATE ZIP CODE LOCATION NO.  
505 NORTH 9TH AVENUE DILLON SC 29536 01

VICTIM'S NAME (LAST, FIRST, MIDDLE) RELATIONSHIP TO SUBJECT RESIDENT RACE SEX AGE ETH DAYTIME PHONE EVENING PHONE  
MCNEIL, RETHER BELL ST #1 #2 #3 0 S O U B F 68 N (843) 841-0234 H B

HEIGHT WEIGHT HAIR EYES FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.  
4-11 170 BLK BRO

ADDRESS CITY STATE ZIP CODE LOCATION NO.  
505 NORTH 9TH AVENUE DILLON SC 29536 01

VISIBLE INJURY (MCT. 1)  YES  NO EXPLAIN -  
VICTIM (NO. 1) USING: ALCOHOL:  YES  NO  UNK. DRUGS:  YES  NO  UNK.

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

SUSPECT SUBJECT NAME (LAST, FIRST, MIDDLE) RACE SEX AGE ETH. DATE OF BIRTH HEIGHT WEIGHT HAIR EYES  
PERSON, UNKNOWN/UNTRACKED B M 20-25 N 5-6 185 BLK BRO

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

WANTED ADDRESS CITY STATE ZIP CODE LOCATION NO.  
 WARRANT  ARREST  JAIL 00

SUMMONS SUBJECT (NO. 1) USING: ALCOHOL:  YES  NO  UNK. ARRESTED NEAR OFFENSE SCENE  YES  NO DATE/TIME OF OFFENSE DATE/TIME OF ARREST  
DRUGS:  YES  NO  UNK. TYPE: TOTAL # ARRESTED 0 07/15/2009 2222

ON THE ABOVE DATE AND TIME R/O WAS DISPATCHED TO THE ABOVE INCIDENT LOCATION. UPON ARRIVAL THE VICTIM STATED THAT A BLACK MALE KNOCKED ON HER DOOR. SHE STATED WHEN SHE OPENED THE DOOR THE SUSPECT ASKED IF THE VICTIM'S SON WAS AT HOME. SHE STATED SHE TOLD THE SUSPECT THAT HE WAS GONE. SHE STATED THE SUSPECT TOLD HER HIS NAME WAS "GREEN". SHE STATED THAT'S WHEN THE SUSPECT PULLED OUT A HAND GUN AND STARTED WAVING IT AT THE VICTIM AND TRIED TO ENTER THE RESIDENCE. SHE STATED SHE STARTED PUSHING THE SUSPECT AND STARTED YELLING. SHE STATED THE SUSPECT RAN OFF THE PORCH AND RAN DOWN THE RAILROAD TRACKS. SHE STATED THE SUSPECT HAD ON ALL BLACK AND WAS WEARING A DURAG AND BALLCAP. R/O RODE THE AREA AND WAS UNABLE TO LOCATE ANYONE WHO FIT THE DESCRIPTION OF THE SUSPECT. SHE STATED THE SUSPECT NEVER MADE IT INTO THE RESIDENCE.

		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		TOTAL VALUE
TYPE (GROUP)						
Burned						
Count/Forged						
Dest/Damaged						
Recovered						
Seized						
Stolen						
Unknown						
SUBJECT IDENTIFIED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	SUBJECT LOCATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	ACTIVE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	ADM. CLOSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	ARRESTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	ARRESTED # AND OVER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DISPATCH AGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
REASON FOR EXCEPTIONAL CLEARANCE	OFFENSE DENIED	NO PROSECUTION	DISPROPORTIONATE	ACTING DELINQUENT OPERATOR	INVESTIGATOR	INVESTIGATOR
REPORTING OFFICERS	DATE	TIME	APPROVING OFFICER	DATE	TIME	
PFC RAY MCPHATTER	07/15/2009	2222	ASST CHIEF SOBBY MCLEOD	07/15/2009	2222	

Rec.on Appeal 618

GENCY I.D.  
60170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2,009,07188

NCIC  
INQ. ENTD.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM								
1. HIT - HIT AND RUN		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	12		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orga. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.								
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO											
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO											
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE									
CARL'S FOOD, 400 W MAIN ST, DILLON SC				29536										
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK									
07/21/2009	1100		07/21/2009	1100	DISP. DATE	DISP. TIME								
					TIME ARRIVED	DEPART. TIME								
					07/21/2009	2000								
					2000	2030								
					LOCATION NO.									
					01									
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE			
LOVETTE, BRENDA		#1	#2	#3	J	S	O	U	W	F	43	N	845-2264	
ADDRESS		CITY			STATE	ZIP CODE	LOCATION NO.							
3350NESTLE DOWN LN		SELLERS			SC	295928	ST							
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE			
LOVETTE, BRENDA		#1	#2	#3	J	S	O	U	W	F	43	N	845-2264	
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.										
5-0		BLK	BRO											
ADDRESS		CITY			STATE	ZIP CODE	LOCATION NO.							
3350NESTLE DOWN LN		SELLERS			SC	295928	ST							
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -														
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.														
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown														
SUBJECT	SUBJECT NAME (LAST, FIRST, MIDDLE)				RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES	
	PERSON, UNKNOWN/UNTRACKED				U	U	00	U						
	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.													
	ADDRESS		CITY			STATE	ZIP CODE	LOCATION NO.						
3350NESTLE DOWN LN		SELLERS			SC	295928	ST							
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO														
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE: TOTAL # ARRESTED 0 DATE/TIME OF OFFENSE 07/21/2009 1100 DATE/TIME OF ARREST														

VICTIM ADVISED BY PHONE ABOUT HER VEHICLE BEING DAMAGED AT ABOVE INCIDENT LOCATION . VICTIM STATED ON ABOVE DATE AND TIME SOME UNKNOWN PERSON OR PERSON'S HIT HER VEHICLE IN THE PARKING LOT AND LEFT SCENE OF INCIDENT . THE VICTIM'S 1999 WHITE CHEVY CAMARO WAS DAMAGED ON THE FRONT PASSANGER SIDE . THE VEHICLE'S TAG # IS SC , DKD-762 AND SC , VIN # 2G1FP22K5X2108860 . THE DAMAGE IS ESTIMATED AT \$1800 . NO SUSPECTS AT THIS TIME.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
TYPE GROUP: 03-Motor Vehicle -			TOTAL VALUE
Make			
Model			
Year	1800.00		1800.00
Color			
Other			
<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED <input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18 <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER			
<input type="checkbox"/> OFFENDER DEATH <input type="checkbox"/> NO PROSECUTION <input type="checkbox"/> EXTRADITION DENIED <input type="checkbox"/> VICTIM DECLINES COOPERATION <input type="checkbox"/> JUVENILE - NO CUSTODY			
REPORTING OFFICER	DATE	UNIT NUMBER	APPROVING OFFICER
ASST CHIEF BOBBY MCLEAN	07/21/2009	218	ASST CHIEF BOBBY MCLEAN
FOLLOW-UP INVESTIGATION OFFICER		DATE	UNIT NUMBER
<input type="checkbox"/> YES <input type="checkbox"/> NO		07/21/2009	202



AGENCY ID:  
IC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-07180

IND. ENTD.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 23C - SHOPLIFTING		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	12		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgs. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
BI - LO, 413 RADFORD BLVD, DILLON SC				29536		
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
07/20/2009	2108		07/20/2009	2112	DISP. DATE	DISP. TIME
					07/20/2009	2113
					2115	2200
					LOCATION NO.	
					1A	
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
PHILLIPS, KAREN S		#1 ST	#2	<input checked="" type="checkbox"/> S	O	W
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
413 RADFORD BLVD		DILLON		SC	29536	1A
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
BI-LO		#1	#2	<input checked="" type="checkbox"/> J	S	O
HEIGHT		WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.	
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
413 RADFORD BOULEVARD		DILLON		SC	29536	
VISIBLE INJURY (MCT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
<input checked="" type="checkbox"/> SUSPECT		SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE
<input type="checkbox"/> RUNAWAY		PERSON, UNKNOWN/UNTRACKED		B	M	18-22
<input type="checkbox"/> WANTED		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		ETH.	DATE OF BIRTH	HEIGHT
<input type="checkbox"/> WARRANT				N		5-5
<input type="checkbox"/> ARREST		ADDRESS		WEIGHT	HAIR	EYES
				150	BLK	BRO
<input type="checkbox"/> JAIL		CITY		STATE	ZIP CODE	LOCATION NO.
		DILLON		SC	29536	
<input type="checkbox"/> SUMMONS		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST		
		07/20/2009 2108				

ON THE ABOVE DATE AND TIME R/O WAS DISPATCHED TO INCIDENT LOCATION . UPON ARRIVAL THE COMPLAINANT STATED THE 2 SUSPECT'S TOOK 15 STEAKS AND RAN FROM THE STORE . 1 SUSPECT DROPPED 5 STEAKS AND THEY WERE RECOVERED BY COMPLAINANT . THE STOLEN STEAKS ARE VALUED AT \$215 . THE COMPLAINANT STATED SHE WOULD MAKE A COPY OF DVD AND CARRY TO POLICE DEPT .R/O AND OFFICER C . BRACEY SEARCHED AREA AND WAS UNABLE TO LOCATE SUSPECTS AT THIS TIME .

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY 0170100		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY 0170100	
TYPE GROUP	03-Consumable	TOTAL VALUE	
DATE			
DESCRIPTION			
71.00		71.00	
285.00		285.00	
SUBJECT IDENTIFIED		SUBJECT LOCATED	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18	
<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER	
<input type="checkbox"/> OFFENSE DEATH		<input type="checkbox"/> EXTRADITION DENIED	
<input type="checkbox"/> NO PROSECUTION		<input type="checkbox"/> VICTIM DECLINES COOPERATION	
<input type="checkbox"/> APPROVING OFFICER		<input type="checkbox"/> AVAILABLE - NO CUSTODY	
DATE	UNIT NUMBER	APPROVING OFFICER	DATE
07/20/2009	218	ASST CHIEF BOBBY MCLEAN	07/20/2009
FOLLOW-UP INVESTIGATION OFFICER		UNIT NUMBER	
<input type="checkbox"/> YES <input type="checkbox"/> NO		202	

Rec.on Appeal 621

SC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-07172

INQ. ENTO.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPES VICTIM
ZS - BURGLARY 2ND GRAND LARCENY		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	08		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc. Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)		ZIP CODE		WEAPON TYPE		
EXCLUSIVE URBAN CONNECTION 215 SOUTH 1ST AVE., DILLON SC		29536				
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME	24 HR. CLOCK
07/19/2009	2318		07/20/2009	0645	07/20/2009	0650
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE
HORVATH, STEVE		#1 ST #2 ST #3	J	S	O	U
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	
1200 SYCAMORE DR.		DILLON	SC	29536	04	
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE
EXCLUSIVE URBAN CONN.		#1 #2 #3	J	S	O	U
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	
215 SOUTH 1ST. AVE.		DILLON	SC	29536	04	
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.						
TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED						
J - This Jurisdiction S - State O - Out of State U - Unknown						
SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.
	PERSON, UNKNOWN/UNTRACKED		U	U	00	U
WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					
	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.
SUMMONS	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. TYPE:		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE	DATE/TIME OF ARREST
			TOTAL # ARRESTED 0		07/19/2009	2318

ON THE ABOVE DATE AND TIME, R/O WAS DISPATCHED TO THE ABOVE THE LOCATION IN REFERENCE TO A BREAK-IN. UPON ARRIVAL THE COMPLAINANT STATED THAT HE DROVE BY AND SEEN THE FRONT DOOR WAS KICKED IN. R/O NOTICE THAT A CASH REGISTER WAS MISSING. R/O CHECKED THE BUILDING AND FOUND NO ONE INSIDE. R/O CHECKED AREA FOR ANY EVIDENCE AND FOUND NOTHING. R/O FOUND JAMES CAIN SLEEPING BEHIND SHELBY BAR. R/O ASKED MR CAIN IF HE HEAR OR SAW ANYTHING LAST NIGHT. MR. CAIN STATED THAT HE SAW TWO BLACK MALES THAT APPEAR TO BE JUVENILES. MR CAIN STATED THAT HE HEARD ONE OF THE SUSPECT SAY " NOT YET THE POLICE IS COMING ". WHEN ASKED WHAT TIME WAS THIS. MR. CAIN STATED THAT THIS WAS BETWEEN 2300 AND 2330 HRS. AT 2318 R/O WAS IN THE AREA CHECKING THE DOORS AND EVERYTHING WAS NORMAL. MR. CAIN STATED THAT ONE BLACK MALE WAS WEARING A WHITE TEE SHIRT AND BLACK PANTS. SGT JAMES HAYES WAS CALLED TO PROCESS THE CRIME SCENE. DURING THE INVESTIGATION IT WAS LEARNED THAT TWO CASH REGISTERS, ONE WAS EMPTY AND ONE HAD \$ 60 IN THE DRAWER WAS MISSING. ONE FLAT SCREEN TELEVISION 42 INCH IN DIAMETER , 2 SHIRTS AND 2 PAIR OF PANTS WAS ALSO MISSING.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY 170100			JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY			
GROUP	DESCRIPTION	VALUE	GROUP	DESCRIPTION	VALUE	TOTAL VALUE
05	Clothes/Furs	226.00	17	Jewelry/Preclou	30.00	
26	Radios/TVs/VC	700.00	07	Computer	110.00	
20	Money	60.00	77	Other	250.00	1350.00
SUBJECT LOCATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		ACTIVE <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> ADM. CLOSED <input type="checkbox"/>		ARRESTED UNDER 18 <input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/>		EX-CLEAR UNDER 18 <input type="checkbox"/> EX-CLEAR 18 AND OVER <input type="checkbox"/>
OFFICER DEATH <input type="checkbox"/> NO PROSECUTION <input type="checkbox"/>		EXTRADITION DENIED <input type="checkbox"/>		VICTIM DECLINES COOPERATION <input type="checkbox"/>		JUVENILE - NO CUSTODY <input type="checkbox"/>
DATE	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER	
07/20/2009	220	ASST CHIEF BOBBY MCLEAN		07/20/2009	202	
		FOLLOW-UP INVESTIGATION OFFICER				
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				

Rec.on Appeal 622

1306

INCIDENT REPORT

2009-07160

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
ASSAULT - INTIMIDATION		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	17		<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)		ZIP CODE		WEAPON TYPE		
LOCK OF 301 SOUTH (GARY'S ABC STORE), DILLON SC		29536				
DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
07/17/2009	1850		07/17/2009	1854	DISP. DATE	DISP. TIME
OFFICER'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
Sgt. TENESHIA ANN		AQ		J	O	U
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	
BLACKOAK PL.		DILLON	SC	29536	03	
OFFICER'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
Sgt. TENESHIA ANN		AQ		J	O	U
WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.			
130	BLK	BRO				
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	
BLACKOAK PL.		DILLON	SC	29536	03	
INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK						
VEHICLE: <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED						
J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.	DATE OF BIRTH
SHORT, JAZMINE		B	F	20	N	
FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	
1906 SMITTY RD.		DILLON	SC	29536	03	
SUBJECT (NO. 1) USING ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED		07/17/2009		1850

THE ABOVE DATE AND TIME R/O WAS DISPATCHED TO SPEAK TO THIS COMPLAINANT ABOUT THE SUSPECT JAZMINE SHORT HAD REACHED HER AT GARY'S LIQUOR STORE IN THE PARKING LOT CURSING AND TRYING TO GET HER TO FIGHT. THE COMPLAINANT THAT THE SUSPECT SLAMMED HER DOOR ON HER CAR AND THREATENED HER.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
GROUP			TOTAL VALUE
DATE			
OFFICER			
REMARKS			
SUBJECT IDENTIFIED		SUBJECT LOCATED	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> UNFOUNDED	
<input type="checkbox"/> ARRESTED UNDER 18		<input type="checkbox"/> EX-CLEAR UNDER 18	
<input type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR 18 AND OVER	
FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> AVOIDS VC DISPOSITION			
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER
LOUIS BARFIELD	07/17/2009	217	ASST CHIEF BOBBY MCLEAN
		DATE	
		07/17/2009	
		INITIALS	
		BMC	
FOLLOW UP INVESTIGATION OFFICER			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

Rec.on Appeal 623

AGENCY I.D.  
00170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-07216

INC. ENT0.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
22 - BURGLARY / BREAKING & ENTERING		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	25		<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
23 - VANDALISM OF PROPERTY		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	25		
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
JC POOL HALL, 212 E HAMPTON ST, DILLON SC				29536		
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
07/23/2009	2330		07/24/2009	0850	DISP. DATE	DISP. TIME
					07/24/2009	0903
					0906	0926
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
ALFORD, JC		#1	#2		S	O
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
APT 30 CEDAR TERRACE 1010 MCKENZIE RD		DILLON		SC	29536	03
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
JC POOL HALL		#1	#2		J	S
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
212 E HAMPTON ST		DILLON		SC	29536	03
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
S U B J E C T	SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.
	PERSON, UNKNOWN/UNTRACKED		U	U	00	U
	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					
	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.
#	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE	DATE/TIME OF ARREST
	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED 0		07/23/2009	2330

ON THE ABOVE DATE AND TIME R/O WAS DISPATCHED TO THE ABOVE LOCATION . UPON ARRIVAL THE COMPLAINANT STATED HE FOUND THE POOL TABLE BROKEN INTO . THERE WERE NO SIGNS OF FORCED ENTRY . THE COMPLAINANT STATED HE DIDN'T NEED AN INVESTIGATOR BECAUSE HE ALREADY CLEANED UP . THE COMPLAINANT STATED THERE WAS ABOUT \$ 110 TAKEN FROM POOL TABLE . THE DAMAGE DONE TO POOL TABLE IS ABOUT \$50 . THE LOCK ON THE POOL TABLE APPEARED TO HAVE BEEN PRIED OFF . THE COMPLAINANT STATED IT HAD TO HAVE BEEN SOMEONE THAT HANGS OUT THERE TO KNOW THE LOCK DOESN'T LOCK ALL THE WAY ON THE FRONT DOOR .

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY 0170100		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P TYPE (GROUP)	20-Money	77-Other	TOTAL VALUE
R	Surf		
O	Surf Equip		
P	Surf Equip	50.00	50.00
E	Surf Equip		
R	Surf Equip		
T	Surf Equip		
T	Surf Equip		
	110.00		110.00
SUBJECT OFFENSE		SUBJECT LOCATED	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> UNFOUNDED	
<input type="checkbox"/> ARRESTED UNDER 18		<input type="checkbox"/> ARRESTED 18 AND OVER	
<input type="checkbox"/> EX-CLEAR UNDER 18		<input type="checkbox"/> EX-CLEAR 18 AND OVER	
OFFENSE OFFICER		REPORTING OFFICER	
DATE		DATE	
TIME		TIME	
ASSIST. OFFICER		ASSIST. OFFICER	
DATE		DATE	
TIME		TIME	

Rec.on Appeal 624

AGENCY I.D.  
SC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2009-07192

NCIC  
INQ. ENTD.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 23C - SHOPLIFTING		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	07		<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
613 RADFORD BLVD, DILLON SC				29536		
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
07/22/2009	0040		07/22/2009	0045	DISP. DATE	DISP. TIME
			07/22/2009			0045
			0047			0130
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
WASHINGTON, JOHN WAYNE		#1 ST	#2 ST	#3 ST	J	S
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
2287 FISHERMANS LN		DILLON		SC	29536	1A
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
MURPHYS EXPRESS		#1	#2	#3	J	S
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
613 RADFORD BLVD.		DILLON		SC	29536	1A
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/PLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED						
J - This Jurisdiction S - State O - Out of State U - Unknown						
<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.
<input type="checkbox"/> RUNAWAY	PERSON, UNKNOWN/UNTRACKED		B	M	25-35	N
<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					
<input type="checkbox"/> WARRANT	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.
<input type="checkbox"/> ARREST						
<input type="checkbox"/> JAIL	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE	DATE/TIME OF ARREST
<input type="checkbox"/> SUMMONS	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED 0		07/22/2009	0040
<p>ON THE ABOVE DATE AND TIME, R/O WAS DISPATCHED TO THE ABOVE LOCATION IN REFERENCE TO A SHOPLIFTING. UPON ARRIVAL COMPLAINANT STATED SUSPECTS # 1, 2, AND 3 CAME INTO THE STORE. COMPLAINANT STATED WHILE SUSPECTS #2 AND 3 WERE ASKING HIM QUESTIONS, SUSPECT # 1 PICKED UP THE STOLEN ITEMS AND RAN OUT THE STORE. COMPLAINANT STATED THE SUSPECTS LEFT IN A RED IN COLOR FORD THUNDERBIRD. R/O RODE AROUND IN THE AREA, BUT WAS UNABLE TO LOCATE SUSPECTS.</p>						

TYPE (GROUP)		02-Alcohol		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
TYPE	GROUP	DATE	UNIT NUMBER	DATE	UNIT NUMBER	DATE	UNIT NUMBER
1	02	07/22/2009	222	07/22/2009	202		
SUBJECT IDENTIFIED		SUBJECT LOCATED		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER	
OFFENSES		OFFENSES		EX-CLEAR UNDER 18		EX-CLEAR 18 AND OVER	
1. OFFENSES		2. NO PROSECUTION		3. EXTRADITION DENIED		4. VICTIM DECLINES COOPERATION	
5. JUVENILE - NO CUSTODY		6. JUVENILE - NO CUSTODY		7. JUVENILE - NO CUSTODY		8. JUVENILE - NO CUSTODY	
REPORTING OFFICER		DATE		APPROVING OFFICER		DATE	
PFC J.C. BRACEY		07/22/2009		ASST CHIEF BOBBY MCLEAN		07/22/2009	
FOLLOW-UP INVESTIGATION OFFICER		DATE		FOLLOW-UP INVESTIGATION OFFICER		DATE	
<input type="checkbox"/> YES <input type="checkbox"/> NO							

Rec.on Appeal 625

GENCY I.D.  
C0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-07191

IND. ENTD.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. THEFT FROM MOTOR VEHICLE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	18 09		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc. Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
301 EAST JACKSON, DILLON SC				29536		
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
07/21/2009	2200		07/21/2009	2205	DISP. DATE	DISP. TIME
						DEPART. TIME
						2300
COMP. PART'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
MARTHERS, LYNN		#1 ST		J	O	U
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
301 E JACKSON ST		DILLON		SC	29536	02
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
MARTHERS, LYNN		#1 ST		J	O	U
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
301 E JACKSON ST		DILLON		SC	29536	02
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
5-5	160					
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
301 E JACKSON ST		DILLON		SC	29536	02
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN --						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT	<input checked="" type="checkbox"/> SUSPECT		SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX
	<input type="checkbox"/> RUNAWAY		JUVENILE OFFENDER		B	M
	<input type="checkbox"/> WANTED		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		16-17	N
	<input type="checkbox"/> WARRANT		ADDRESS		DATE OF BIRTH	HEIGHT
<input type="checkbox"/> ARREST		CITY		STATE	ZIP CODE	LOCATION NO.
<input type="checkbox"/> JAIL		SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE/TIME OF OFFENSE
<input type="checkbox"/> SUMMONS		DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED	0	DATE/TIME OF ARREST
						07/21/2009 2200

ON THE ABOVE DATE AND TIME, R/O WAS DISPATCHED TO THE ABOVE LOCATION IN REFERENCE TO AN ATTEMPTED BREAKING AND ENTERING. UPON ARRIVAL, VICTIM STATED AS SHE WAS WALKING OUT TO THE VEHICLE, SHE SAW SOMEONE SITTING IN THE VEHICLE. VICTIM STATED SHE ASKED THE SUSPECT WHAT HE WAS DOING AND THE SUSPECT SMILED AT HER. VICTIM STATED SHE ASKED THE SUSPECT WHAT HE GOT OUT OF THE VEHICLE AND THE SUSPECT SHRUGGED HIS SHOULDERS, GOT ON HIS BICYCLE AND LEFT. VICTIM STATED SHE DOESNT KNOW IF ANYTHING WAS MISSING SINCE HER DAUGHTER USES THE VEHICLE. VEHICLE IS A SILVER IN COLOR SATURN, SC TAG # 2155DU.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
TYPE GROUP			TOTAL VALUE
Bulk			
Auto Equip			
Fire Equip			
Refrigerator			
Stove			
Washer			
SUBJECT STATUS		SUBJECT LOCATED	
<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<input type="checkbox"/> ARRESTED UNDER 18		<input type="checkbox"/> UNFOUNDED	
<input type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR UNDER 18	
<input type="checkbox"/> EX-CLEAR 18 AND OVER		<input type="checkbox"/> EX-CLEAR 18 AND OVER	
<input type="checkbox"/> OFFENDER DEATH <input type="checkbox"/> NO PROSECUTION <input type="checkbox"/> EXTRADITION DENIED <input type="checkbox"/> VICTIM DECLINES COOPERATION <input type="checkbox"/> JUVENILE - NO CUSTODY			
REPORTING OFFICERS	DATE	UNIT NUMBER	APPROVING OFFICER
DET. J. C. BRACE	07/21/2009	222	ASST CHIEF BOBBY MCLEAN
FOLLOW-UP INVESTIGATION OFFICER		DATE	UNIT NUMBER
<input type="checkbox"/> YES <input type="checkbox"/> NO		07/21/2009	202

Rec.on Appeal 626

AGENCY I.D.  
SC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER

2009-07190

NCIC

ING. ENTD.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 13A - ASSAULT - AGGRAVATED		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	13		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
1100 BLOCK OF EAST HAMPTON STREET, DILLON SC				29536	90	
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
07/21/2009	2050		07/21/2009	2110	DISP. DATE	DISP. TIME
				TIME ARRIVED		DEPART. TIME
				07/21/2009		2115
				2120		2135
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
ZIMMERMAN, JOSHUA MICHAEL		#1 AQ	#2 AQ	#3 AQ	J S O U	B M
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
501 EAST COUNTRYSIDE ROAD		DILLON		SC	29536	CTY
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
ZIMMERMAN, JOSHUA MICHAEL		#1 AQ	#2 AQ	#3 AQ	J S O U	B M
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
5-5	135	BRO	BRO			
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
501 EAST COUNTRYSIDE ROAD		DILLON		SC	29536	CTY
VISIBLE INJURY (MCT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED						
J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT	<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE
	<input type="checkbox"/> RUNAWAY	MARQUEZ		B	M	12-13
	<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				
	<input type="checkbox"/> WARRANT	ADDRESS		CITY	STATE	ZIP CODE
<input type="checkbox"/> ARREST			DILLON	SC	29536	LOCATION NO.
<input type="checkbox"/> JAIL	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE/TIME OF OFFENSE	DATE/TIME OF ARREST	
<input type="checkbox"/> SUMMONS	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED	0	07/21/2009	2050
<p>ON THE ABOVE DATE, DILLON PD WAS DISPATCHED TO TIGER MART ON MAIN AND HIGHWAY #57. UPON ARRIVAL, VICTIM STATED THAT WHILE WALKING ON EAST HAMPTON STREET, THREE BLACK JUVENILES TRIED TO BEAT HIM UP. VICTIM STATES THAT SUSPECT #1 TRIED TO HIT HIM WITH A STICK, SUSPECT #2 PICKED UP A BRICK, AND SUSPECT #3 TOLD THE OTHER TWO TO HIT THAT NIGGER. VICTIM STATES THAT HE WALKED TO TIGER MART TO CALL FOR POLICE.</p>						

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P TYPE (GROUP)			TOTAL VALUE
R			
O			
S			
E			
F			
T			
<input checked="" type="checkbox"/> SUBJECT IDENTIFIED <input type="checkbox"/> NO <input checked="" type="checkbox"/> SUBJECT LOCATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18 <input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER			
1. REASON FOR STOP/NO CLEARANCE		2. NO PROSECUTION	3. EXTRADITION DENIED
4. VICTIM DECLINES COOPERATION		5. JUVENILE - NO CUSTODY	
REPORTING OFFICERS	DATE	UNIT NUMBER	APPROVING OFFICER
ASST CHIEF BOBBY MCLEAN	07/21/2009	210	ASST CHIEF BOBBY MCLEAN
			DATE
			UNIT NUMBER
			202

Rec.on Appeal 627

AGENCY LD.  
SC0370300

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER

2009-07211

NCIC

INO. ENTD.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM					
20 - SERIOUS ARMED ROBBERY		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	02		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Radio, Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.					
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)		ZIP CODE		WEAPON TYPE							
691 HWY 301 NORTH WACHOVIA BANK, DILLON SC		29536		40							
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK		LOCATION NO.				
07/23/2009	1445		07/23/2009	1457	DISP. DATE	DISP. TIME	DEPART. TIME				
					07/23/2009	1500	1500				
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE				
IVEY, CAROLINE		ST		<input checked="" type="checkbox"/> SOU	W	F	27				
ADDRESS		CITY		STATE		ZIP CODE					
629 EDGEWOOD BLVD		DILLON		SC		29536					
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE				
WACHOVIA BANK				<input checked="" type="checkbox"/> SOU	J	S					
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.							
ADDRESS		CITY		STATE		ZIP CODE					
601 HWY 301 NORTH		DILLON		SC		29536					
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -											
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.											
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown											
SUBJECT	SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
	PERSON, UNKNOWN/UNTRACKED		W	M	00	N					
	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.										
	ADDRESS		CITY		STATE		ZIP CODE		LOCATION NO.		
JAIL		SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST			
SUMMONS		DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED 0		07/23/2009		1445			
<p>ON 07-23-2009, OFFICERS RECEIVED A CALL OF A ROBBERY AT THE WACHOVIA BANK. INVESTIGATOR HAYES RESPONDED TO THE LOCATION TO GET A FURTHER DESCRIPTION, WHILE OFFICERS CHECKED AROUND THE AREA. COMPLAINANT STATED THE SUBJECT WAS A WHITE MALE, WEARING A WHITE T-SHIRT AND DARK IN COLOR PANTS, POSSIBLY GREEN IN COLOR. COMPLAINANT STATED THE SUBJECT RAN OUT THE BACK DOOR OF WACHOVIA TO THE BACK OF THE RITE AID PARKING LOT, NEXT DOOR. COMPLAINANT INFORMED OFFICERS THE SUBJECT APPROACHED THE COUNTER, WHERE SHE IS THE TELLER, AND DEMANDED THE TELLER TO GIVE HIM THE MONEY, ONLY HUNDREDS, NO TWENTIES, WITH THE BANDS TAKEN OFF. COMPLAINANT STATED SHE GAVE THE SUBJECT THE MONEY, ALL IN ONE HUNDRED DOLLAR BILLS, ESTIMATED AROUND \$4500.00 ALONG WITH TWO \$50.00 BILLS WHICH WERE THE BAIT MONEY. COMPLAINANT STATED THE SUBJECT RUN OUTSIDE THE BACK TOWARDS THE BACK OF RITE AID'S PARKING LOT. LT LANE MADE CONTACT WITH AN EMPLOYEE AT RITE AID'S WHO STATED SHE DID SEE A WHITE MALE FITTING THE DESCRIPTION OF THE SUBJECT, GET INTO A GREEN IN COLOR FOUR RUNNER, UNKNOWN DIRECTION OF TRAVEL.</p>											

				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY SC0170100				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY			
P	TYPE (GROUP)	20-Money									TOTAL VALUE
R	Summed										
O	Count/Forged										
P	Case Damaged										
E	Recovered										
R	Revised										
T	Summed	4500.00									4500.00
<input type="checkbox"/> SUBJECT DATED <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> SUBJECT LOCATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18 <input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER											
<input type="checkbox"/> REASON FOR DISPOSITION: <input type="checkbox"/> OFFENSE DELETED <input type="checkbox"/> NO PROSECUTION <input type="checkbox"/> EXTRADITION DENIED <input type="checkbox"/> VICTIM DECLINES COOPERATION <input type="checkbox"/> JUVENILE - NO CLETS											
REPORTING OFFICER		DATE	UNIT NUMBER	APPROVING OFFICER				DATE	UNIT NUMBER		
SPC SERGEANT BRUCE		07/23/2009	224	ASST CHIEF BOBBY MCLEAN				07/23/2009	202		
FOLLOW-UP INVESTIGATION OFFICER											
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO											

Rec.on Appeal 628

AGENCY I.D.  
20170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2009-07152

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
2E - WEST FROM COIN OPERATED MACHINE		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	18 12		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc. Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
205 RADFORD BLVD. FOODLION, DILLON SC				29536		
INCIDENT DATE	24 HR. CLOCK	TO DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HRL. CLOCK		LOCATION NO.
07/16/2009	2230	07/17/2009	0710	DISP. DATE	DISP. TIME	DEPART. TIME
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)				RESIDENT	RACE	SEX
BRIDGERS, BOB				J S O U	W	M
ADDRESS				CITY	STATE	ZIP CODE
205 RADFORD BLVD				DILLON	SC	29536
VICTIM'S NAME (LAST, FIRST, MIDDLE)				RESIDENT	RACE	SEX
PEPSI COLA BOTTLING CO				J S O U		
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
ADDRESS				CITY	STATE	ZIP CODE
2499 FLORENCE HARLEY BLVD				FLORENCE	SC	29501
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN --						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
S U B J E C T	SUBJECT NAME (LAST, FIRST, MIDDLE)			RACE	SEX	AGE
	<input checked="" type="checkbox"/> SUSPECT PERSON, UNKNOWN/UNTRACKED			U	U	00
	<input type="checkbox"/> RUNAWAY			FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
	<input type="checkbox"/> WANTED			ADDRESS		
	<input type="checkbox"/> WARRANT			CITY	STATE	ZIP CODE
#	<input type="checkbox"/> ARREST			DATE/TIME OF OFFENSE		DATE/TIME OF ARREST
	<input type="checkbox"/> JAIL			SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input type="checkbox"/> NO		
	<input type="checkbox"/> SUMMONS			DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE: TOTAL # ARRESTED 0		

ON THE ABOVE DATE AND TIME OFFICERS WERE DISPATCHED TO THE ABOVE INCIDENT LOCATION. UPON OFFICERS ARRIVAL THE COMPLAINANT REPORTED THAT BETWEEN THE ABOVE DATES AND TIMES AN UNKNOWN SUSPECT BROKE INTO TWO PEPSI MACHINE. THE DAMAGE TO THE MACHINE ARE VALUED AT \$400. THE AMOUNT OF MONEY TAKEN FROM THE MACHINE IS \$20. INVESTIGATOR JASON TURNER WAS CALLED TO THE SCENE.

N  
A  
R  
R  
A  
T  
I  
V  
E

P TYPE (GROUP)		20-Money	07-Computer	TOTAL VALUE	
R	Burned				
O	Count/Forged				
P	Dist/Damaged		400.00		400.00
E	Recovered				
R	Seized				
T	Stolen	40.00			40.00
Y	Unknown				
A	SUBJECT IDENTIFIED		SUBJECT LOCATED		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED
D	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED
M	REASON FOR EXCEPTIONAL CLEARANCE		OFFENDER DEATH		<input type="checkbox"/> NO PROSECUTION
I	REPORTING OFFICER'S		DATE	UNIT NUMBER	APPROVING OFFICER
H	SGT JEFFREY H COOK		07/17/2009	209	ASST CHIEF BOBBY MCLEAN
I			DATE	UNIT NUMBER	APPROVING OFFICER
S			07/17/2009		202
T			FOLLOW-UP INVESTIGATION OFFICER		<input type="checkbox"/> YES <input type="checkbox"/> NO

Rec.on Appeal 629

AGENCY I.D.  
SC0170180

**DILLON POLICE DEPARTMENT**  
**INCIDENT REPORT**

CASE NUMBER  
**2,009-07116**

NCIC  
ING. ENTD.

INCIDENT TYPE				COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM					
1. 90J - TRESPASSING AFTER NOTICE				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	27		<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input checked="" type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.					
2. 90C - DISORDERLY CONDUCT				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	27							
3. HRP - GIVING FALSE INFO TO POLICE				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	27							
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)						ZIP CODE	WEAPON TYPE						
WALMART SUPERCENTER, DILLON SC						29536							
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK			LOCATION NO.					
07/13/2009	1415		07/13/2009	1433	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME					
					07/13/2009	1433	1438	1510					
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH.	DAYTIME PHONE	EVENING PHONE	
BAILEY, SAMMY				#1 OK	#2	#3	J S O U	W M	26	N	(843) 841-9801	H B	
ADDRESS				CITY		STATE	ZIP CODE	LOCATION NO.					
805 ENTERPRISE RD.				DILLON		SC	29536	01					
VICTIM'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH.	DAYTIME PHONE	EVENING PHONE	
WALMART				#1	#2	#3	J S O U				(843) 841-9800	H B	
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.									
ADDRESS				CITY		STATE	ZIP CODE	LOCATION NO.					
805 ENTERPRISE RD.				DILLON		SC	29536	1A					
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -													
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.													
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown													
SUBJECT	SUBJECT NAME (LAST, FIRST, MIDDLE)				RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
	SAMUEL, SHANTI				B	M	48	N		5-8	185	BLK	BRO
	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.												
	TATTOOS ON RIGHT ARM												
ADDRESS				CITY		STATE	ZIP CODE	LOCATION NO.					
1115 WEST MAIN ST				DILLON		SC	29536	04					
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.				ARRESTED NEAR OFFENSE SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST					
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:				TOTAL # ARRESTED		07/13/2009		1415 07/13/2009 1425					

ON THE ABOVE DATE AND TIME, OFFICER RESPONDED TO THE WALMART SUPERCENTER IN REFERENCE TO A TRESPASSER. CONTACT WAS MADE WITH THE COMPLAINANT, WHO STATED THE ABOVE SUBJECT HAD PREVIOUSLY BEEN ARRESTED AT THE WALMART FOR SHOPLIFTING AND WAS NOT ALLOWED TO BE ON THE PREMISES. AS OFFICER WAS APPROACHING THE SUBJECT WITH THE COMPLAINANT, THE SUBJECT YELLED, "WHAT IS YOUR F\*\*\*\*\* PROBLEM?" SUBJECT WAS ASKED TO LOWER HIS VOICE AND CALM DOWN. SUBJECT BECAME IRATE AND BEGAN TO CAUSE A SCENE. SUBJECT WAS PLACED UNDER ARREST AND CHARGED FOR DISORDERLY CONDUCT. SUBJECT WAS HANDCUFFED TO THE REAR, DOUBLE LOCKED AND CHECKED FOR TIGHTNESS. UPON INVESTIGATION OF THE TRESPASSING, SUBJECT STATED HE HAS NEVER BEEN ARRESTED FOR SHOPLIFTING BEFORE AND WAS NOT TRESPASSING ON THE PREMISES. OFFICER ASKED THE SUBJECT HIS NAME AND HE STATED HIS NAME WAS SHAUN SAMS. COMPLAINANT COULD NOT LOCATE THE FILE ON THE SUBJECT AT THE TIME. LT OWENS ARRIVED ON SCENE AND ASKED THE SUBJECT HIS NAME AND IF HE HAD AN ID. SUBJECT STATED HE DID NOT HAVE AN ID. LT OWENS SEARCHED THE SUBJECT BEFORE THE SUBJECT WAS PLACED IN R/O PATROL VEHICLE. LT OWENS FOUND AND ID CARD IN THE SUBJECT'S FANNY PACK. SUBJECT WAS ALSO CHARGED WITH GIVING FALSE INFO TO POLICE FOR GIVING OFFICERS A WRONG NAME. IT WAS LEARNED THE SUBJECT HAD BEEN ARRESTED PREVIOUSLY FOR SHOPLIFTING AT THE WALMART AND WAS SERVED A TRESPASSING NOTICE. SUBJECT WAS TRANSPORTED TO THE DCCD.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY			
P	TYPE (GROUP)						TOTAL VALUE
R	Burned						
O	Count/Forged						
P	Dest/Damaged						
E	Recovered						
R	Seized						
T	Stolen						
Y	Unknown						
A	SUBJECT IDENTIFIED	SUBJECT LOCATED	<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADMX CLOSED	<input type="checkbox"/> ARRESTED UNDER 13	<input type="checkbox"/> EX-CLEAR UNDER 13		
D	<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 13 AND OVER	<input type="checkbox"/> EX-CLEAR 13 AND OVER		
<input type="checkbox"/> RESOURCES/EXCEPTIONAL CIRCUMSTANCE <input type="checkbox"/> OFFICER DEATH <input type="checkbox"/> NO PROSECUTION <input type="checkbox"/> EXTRADITION DENIED <input type="checkbox"/> VICTIM DECLINES COOPERATION <input type="checkbox"/> INADVISABLE - NO SUICIDE							
REPORTING OFFICERS		DATE	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER
POLICE OFFICER		07/13/2009	224	ASST CHIEF BOBBY MCLEAN		07/13/2009	222
POLICE OFFICER				FOLLOWUP INVESTIGATION OFFICER			
				ONES INC			

Rec.on Appeal 630

AGENCY I.D.  
SC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2009-07120

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1 HRP - HARASSMENT		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Governmental <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
307 E. EARL ST., DILLON SC				29536		
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
07/14/2009	0010		07/14/2009	0012	DISP. DATE	DISP. TIME
						TIME ARRIVED
						DEPART. TIME
						LOCATION NO.
						03
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
WASHINGTON, WHITNEY SIERRA		#1 BG	#2	<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	B	F
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	
307 E. EARL ST.		DILLON	SC	29536	03	
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
WASHINGTON, WHITNEY SIERRA		#1	#2	<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	B	F
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
5-7	140	BLK	BRO			
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	
307 E. EARL ST.		DILLON	SC	29536	03	
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
#1 VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED						
J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT	<input checked="" type="checkbox"/> SUSPECT		SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX
	<input type="checkbox"/> RUNAWAY		TANKSLEY, DWAYNE		B	M
	<input type="checkbox"/> WANTED		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		AGE	ETH.
	<input type="checkbox"/> WARRANT		ADDRESS		DATE OF BIRTH	HEIGHT
<input type="checkbox"/> ARREST		700 GADDY COURT LOT 3		23	N	
<input type="checkbox"/> JAIL		CITY		DATE OF BIRTH	HEIGHT	
<input type="checkbox"/> SUMMONS		DILLON		6-0	170	
		STATE		DATE OF BIRTH	HEIGHT	
		SC		6-0	170	
		ZIP CODE		DATE OF BIRTH	HEIGHT	
		29536		6-0	170	
		LOCATION NO.		DATE OF BIRTH	HEIGHT	
		00		6-0	170	
		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE	DATE/TIME OF ARREST	EYES
		TOTAL # ARRESTED 0		07/14/2009	0010	BLK BRO
		DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:				

ON THE ABOVE DATE AND TIME, R/O WAS DISPATCHED TO THE ABOVE LOCATION IN REFERENCE TO A DOMESTIC DISPUTE. UPON ARRIVING, THE VICTIM STATED THAT THE SUSPECT CAME TO HER RESIDENCE AND KNOCKED ON THE DOOR. THE VICTIM STATED THAT THE SUSPECT WANTED TO COME INSIDE. THE VICTIM TOLD THE SUSPECT THAT HE NEEDED TO LEAVE. THE SUSPECT TOLD THE VICTIM THAT HE WANTED HIS CELL PHONE. THE SUSPECT AND THE VICTIM HAD A PAST RELATIONSHIP BUT ARE NO LONGER TOGETHER. THE VICTIM DOES NOT WISH TO PRESS CHARGES.

P TYPE (GROUP)		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		TOTAL VALUE
R	Burned					
O	Count/Forged					
P	Deft/Damaged					
E	Recovered					
R	Seized					
T	Seized					
Y	Seized					
A	SUBJECT OFFENSE	SUBJECT LOCATED	<input type="checkbox"/> ACTIVE <input checked="" type="checkbox"/> ADM CLOSED	<input type="checkbox"/> ARRESTED UNDER 18	<input type="checkbox"/> EX-CLEAR UNDER 18	
C	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> UNFORCED	<input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR 18 AND OVER	
R	REASON FOR EXCEPTIONAL ISSUANCE	OFFENSE DATE	IC PROSECUTION	EXTRACTION DENS	ACTIV DECLINE COOPERATION	JUVENILE NC OFFENSE
	ISSUING OFFICER	DATE	JAF NUMBER	APPROVING OFFICER	DATE	JAF NUMBER
		07/14/2009	249	ASST CHIEF BOSSY MCLEAN	07/14/2009	212
				POLICE REGISTRATION OFFICER		

Rec.on Appeal 631

AGENCY I.D.  
SC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2009-07124

NCIC  
INC. ENTD

E V E N T	INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc. Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
	1. BUR - BURGLARY / LARCENY		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	24		
	2		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)						ZIP CODE	WEAPON TYPE
TENEIL'S TREASURES, 100 WEST HARRISON STREET, DILLON SC						29536	
INCIDENT DATE		24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
07/14/2009		1000		07/14/2009	1000	07/14/2009	1015 1020 1100
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE
MOODY, DIANA		ST		J	S	O	U
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.	
553 KEMPER CHURCH ROAD		LAKE VIEW		SC	29563	CTY	
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE
TENEILS TREASURES		J		S	O	U	U
HEIGHT		WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.	
100 WEST HARRISON STREET		DILLON		SC	29536	CTY	
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -							
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.							
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown							
S U B J E C T	<input checked="" type="checkbox"/> SUSPECT		SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE
	<input type="checkbox"/> RUNAWAY		PERSON, UNKNOWN/UNTRACKED		U	U	00
	<input type="checkbox"/> WANTED		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				
	<input type="checkbox"/> WARRANT		ADDRESS		CITY	STATE	ZIP CODE
<input type="checkbox"/> ARREST							
<input type="checkbox"/> JAIL		SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE	
<input type="checkbox"/> SUMMONS		DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED 0		DATE/TIME OF ARREST	
						07/14/2009 1000	
N A R R A T I V E	ON THE ABOVE DATE AND TIME, THE ABOVE COMPLAINANT CAME TO THE POLICE DEPARTMENT TO REPORT A BREAK IN AT THE ABOVE INCIDENT LOCATION. THE GLASS WINDOW ON THE RAILROAD AVENUE SIDE OF THE BUSINESS WAS BUSTED OUT WITH A STICK AND ENTRY WAS MADE IN THE BUSINESS. AN EXAM BY THE COMPLAINANT FOUND THAT AT THIS TIME IT APPEARS THAT NOTHING IS MISSING FROM THE BUSINESS. THE WINDOW IS VALUED AT AROUND \$1000.00.						

P TYPE (GROUP)		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY			
R	Burned			77-Other	TOTAL VALUE		
O	Count/Forged						
P	Deft./Damaged						
E	Recovered						
R	Seized						
T	Stolen						
Y	Unknown			1000.00	1000.00		
A	SUBJECT IDENTIFIED		SUBJECT LOCATED		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		
C	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> ARRESTED 18 AND OVER		
REASON FOR EXCEPTIONAL CLEARANCE		OFFENDER DEATH		NO PROSECUTION		EXTRACTION DESIRED	
REPORTING OFFICER		DATE	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER
DEBBIE BRIDGES		07/14/2009	208	ASST CHIEF BOBBY MCLEAN		07/14/2009	222
				FOLLOWUP INVESTIGATION OFFICER			
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

Rec.on Appeal 632

AGENCY I.D.  
IC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2,0,0,9,-,0,7,1,0,4

NCIC  
ING. ENTD

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 13B - ASSAULT - SIMPLE		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	09		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Org. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
MCLEOD OF DILLON, 301 E JACKSON ST, DILLON SC				29536	40	
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
07/11/2009	2250		07/11/2009	2301	DISP. DATE	DISP. TIME
				07/11/2009	2301	2305
					DEPART. TIME	LOCATION NO.
					2330	02
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
CUMMINGS, CYNTHIA ANN		#1 AQ	#2	J	O	U
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
4536 CAROLINA CHURCH ROAD		LITTLE ROCK		SC	29567	CTY
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
CUMMINGS, CYNTHIA ANN		#1 AQ	#2	J	O	U
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
5-2	208	BLK	BRO			
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
4536 CAROLINA CHURCH ROAD		LITTLE ROCK		SC	29567	CTY
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.	DATE OF BIRTH
CHAVIS, DELPHIE GEAN		I	F	40	N	██████████
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	
1811OAKLAND ROAD		HAMER	SC	29547	CTY	
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE	DATE/TIME OF ARREST	
DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK TYPE:		TOTAL # ARRESTED 0		07/11/2009	2250	

ON THE ABOVE DATE AND TIME, OFFICERS RESPONDED TO THE INCIDENT LOCATION IN REFERENCE TO A FIGHT, AT THE REQUEST OF SECURITY. UPON ARRIVAL, OFFICERS SPOKE WITH THE VICTIM WHO STATED THAT SHE WAS AT THE INCIDENT LOCATION WITH HER BOYFRIEND, WHO HAD BEEN TAKEN TO THE HOSPITAL BY AMBULANCE, WHEN THE SUSPECT APPROACHED HER INSIDE TRIAGE, AND STRUCK THE VICTIM IN THE FACE WITH HER FIST. AT THAT POINT, THE VICTIM AND SUSPECT BEGAN FIGHTING, AND WERE BROKEN APART BY SECURITY. SUSPECT LEFT PRIOR TO OFFICER ARRIVAL. THE SUSPECT IS THE WIFE OF THE VICTIM'S BOYFRIEND. THE VICTIM IS ALSO PREGNANT AT THIS TIME BY HER BOYFRIEND. THE VICTIM STATES SHE HAS HARASSMENT PAPERS AGAINST THE SUSPECT. THE VICTIM STATES SHE WISHES TO PRESS CHARGES.

P TYPE (GROUP)		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		TOTAL VALUE
Burned						
Count/Forged						
Dist/Damaged						
Recovered						
Seized						
Stolen						
Unknown						
SUBJECT IDENTIFIED		SUBJECT LOCATED		ACTIVE		ARRESTED UNDER 18
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> CONFUSED		<input type="checkbox"/> ARRESTED 18 AND OVER
REASON FOR DISQUALIFICATION		OFFENSE TYPE		OFFENSE DATE		ARREST DATE
REPORTING OFFICER		DATE		APPROVING OFFICER		DATE
CP ORSAL G MORRIS		07/11/2009		JASSY CHEF BOBBY MCLEAK		07/11/2009

Rec.on Appeal 633

AGENCY LD.  
00170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER

2009-07111

NOCC

INO. EXT.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. HIT - HIT AND RUN		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	18 12		<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
W MAIN ST CARL'S FOOD CENTER, DILLON SC				29536		
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
07/10/2009	1000		07/10/2009	1200	DISP. DATE	DISP. TIME
					07/13/2009	1117
					TIME ARRIVED	DEPART. TIME
					1117	1135
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)				RESIDENT	RACE	SEX
GURLEY, MAGGIE				<input checked="" type="checkbox"/> J <input type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	B	F
RELATIONSHIP TO SUBJECT				AGE	ETH.	DAYTIME PHONE
RU				57	N	(843) 774-2341
ADDRESS				CITY	STATE	ZIP CODE
800 EAST STREET				DILLON	SC	29536
LOCATION NO.				LOCATION NO.		
04				04		
VICTIM'S NAME (LAST, FIRST, MIDDLE)				RESIDENT	RACE	SEX
SOCIETY/PUBLIC				<input checked="" type="checkbox"/> J <input type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U		
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
ADDRESS				CITY	STATE	ZIP CODE
LOCATION NO.				LOCATION NO.		
VISIBLE INJURY (VCT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED						
J - This Jurisdiction S - State O - Out of State U - Unknown						
S U S P E C T	<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)			RACE	SEX
	<input type="checkbox"/> RUNAWAY	PERSON, UNKNOWN/UNTRACKED			U	U
	<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.			AGE	ETH.
	<input type="checkbox"/> WARRANT	ADDRESS			DATE OF BIRTH	HEIGHT
	<input type="checkbox"/> ARREST	CITY			WEIGHT	HAIR
<input type="checkbox"/> JAIL	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.			ARRESTED NEAR OFFENSE SCENE	DATE/TIME OF OFFENSE	
<input type="checkbox"/> SUMMONS	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE/TIME OF ARREST	
			TOTAL # ARRESTED	0	07/10/2009	
				1000		

ON THE ABOVE DATE AND TIME, OFFICER MET WITH THE COMPLAINANT / VICTIM, AT THE POLICE DEPT IN REFERENCE TO A HIT AND RUN. VICTIM STATED SHE WAS AT THE CARL'S FOOD CENTER ON 07-10-09 AND BELIEVES THE INCIDENT OCCURRED AT THAT LOCATION. VICTIM STATED SHE PARKED ON THE SIDE OF THE BUILDING ON THAT DAY AND ON 07-11-09, THE VICTIM NOTICED DAMAGES TO THE RIGHT REAR BUMPER. OFFICER OBSERVED A CUT IN THE BUMPER, RIGHT REAR. SC TAG # U16275, 1999 CADILAC, WHITE IN COLOR, VIN 1G6KD54Y2XU739516.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P TYPE (GROUP)	03-Motor Vehicle -		TOTAL VALUE
R Burned			
O Count/Forged			
P Dest/Damaged	500.00		500.00
E Recovered			
R Seized			
T Stolen			
Y Unknown			
SUBJECT IDENTIFIED		SUBJECT LOCATED	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
ACTIVE		ADJ. CASE	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
REASON FOR DEPT. CLEARANCE		REASON FOR DEPT. CLEARANCE	
<input type="checkbox"/> OFFICER DEPT.		<input type="checkbox"/> OFFICER DEPT.	
REPORTING OFFICERS		DATE	
PFC SARA JEAN BRADLEY			

Rec.on Appeal 634

ENCL ID  
2070100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-07078

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE OF CALL
1. 240 - CARJACKING		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	18 07		<input type="checkbox"/> Industrial <input type="checkbox"/> Business <input type="checkbox"/> Residential <input type="checkbox"/> Government <input type="checkbox"/> Police Dept. <input type="checkbox"/> Soc. Sec. <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Ct
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
613 RADFORD BLVD (MURPHYS), DILLON SC				29536		
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
07/09/2009	0030		07/09/2009	0035	07/09/2009	0035
				0038	0130	LOCATION NO
						1A
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
HERNDON, LINDA M		ST		J	S	U
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
597 EAST COXE RD		BLENHEIM		SC	29516	00
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
HERNDON, LINDA M		ST		J	S	U
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
5-4	125	BRO	GRN			
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
597 EAST COXE RD		BLENHEIM		SC	29516	00
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/PLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
3 J 3 J M E T # 1	<input checked="" type="checkbox"/> SUSPECT		SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX
	<input type="checkbox"/> RUNAWAY		MCMILLAN, RANDALL		B	M
	<input type="checkbox"/> WANTED		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		21	N
	<input type="checkbox"/> WARRANT		ADDRESS		DATE OF BIRTH	HEIGHT
	<input checked="" type="checkbox"/> ARREST		1409 EAST CALHOUN STREET		6-1	150
<input type="checkbox"/> JAIL		CITY		WEIGHT	HAIR	EYES
<input type="checkbox"/> SUMMONS		DILLON		6-1	BLK	BRO
<input type="checkbox"/> JAIL		STATE		DATE/TIME OF OFFENSE	DATE/TIME OF ARREST	
<input type="checkbox"/> JAIL		SC		07/09/2009 0030	07/09/2009 0100	
<input type="checkbox"/> JAIL		ZIP CODE		TOTAL # ARRESTED		
<input type="checkbox"/> JAIL		29536		1		
<input type="checkbox"/> JAIL		LOCATION NO.				
<input type="checkbox"/> JAIL		03				
<p>ON THE ABOVE DATE AND TIME, THE R/O RESPONDED TO THE ABOVE LOCATION IN REFERENCE TO A CARJACKING. UPON ARRIVAL, THE VICTIM STATED SHE PULLED UP TO THE STORE AND AS SHE WAS ABOUT TO GET OUT THE VEHICLE, A BLACK MALE GRABBED THE VICTIM BY THE ARM AND PULLED HER OUT THE VEHICLE. THE SUBJECT THEN DROVE OFF DOWN ENTERPRISE RD TOWARD MAIN ST. THE VEHICLE IS A TAN IN COLOR CHEVY MALIBU, SC TAG BBU875. THE SUBJECT WAS DESCRIBED AS A LIGHT SKIN BLACK MALE ABOUT SIX FEET TALL. WHILE THE R/O WAS TAKING THE VICTIMS INFORMATION, THE R/O HAD PFC MACIEL TO CHECK THE APARTMENTS ON MCKENZIE RD. PFC MACIEL THEN ADVISED THE R/O THE VEHICLE WAS LOCATED AT DILLON MANOR PARKED IN FRONT OF THE (P) UNIT. THE R/O ALONG WITH THE VICTIM THEN ARRIVED AT THE APARTMENTS. THE R/O WENT TO THE TWO GROUND UNITS FIRST, BUT THERE WAS NO ANSWER AT EITHER DOOR. AS THE R/O WAS ABOUT TO WALK UP THE STAIRS, A FEMALE PARTY CAME OUT OF APARTMENT P-8. THE FEMALE'S NAME WAS A MS SHQUITIA DAVIS. MS DAVIS HAD THE KEYS TO THE VEHICLE AND ASKED THE R/O IF THOSE WERE THE KEYS THAT THE R/O WAS LOOKING FOR. THE R/O ADVISED MS DAVIS YES AND THAT THE DRIVER WAS ALSO NEEDED. MS DAVIS STATED THE SUBJECT WAS IN THE BED ROOM. THE R/O FOLLOWED MS DAVIS TO THE BED ROOM AND LOCATED THE SUBJECT IN THE BED. THE SUBJECT DID FIT THE DESCRIPTION THE VICTIM GAVE. AS THE R/O AND THE SUBJECT WAS WALKING OUT, THE VICTIM CONFIRMED THAT THE SUBJECT TOOK HER VEHICLE. THE SUBJECT WAS PLACED UNDER ARREST, CUFFS DOUBLE LOCKED AND CHECKED FOR TIGHTNESS. THE SUBJECT WAS ALSO ADVISED OF MIRANDA RIGHTS. THE SUBJECT ADMITTED TO BEING IN THE VEHICLE, BUT ONLY CATCHING A RIDE. THE SUBJECT WAS THEN TRANSPORTED TO DCDC BY PFC GRAHAM. A WARRANT WILL BE SECURED.</p>						
P TYPE (GROUP)		03-Motor Vehicle -		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY SC0170100		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY SC0170100
R	Blamed					TOTAL VALUE
O	Contn/Forged					
P	Dest/Damaged					
E	Recovered	7000.00				7000.00
R	Seized					
T	Stolen	7000.00				7000.00
Y	Unknown					
A	SUBJECT IDENTIFIED		SUBJECT LOCATED		<input type="checkbox"/> ACTIVE	<input type="checkbox"/> ADM. CLOSED
D	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED UNDER 14
M	REASON FOR EXCEPTIONAL CLEARANCE:		1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRAORDINARY		<input type="checkbox"/> ARRESTED 14 AND OVER	<input type="checkbox"/> 14-CLEAR UNDER 14
I	REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER	DATE
N	GPL ERIC POSTON		07/09/2009	215	ASST CHIEF BOBBY MOLENAAR	07/09/2009
S					FOLLOW UP INVESTIGATION OFFICER	
T					DYES BNC	

Rec.on Appeal 635

2009  
07/09

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER

2009-07079

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1 HAR - HARASSMENT		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	18 13		<input type="checkbox"/> Unknown <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst <input type="checkbox"/> Government <input type="checkbox"/> Relig. Org. <input type="checkbox"/> Soc. Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off
2		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
205 W HOWARD ST., DILLON SC				29536		
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
07/07/2009	2130		07/09/2009	2100	DISP. DATE	DISP. TIME
				07/09/2009	1001	1004
					1015	LOCATION NO
						04
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
GRAVES, DERRICK		AQ		<input checked="" type="checkbox"/> S	O	U
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
1937 HWY 9 WEST		DILLON		SC	29536	04
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
GRAVES, DERRICK				<input checked="" type="checkbox"/> S	O	U
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
5-9	253	BLK	BRO			
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
1937 HWY 9 WEST		DILLON		SC	29536	04
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
VICTIM (NO 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.	DATE OF BIRTH
COTTINGHAM, STEWART		W	M	67	N	
FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
107 WEST HAMPTON STREET		DILLON		SC	29536	
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST		
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED		07/07/2009 2130		
		0				

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P	TYPE (GROUP)		TOTAL VALUE
R	Burned		
O	Count/Forged		
P	Dist./Damaged		
E	Recovered		
R	Seized		
T	Stolen		
Y	Unknown		
SUBJECT IDENTIFIED		SUBJECT LOCATED	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADJ. CLOSED		<input type="checkbox"/> UNFOUNDED	
<input type="checkbox"/> ARRESTED UNDER '85		<input type="checkbox"/> ARRESTED UNDER '85 AND OVER	
<input type="checkbox"/> ARRESTED UNDER '85		<input type="checkbox"/> ARRESTED UNDER '85 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE. 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTOR 3. <input type="checkbox"/> EXTRACTION DONE 4. <input type="checkbox"/> NO BAILING COPIES 5. <input type="checkbox"/> UNABLE TO LOCATE			
REPORTING OFFICER(S)		DATE	OFF. USE
CPL LOUIS BARFIELD		07/09/2009	217
APPROVING OFFICER		DATE	OFF. USE
ASST CHIEF BOBBY MC SAH		07/09/2009	217

Rec.on Appeal 636

RECEIVED  
78200

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER

2,009-07081

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE OF VEHICLE
1. 138 - ASSAULT - SIMPLE		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	12		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Government <input type="checkbox"/> Religious <input type="checkbox"/> Social Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Of
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
400 W. MAIN ST. CARL'S FOOD CENTER, DILLON SC				29536	40	
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
07/01/2009	1600		07/01/2009	1700	DISP. DATE	DISP. TIME
				07/09/2009	1315	1317
					DEPART. TIME	1345
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT	RESIDENT	RACE
MILLER, CHRISTINA LEA				#1 BG #2 #3	<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	W
ADDRESS				CITY	STATE	ZIP CODE
1212 HWY. 34 WEST				DILLON	SC	29536
VICTIM'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT	RESIDENT	RACE
MILLER, CHRISTINA LEA				#1 BG #2 #3	<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	W
ADDRESS				CITY	STATE	ZIP CODE
1212 HWY. 34 WEST				DILLON	SC	29536
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
5-7	185	BRO	BLU			
ADDRESS				CITY	STATE	ZIP CODE
1212 HWY. 34 WEST				DILLON	SC	29536
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)				RACE	SEX
<input type="checkbox"/> RUNAWAY	CAULDER, JEFFERY CHARLES				W	M
<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				AGE	ETH.
<input type="checkbox"/> WARRANT					26	N
<input type="checkbox"/> ARREST	ADDRESS				DATE OF BIRTH	HEIGHT
<input type="checkbox"/> JAIL	201 HARTLEY CT.					5-9
<input type="checkbox"/> SUMMONS	CITY				WEIGHT	HAIR
				LATTA	200	BRO
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				STATE	ZIP CODE	EYES
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE: TOTAL # ARRESTED 0				SC	29536	BRO
				DATE/TIME OF OFFENSE	DATE/TIME OF ARREST	
				07/01/2009	1600	

ON THE ABOVE DATE AND TIME, R/O WAS DISPATCHED TO THE ABOVE LOCATION IN REFERENCE TO A DOMESTIC DISPUTE. UPON ARRIVING, THE VICTIM STATED THAT SHE WALKED IN TO CARL'S FOOD CENTER TO GET SOME GROCERIES. WHEN THE VICTIM WAS WALKING OUT THE DOOR, THE SUSPECT TRIED TO TRIP HER WITH HIS CRUTCH. THE SUSPECT THEN STARTED ARGUING WITH THE VICTIM AND PUSHED THE VICTIM INTO THE DOOR. THE VICTIM DOES NOT WISH TO PRESS CHARGES ON THE SUSPECT.

P TYPE (GROUP)		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
R Burned					TOTAL VALUE
O Count/Forged					
P Destroy/Damaged					
E Recovered					
R Seized					
T Stolen					
Y Unknown					
SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SUBJECT LOCATED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> ACTIVE <input checked="" type="checkbox"/> ADM CLOSED	
				<input type="checkbox"/> UNFOUNDED	
				<input type="checkbox"/> ARRESTED UNDER 'E' <input type="checkbox"/> ARRESTED 'E' AND OVER	
				<input type="checkbox"/> EA-CLEAR UNDER 'E' <input type="checkbox"/> EV-CLEAR 'E' AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXPIRATION DENIED 4. <input type="checkbox"/> NEW DECLINE COOPERATION 5. <input type="checkbox"/> UNABLE TO LOCATE					
REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER	DATE
PFC WILLIE BERRY		07/09/2009	219	ASST CHIEF BOBBY MCLEAN	07/09/2009
				POLICE INVESTIGATOR OFFICER	
				DATE	UNIT NUMBER

Rec.on Appeal 637

7-1000  
7-1000

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER

2009-07082

NOC

INC 2009

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 138 - ASSAULT WIA DEADLY WEAPON		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc. Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
1046 MCKENZIE RD. APT. L-4, DILLON SC				29536	90	
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
07/08/2009	2100		07/08/2009	2110	DISP. DATE	DISP. TIME
				07/09/2009	1629	1633
					DEPART. TIME	1700
					LOCATION NO.	
					04	
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
JOHNSON, TIFFANY		AQ		<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	B	F
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
1046 MCKENZIE RD APT. L-4		DILLON		SC	29536	04
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
JOHNSON, TIFFANY		AQ		<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	B	F
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
5-5	160	BRO	BRO			
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
1046 MCKENZIE RD APT. L-4		DILLON		SC	29536	04
VISIBLE INJURY (MCT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.	DATE OF BIRTH
SHORT, ELBONY		B	F	20-25	N	
FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		HEIGHT	WEIGHT	HAIR	EYES	
		5-6	140	BLK	BRO	
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
		DILLON		SC	29536	
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST		
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED		07/08/2009 2100		
		0				

ON THE ABOVE DATE AND TIME, R/O WAS DISPATCHED TO THE POLICE DEPT. TO SPEAK WITH A SUBJECT IN REFERENCE TO SOMEONE POINTING A FIREARM AT HER. UPON ARRIVING, THE VICTIM STATED THAT SHE WAS SITTING OUTSIDE OF HER RESIDENCE WITH HER KIDS WHEN THE SUSPECT CAME UP TO HER AND STARTED ARGUING. THE VICTIM STATED THAT THE SUSPECT THEN PULLED A BLACK IN COLOR HAND GUN AND POINTED IT AT THE VICTIM. THE SUSPECT TOLD THE VICTIM THAT SHE WAS GOING TO PUT A BULLET IN HER HEAD. THE VICTIM WISHES TO PRESS CHARGES ON THE SUSPECT.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P TYPE (GROUP)			TOTAL VALUE
R Burned			
O Count/Forged			
P Dest/Damaged			
E Recovered			
R Seized			
T Stolen			
Y Unknown			
SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SUBJECT LOCATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM CLOSED		<input type="checkbox"/> ARRESTED UNDER '11 <input type="checkbox"/> ARRESTED '15 AND OVER	
<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> EX-CLER UNDER '11 <input type="checkbox"/> EX-CLER '15 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRAJURIS DEATH 4. <input type="checkbox"/> WITH BOUNDARY CORPORATOR 5. <input type="checkbox"/> LITIGANT IN DEBT			
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER
PFC WILLIE BERRY	07/09/2009	219	ASST CHIEF BOBBY MCLEAN
FOLLOW UP NARRATOR PFC [Signature]			

Rec.on Appeal 638

App'x 640

AGENCY ID  
SC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2,0,0,9,-0,7,0,9,0

NCIC  
INO. ENTD

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. HIT - HIT AND RUN	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	18 12		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst <input type="checkbox"/> Government <input type="checkbox"/> Relig. Org. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER) CARL'S FOOD CENTER 400 WEST MAIN STREET, DILLON SC ZIP CODE 29536 WEAPON TYPE

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK				LOCATION NO.
07/10/2009	1115		07/10/2009	1126	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME	01
					07/10/2009	1126	1129	1135	

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE
HUGGINS, STEPHEN CARROL	#1 RU #2 #3	J	O U	W M	53	N	(843) 774-6969	H B
ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.				
2207 SEA HORSE DR. LOT-15	DILLON	SC	29536	CTY				

VICTIM'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE
HUGGINS, STEPHEN CARROL	#1 #2 #3	J	O U	W M	53	N	(843) 774-6969	H B

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				
5-11	205	GRY	BRO					

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
2207 SEA HORSE DR. LOT-15	DILLON	SC	29536	CTY

VISIBLE INJURY (VICT. 1)  YES  NO EXPLAIN -

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

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

<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)	RACE	SEX	AGE	ETH	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
<input type="checkbox"/> RUNAWAY	PERSON, UNKNOWN/UNTRACKED	U	U	00	U				XXX	XXX
<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.									

<input type="checkbox"/> WARRANT	ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
<input type="checkbox"/> ARREST					00

<input type="checkbox"/> JAIL	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK	ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE/TIME OF OFFENSE	DATE/TIME OF ARREST
<input type="checkbox"/> SUMMONS	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK TYPE:	TOTAL # ARRESTED 0	07/10/2009 1115	

ON THE ABOVE DATE AND TIME R/O WAS DISPATCHED TO AN AUTOMOBILE ACCIDENT IN THE PARKING LOT OF THE INCIDENT LOCATION. UPON ARRIVAL THE VICTIM STATED HE AND HIS WIFE WERE IN CARL'S SHOPPING. HE STATED WHEN THEY GOT BACK TO THEIR VEHICLE THEY NOTICED THEY HAD DAMAGE TO THE RIGHT REAR QUARTER PANEL AND THE BUMPER. THE VEHICLE IS A 1999 TOYOTA. THE VEHICLE IS INSURED WITH STATE FARM. THE DAMAGE IS ESTIMATED AT \$500.00. THERE IS NO INFORMATION ON THE OTHER VEHICLE AT THIS TIME.

P		TYPE (GROUP)		03-Motor Vehicle -		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		TOTAL VALUE	
R		Sumed									
O		Count/Forged									
P		Dist/Damaged		500.00						500.00	
E		Recovered									
R		Seized									
T		Stolen									
Y		Unknown									
A		SUBJECT IDENTIFIED		SUBJECT LOCATED		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM CLOSED		<input type="checkbox"/> ARRESTED UNDER 18		<input type="checkbox"/> EX-CLEAR UNDER 18	
D		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR 18 AND OVER	
M		REASON FOR EXCEPTIONAL CLEARANCE		<input type="checkbox"/> OFFENDER DEATH <input type="checkbox"/> VC PROSECUTION <input type="checkbox"/> EXTRAJURISDICTION		<input type="checkbox"/> EXTRAJURISDICTION		<input type="checkbox"/> ACTV DELINQ OPERATOR		<input type="checkbox"/> ABANDONED CUST	
I		REPORTING OFFICER'S		DATE		UNIT		SPRING OFFICE		OFFICE	
N		PFC RAY MCPHATTER		07/10/2009		221		ASST CHIEF BOBBY WOLFE		SPRING OFFICE	
E											

Rec.on Appeal 639

LD  
1110

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-07036

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
ASSAULT - SIMPLE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	18 05		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
ASSAULT - AGGRAVATED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	13		
ASSAULT - SEXUAL	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			

APPROXIMATE APARTMENT AND NUMBER, STREET NAME AND NUMBER  
1000 WEST BARRISON STREET, DILLON SC

ZIP CODE 29536 WEAPON TYPE 40

24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK			LOCATION NO.
0115		07/05/2009	0115	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME
				07/05/2009	0115	0117	0130

VICTIM'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE
J. MICHAEL	#1	#2	#3	<input checked="" type="checkbox"/> YES	J	W	24	N		

CITY	STATE	ZIP CODE	LOCATION NO.
HAMER	SC	29547	CTY

VICTIM'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE
J. MICHAEL	#1	#2	#3	<input checked="" type="checkbox"/> YES	J	W	24	N		

HT	WGT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.							
1	180	BRO	HAZ								

CITY	STATE	ZIP CODE	LOCATION NO.
HAMER	SC	29547	CTY

INJURY (VICT. 1)  YES  NO EXPLAIN -

INJURY (VICT. 2) USING: ALCOHOL:  YES  NO  UNK. DRUGS:  YES  NO  UNK.

VEHICLE:  ONE-MAN VEH.  DETECTIVE/SPLASMT.  OTHER  ALONE  ASSISTED

J - This Jurisdiction S - State O - Out of State U - Unknown

SUBJECT NAME (LAST, FIRST, MIDDLE)	RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
SCOTT, AMBER	W	F	19	N		5-4	145	BRO	BLU

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

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
211 CATAWBA DRIVE	DILLON	SC	29536	CTY

SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.	ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE/TIME OF OFFENSE	DATE/TIME OF ARREST
DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. TYPE:	TOTAL # ARRESTED 0	07/05/2009	0115

ON THE ABOVE DATE AND TIME R/O WAS DISPATCHED TO THE INCIDENT LOCATION. UPON ARRIVAL VICTIM #1 STATED HE SEEN SUSPECT #1 PARKED SO HE WENT TO CHECK ON HER. HE STATED THEY USE TO BE BOY / GIRLFRIEND. HE STATED THATS WHEN SHE PUNCHED HIM. HE STATED HE DID NOT WANT TO PRESS CHARGES HE JUST WANTED HER TO LEAVE HIM ALONE. VICTIM #2 STATED THAT SUSPECT #2 WILL NOT LEAVE HER ALONE. SHE STATED THAT THEY USE TO BE BOYFRIEND / GIRLFRIEND. SHE STATED THAT HE WILL NOT STOP CALLING HER AND SENDING HER TEXT MESSAGES. SHE STATED WHILE SHE WAS AT THE STABLES HE WAS RIDING BY AND THEN HE PARKED AND WAITED FOR HER TO LEAVE. SHE STATED HE FOLLOWED HER FROM THE STABLES TO HER HOME (INCIDENT LOCATION); AND KEPT RIDING BY UNTIL SHE STARTED TO LEAVE. SHE STATED WHEN SHE STARTED TO LEAVE HE PULLED UP TO HER VEHICLE AND STARTED HARASSING HER. SHE STATED THATS WHEN SHE SLAPPED HIM. SHE STATED THAT HE HAS BURNED ITEMS THAT HE WOULD NOT LET HER GET FROM HIS RESIDENCE. SHE STATED SHE WANTS TO TALK TO THE POLICE ABOUT THE ONGOING INCIDENTS.

WHILE R/O WAS TALKING TO VICTIM #2, SUSPECT #2 WAS STEADING CALLING AND SENDING HER TEXT MESSAGES.

GROUP	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY	JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	TOTAL VALUE

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

UNFOUNDED  ARRESTED 18 AND OVER  EX-CLEAR 18 AND OVER

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

REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
RAY MCPHATTER	07/05/2009	221	ASST CHIEF BOBBY MCLEAN	07/05/2009	202
FOLLOW-UP INVESTIGATION OFFICER					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					

Rec.on Appeal 640

AGENCY LD.  
SC1170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2009-07037

INC. ENTO.

INCIDENT TYPE <b>SC - ASSAULT - NEGOTIATION</b>	COMPLETED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	FORCED ENTRY <input type="checkbox"/> YES <input type="checkbox"/> NO	PREMISE TYPE 20	UNITS ENTERED	TYPE VICTIM <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
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OFFENSE(S) (SUBJECT'S APARTMENT AND NUMBER, STREET NAME AND NUMBER)  
327 BEAUFORT ST., DILLON SC

INCIDENT DATE 07/05/2009	24 HR. CLOCK 0300	TO	DATE 07/05/2009	24 HR. CLOCK 0305	DISPATCH DATE 07/05/2009	TIME 0308	24 HR. CLOCK 0312	DEPART. TIME 0320	LOCATION NO. 04
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COMPLAINANT'S NAME (LAST, FIRST, MIDDLE) DAVIS, MALACHI	RELATIONSHIP TO SUBJECT ST	RESIDENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	RACE S	SEX O	AGE 32	ETH N	DAYTIME PHONE (843) 774-1877	EVENING PHONE
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ADDRESS 327 BEAUFORT ST.	CITY DILLON	STATE SC	ZIP CODE 29536	LOCATION NO. 04
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VICTIM'S NAME (LAST, FIRST, MIDDLE) DAVIS, MALACHI	RELATIONSHIP TO SUBJECT BG	RESIDENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	RACE S	SEX O	AGE 32	ETH N	DAYTIME PHONE (843) 774-1877	EVENING PHONE
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HEIGHT 5-72	WEIGHT 200	HAIR BLK	EYES BRO	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
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ADDRESS 327 BEAUFORT ST.	CITY DILLON	STATE SC	ZIP CODE 29536	LOCATION NO. 04
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VISIBLE INJURY (VICT. 1)  YES  NO EXPLAIN --  
 VICTIM (NO. 1) USING: ALCOHOL:  YES  NO  UNK. DRUGS:  YES  NO  UNK.  
 TWO-MAN VEH.  ONE-MAN VEH.  DETECTIVE/SPLASMT.  OTHER  ALONE  ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown

<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE) PAGE, VERSIE	RACE B	SEX F	AGE 32	ETH N	DATE OF BIRTH	HEIGHT 5-4	WEIGHT 120	HAIR BLK	EYES BRO
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<input type="checkbox"/> RUNAWAY	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
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<input type="checkbox"/> WARRANT	ADDRESS 1134 MANNING STREET	CITY DILLON	STATE SC	ZIP CODE 29536	LOCATION NO.
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<input type="checkbox"/> JAIL	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE/TIME OF OFFENSE 07/05/2009 0300	DATE/TIME OF ARREST
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<input type="checkbox"/> SUMMONS	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE: TOTAL # ARRESTED 0	DATE/TIME OF OFFENSE 07/05/2009 0300	DATE/TIME OF ARREST
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ON THE ABOVE DATE AND TIME R/O WAS GIVEN A CALL TO SPEAK WITH COMPLAINANT, ABOUT HIS WIFE THAT HAD NOT BEEN LIVING THERE WITH HIM FOR OVER A MONTH. THE COMPLAINANT TOLD THE R/O THAT HE AND HIS GIRL FRIEND WAS THERE AND THE WIFE CAME UP THERE TO START TROUBLE, SO HE WOULD NOT OPEN THE DOOR. THE WIFE WENT TO THE BACK DOOR WITH A SCREW DRIVER, CAME IN YELLING AND THE VICTIM CALL 911 AND THE WIFE LEFT.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P	TYPE (GROUP)		TOTAL VALUE
R	Burned		
O	Count/Forged		
P	Dest/Damaged		
E	Recovered		
R	Seized		
T	Stolen		
Y	Unknown		
A	SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SUBJECT LOCATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED <input type="checkbox"/> UNFOUNDED
D	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY		<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> ARRESTED 18 AND OVER
M	REPORTING OFFICER(S) CPL LOUIS BARFIELD	DATE 07/05/2009	UNIT NUMBER 217
I	APPROVING OFFICER ASST CHIEF BOBBY MCLEAN	DATE 07/05/2009	UNIT NUMBER 202
N	FOLLOW-UP INVESTIGATION OFFICER <input type="checkbox"/> YES <input type="checkbox"/> NO		
S	REPORTING OFFICER(S) PFC RAY MCPHATTER	DATE 07/05/2009	UNIT NUMBER 221

Rec.on Appeal 641

AGENCY I.D.  
IC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER

2009-07048

NCC

INO EXT3

INCIDENT TYPE				COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM						
1. 220 - ATTEMPTED BURGLARY II				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	11		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.						
2.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO									
3.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO									
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)						ZIP CODE	WEAPON TYPE							
206 WEST HAMPTON ST., DILLON SC						29536								
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK			LOCATION NO.						
07/06/2009	0355		07/06/2009	0650	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME						
					07/06/2009	1657	0659	0755						
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE (843) 774-1415	EVENING PHONE		
GRICE, CARROLL				ST			S	O	W	M	64	N		
ADDRESS				CITY		STATE	ZIP CODE	LOCATION NO.						
206 WEST HAMPTON ST.				DILLON		SC	29536	04						
VICTIM'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE (843) 774-4000	EVENING PHONE		
DILLON COUNTY, COUNCIL							J	S	O	U				
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.										
ADDRESS				CITY		STATE	ZIP CODE	LOCATION NO.						
POST OFFICE 449 / 109 SOUTH 3RD AVENUE				DILLON		SC	29536	04						
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -														
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK														
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown														
SUBJECT NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT		RACE	SEX	AGE	ETH	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
<input checked="" type="checkbox"/> SUSPECT						U	U	00	U					
<input type="checkbox"/> RUNAWAY						PERSON, UNKNOWN/UNTRACKED								
<input type="checkbox"/> WANTED						FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.								
<input type="checkbox"/> WARRANT														
<input type="checkbox"/> ARREST														
<input type="checkbox"/> JAIL														
<input type="checkbox"/> SUMMONS														
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK				ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE			DATE/TIME OF ARREST					
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK TYPE:				TOTAL # ARRESTED 0		07/06/2009 0355								

ON THE ABOVE DATE AND TIME, R/O WAS GIVEN A CALL TO SPEAK WITH MR. GRICE (COMPLAINANT) ABOUT SOMEONE TRYING TO BREAK INTO THE COUNTY COUNCIL COMPLEX WHERE SUPPLIES WERE KEPT. IT IS BELIEVED THAT THE SUSPECT(S) DID NOT GAIN ENTRY, AS NOTHING HAS BEEN REPORTED MISSING. THE COMPLAINANT ADVISED THAT EVERYTHING WAS IN PLACE JUST AS HE HAD LEFT IT. THE SIDE WINDOW OF THE OFFICE WAS SHATTERED AND THE FRAME DAMAGED. DAMAGE OF WINDOW IS ESTIMATED AT APPROXIMATELY \$500.00.

				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY				
P	TYPE (GROUP)	33-Structure -										TOTAL VALUE
R	Burned											
O	Count/Forged											
P	Dest/Damaged	500.00										500.00
E	Recovered											
R	Seized											
T	Stolen											
Y	Unknown											
A	SUBJECT IDENTIFIED		SUBJECT LOCATED		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18		<input type="checkbox"/> EX-CLEAR UNDER 18			
D	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR 18 AND OVER			
M	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> A.V.S. - NO SLEPP											
K	REPORTING OFFICER(S)			DATE	UNIT NUMBER	APPROVING OFFICER			DATE	SIGNATURE		
I	CPL LOUIS BARFIELD			07/06/2009	217	ASST CHIEF BOBBY MCLEAN			07/06/2009	[Signature]		
S	PFC RAY WICKHAM			07/06/2009	221	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO LT LORENZO OWENS			07/06/2009	[Signature]		

Rec.on Appeal 642

App'x 644

AGENCY I.D.  
IC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2009-07049

NOC  
INO EXT

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 979 - MISSING PERSONS		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	12		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
205 RADFORD BLVD. FOOD LION, DILLON SC				29536		
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME IN HR. CLOCK	
07/05/2009	1200		07/06/2009	0700	DISP. DATE	DISP. TIME
				07/06/2009	0712	0715
					DEPART. TIME	0800
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
LEE, MONICA RUTH		#1 ST	#2	<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	W	F
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	
1257 DON CT.		DILLON	SC	29536	1A	
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
THOMAS, JOSEPH A JR.		#1	#2	<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	B	M
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
5-11	215	BLK	BRO			
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	
		LOS ANGELES	CA	90027		
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT	<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)			RACE	SEX
	<input type="checkbox"/> RUNAWAY	PERSON, UNKNOWN/UNTRACKED			U	U
	<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				
	<input type="checkbox"/> WARRANT	ADDRESS		CITY	STATE	ZIP CODE
<input type="checkbox"/> ARREST						LOCATION NO.
<input type="checkbox"/> JAIL	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					DATE/TIME OF OFFENSE
<input type="checkbox"/> SUMMONS	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED		0	DATE/TIME OF ARREST
					07/05/2009	1200

ON THE ABOVE DATE AND TIME, R/O WAS DISPATCHED TO THE ABOVE LOCATION IN REFERENCE TO A WELFARE CHECK. UPON ARRIVING, THE COMPLAINANT STATED THAT SHE NOTICED A LIGHT SKINNED BLACK MALE CARRYING A RED AND YELLOW DUFFLE BAG STANDING UNDER THE SHELTER AT FOOD LION. THE COMPLAINANT STATED THAT WHEN SHE CAME BACK TO WORK THE NEXT DAY, SHE NOTICED THAT THE VICTIM WAS GONE BUT HIS DUFFLE BAG WAS OPEN AND ALL HIS BELONGINGS WERE SCATTERED OUT IN THE PARKING LOT. R/O NOTICED SOME PAPERS THAT WAS BELIEVED TO BELONG TO THE VICTIM. THE COMPLAINANT WAS SCARED THAT SOMETHING MIGHT HAVE HAPPENED TO THE VICTIM. SGT. JAMES HAYES WAS CALLED OUT TO INVESTIGATE.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P TYPE (GROUP)			TOTAL VALUE
R Burned			
O Count/Forced			
P Dam/Damaged			
E Recovered			
R Seized			
T Stolen			
Y Unknown			
SUBJECT IDENTIFIED		SUBJECT LOCATED	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<input checked="" type="checkbox"/> ACTIVE		<input type="checkbox"/> ADM. CLOSED	
<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED UNDER 18	
		<input type="checkbox"/> ARRESTED 18 AND OVER	
<input type="checkbox"/> EX-CLEAR UNCLE		<input type="checkbox"/> EX-CLEAR 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION			
REPORTING OFFICER'S S	DATE	UNIT NUMBER	APPROVING OFFICER
PFC WILLE BERRY	07/06/2009	219	ASST CHIEF BOBBY MCLEAN
FOLLOW-UP INVESTIGATION OFFICER			
<input type="checkbox"/> YES <input type="checkbox"/> NO			

Rec.on Appeal 643

AGENCY I.D.  
SC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER

2 0 0 9 - 0 7 0 6 2

NO. OF SHEETS  
1

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE OF WEAPON
1. 13C - ASSAULT - INTIMIDATION	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		<input type="checkbox"/> Firearm <input type="checkbox"/> Knife <input type="checkbox"/> Club <input type="checkbox"/> Hammer <input type="checkbox"/> Pipe <input type="checkbox"/> Other <input type="checkbox"/> Unknow <input type="checkbox"/> None
2.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)  
510 E HUDSON, DILLON SC

ZIP CODE: 29536 WEAPON TYPE:

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	DISPATCH DATE	DISPATCH TIME	TIME ARRIVED	DEPART. TIME	LOCATION NO.
07/07/2009	1600		07/07/2009	1633	07/07/2009	1633		1720	1800	03

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE): INMAN, BRENDA JEAN

RELATIONSHIP TO SUBJECT: ST

RESIDENT:  SO  OU  W  F

RACE: S, SEX: F, AGE: 65, ETH: N

DAYTIME PHONE: (843) 774-4811, EVENING PHONE: B

ADDRESS: 510 EAST HUDSON STREET, CITY: DILLON, STATE: SC, ZIP CODE: 29536, LOCATION NO: 03

VICTIM'S NAME (LAST, FIRST, MIDDLE): INMAN, BRENDA JEAN

RELATIONSHIP TO SUBJECT: ST

RESIDENT:  SO  OU  W  F

RACE: S, SEX: F, AGE: 65, ETH: N

DAYTIME PHONE: (843) 774-4811, EVENING PHONE: B

HEIGHT: 5-7, WEIGHT: 140, HAIR: GRN, EYES: BRO

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

ADDRESS: 510 EAST HUDSON STREET, CITY: DILLON, STATE: SC, ZIP CODE: 29536, LOCATION NO: 03

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

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

TWO-MAN VEH.  ONE-MAN VEH.  DETECTIVE/SPLASMT.  OTHER  ALONE  ASSISTED

J - This Jurisdiction S - State O - Out of State U - Unknown

SUBJECT NAME (LAST, FIRST, MIDDLE): PERSON, UNKNOWN/UNTRACKED

RACE: B, SEX: M, AGE: 18-25, ETH: N

DATE OF BIRTH: 5-10, HEIGHT: 200, WEIGHT: BLK, HAIR: BRO, EYES: BRO

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

ADDRESS: CITY: STATE: ZIP CODE: LOCATION NO.

SUBJECT (NO. 1) USING: ALCOHOL:  YES  NO  UNK. ARRESTED NEAR OFFENSE SCENE:  YES  NO

DATE/TIME OF OFFENSE: 07/07/2009 1600 DATE/TIME OF ARREST:

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

ON THE ABOVE DATE AND TIME, THE VICTIM CALLED IN REFERENCE TO A PARTY THREATENING TO BOMB HER RESIDENCE. THE VICTIM WAS WORKING OUTSIDE IN HER YARD, WHEN THE SUSPECT CAME BY HER RESIDENCE STARING AT HER. THE VICTIM STATED SHE ASKED THE SUSPECT WHAT HE WAS STARING AT. THE SUSPECT STATED, "WHY, ARE YOU SCARED?" THE VICTIM TOLD THE SUSPECT THAT SHE WAS NOT SCARED OF HIM AND THAT SHE WOULD CALL THE POLICE ON HIM IF HE TRIED TO BOTHER HER. THE SUSPECT, ACCORDING TO THE VICTIM, RESPONDED THAT HE WOULD BOMB HER HOUSE, AND THAT IF HE WENT TO JAIL AND DIDN'T GET THE JOB RIGHT THE FIRST TIME, HE WOULD BOMB HER HOUSE AGAIN WHEN HE GOT OUT OF JAIL. THE VICTIM DID NOT KNOW THE SUSPECT, BUT STATED SHE COULD IDENTIFY THE SUSPECT IF SHE SAW HIM AGAIN. THE SUSPECT HAD ON A WHITE T-SHIRT, AND A WHITE RAG AROUND HIS HEAD. THE VICTIM STATED HE LATER DROVE BY IN A BURGANDY CAR.

P R O P E R T Y	TYPE (GROUP)	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
	Burned				
	Count/Forged				
	Dest/Damaged				
	Recovered				
	Seized				
	Stolen				
	Unknown				

SUBJECT IDENTIFIED:  YES  NO SUBJECT LOCATED:  YES  NO

ACTIVE  ADM CLOSED  APPRE JURY  APPRE JAC DEB

REASON FOR EXCEPTIONAL CLEARANCE: 1.  OFFENDER DEATH 2.  NO PROSECUTION 3.  STATUTE 4.  UNKNOWN 5.  OTHER

REPORTING OFFICER(S): CPL CRYSTAL G NORRIS DATE: 07/07/2009 UNIT NUMBER: 213

APPROVING OFFICER: ASST CHIEF BOBBY MCLEAN

Rec.on Appeal 644

AGENCY I.D.  
20170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009 - 07066

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE OF INCIDENT	
1. 902 - VIOLATION OF MUTUAL AGREEMENT RESTRAINING ORDER		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	13		<input type="checkbox"/> Unknown <input type="checkbox"/> Domestic <input type="checkbox"/> Family <input type="checkbox"/> Government <input type="checkbox"/> Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.	
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE		
HWY. 301 NORTH, DILLON SC				29536			
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK		
07/07/2009	1900		07/07/2009	2138	DISP. DATE	DISP. TIME	
				07/07/2009	2138	2138	
					DEPART. TIME	2215	
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	
STRICKLAND, STACY HAYES		#1 SE	#2	J	O	W	
ADDRESS		CITY	STATE	AGE	ETH	DAYTIME PHONE	
2051 ARRIE RD.		DILLON	SC	29	N	(843) 487-8097	
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	
STRICKLAND, STACY HAYES		#1	#2	J	O	W	
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.			
5-7	135	BRO	BRO				
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.		
2051 ARRIE RD.		DILLON	SC	29536	CTY		
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -							
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.							
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown							
<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.	
<input type="checkbox"/> RUNAWAY	STRICKLAND, BRIAN ANDREW		W	M	27	N	
<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						
<input type="checkbox"/> WARRANT	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	
<input type="checkbox"/> ARREST	2047 ARRIE ROAD		DILLON	SC	29536	CTY	
<input type="checkbox"/> JAIL	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST		
<input type="checkbox"/> SUMMONS	DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED	0	07/07/2009	1900	
<p>ON THE ABOVE DATE AND TIME R/O WAS DISPATCHED TO A VEHICLE FOLLOWING ANOTHER VEHICLE. THE VICTIM STATED SHE HAD A RESTRAINING ORDER AGAINST HER HUSBAND. THE VICTIM TOLD DISPATCH THAT HER HUSBAND HAD BEEN FOLLOWING HER AND THAT THEY WERE NOT TO BE HAVING ANY CONTACT. R/O CONDUCTED A TRAFFIC STOP ON THE SUSPECT. THE SUSPECT STATED THAT THE ORDER WAS A MUTUAL AGREEMENT ORDER. HE STATED THAT THE VICTIM TOLD HIM THAT SHE WOULD BRING THEIR CHILD OVER TO HIS RESIDENCE, BUT LATER TEXT HIM AND STATED THAT THE CHILD WAS ASLEEP. HE STATED THAT HE THEN SENT HER A TEXT AND ASKED HER WHERE SHE WAS AT AND SHE TOLD HIM AT CVS GETTING MEDICINE. HE THEN STATED THAT ONE OF HIS FRIENDS CALLED HIM AND STATED THEY SEEN THE VICTIM AT THE CAR WASH WITH ANOTHER MAN LEANED INSIDE OF HER VEHICLE. HE STATED HE SENT HER ANOTHER TEXT AND ASKED HER WHERE SHE WAS AND SHE STATED ON THE WAY TO WALMART. HE STATED HE THEN RODE TO THE CARWASH TO TRY TO GET A PICTURE OF HER AND THE MALE PARTY, BUT SHE WAS NOT THERE.</p> <p>THE VICTIM STATED THAT SHE WAS AT THE CAR WASH BUT SHE WAS TALKING TO ONE OF HER FEMALE FRIENDS. SHE STATED THAT WHILE SHE WAS AT THE CARWASH HE SENT HER A TEXT AND STATED THAT HE WAS ON THE WAY UP THERE WITH HIS GUN AND SOMEONE WAS GOING TO GET HURT. SHE STATED WHEN SHE LEFT HER RESIDENCE, WHICH IS BESIDE OF HIS RESIDENCE, HE PULLED OUT HIS DRIVEWAY AND FOLLOWED HER EVERYWHERE SHE WENT. SHE STATED HE HAS BEEN TEXTING SINCE THEY GOT OFF OF WORK TODAY. SHE STATED SHE WAS SCARED AND JUST WANTS HIM TO LEAVE HER ALONE. SHE STATED THAT SHE DOES NOT KNOW WHAT TO DO. THIS INCIDENT WILL BE TURNED OVER TO FAMILY COURT.</p>							
TYPE (GROUP)			JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		
Burned					TOTAL VALUE		
Count/Forged							
Dest/Damaged							
Recovered							
Seized							
Stolen							
Unknown							
SUBJECT IDENTIFIED		SUBJECT LOCATED		<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED AND F. <input type="checkbox"/> RELEASED AND F.	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> RELEASED AND F. <input type="checkbox"/> RELEASED AND F.	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input checked="" type="checkbox"/> RESIGNATION 3. <input type="checkbox"/> EXPIRATION TIME 4. <input type="checkbox"/> OFFENSES DISPOSED 5. <input type="checkbox"/> OTHER							
REPORTING OFFICER(S)		DATE	TIME	ISSUING OFFICER		DATE	TIME
PFC RAY MCPHATTER		07/07/2009	221	ASST. CHIEF BOBBY WOLFE		07/07/2009	220

Rec on Appeal 645

AGENCY LD.  
SC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-07067

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	PROPERTY DAMAGE
1. 23C - SHOPLIFTING MORE THAN \$1000.00 16-13-0110		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	08		<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
WALMART, DILLON SC				29536		
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
07/07/2009	2204		07/07/2009	2212	DISP. DATE	DISP. TIME
				07/07/2009	2225	2230
					TIME ARRIVED	DEPART. TIME
						2300
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
LIVINGSTON, DASONYA		#1	#2	<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	B	F
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
805 ENTERPRISE ROAD		DILLON		SC	29536	1A
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
WALMART		#1	#2	<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	B	F
HEIGHT		WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.	
805 ENTERPRISE RD.		170	BLK	BRO		
CITY		STATE	ZIP CODE	LOCATION NO.		
DILLON		SC	29536	1A		
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN --						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.	DATE OF BIRTH
PERSON, UNKNOWN/UNTRACKED		B	M	25-30	N	
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	
					00	
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE	DATE/TIME OF ARREST	
		TOTAL # ARRESTED 0		07/07/2009	2204	
<p>ON THE ABOVE DATE AND TIME R/O WAS DISPATCHED TO THE INCIDENT LOCATION. UPON ARRIVAL THE COMPLAINANT STATED THAT A BLACK MALE AND A BLACK FEMALE ENTERED THE LOCATION TOGETHER. SHE STATED THE FEMALE HAD THE ELECTRONIC DEPARTMENT CLERK GET TWO LAPTOPS OUT FOR HER TO PURCHASE. WHEN THE CLERK SAT THE TWO ITEMS ON THE COUNTER THE FEMALE HAD HIM TO WALK TO THE GAME CENTER CASE. WHILE THE FEMALE HAD THE CLERKS ATTENTION THE MALE PARTY TOOK THE ITEMS AND WALKED OUT THE STORE. THE MALE PARTY GOT INTO A SMALL SILVER CAR, WHERE ANOTHER PARTY WAS WAITING, AND THEY LEFT THE LOCATION. THE FEMALE PARTY WALKED OUTSIDE TO THE STOP SIGN WHERE THE VEHICLE RETURNED AND PICKED HER UP. AN EMPLOYEE AT THE COSTUMER SERVICE COUNTER STATED THE FEMALE PARTY WAS LAKEISHA DUNSON. THE LAPTOPS WERE HEWLETT PACKARD VALUED AT \$1800.00. THE COMPLAINANT STATED SHE WILL HAVE A DVD READY ON WEDNESDAY 07/08/2009. THIS CASE WILL BE TURNED OVER TO AN INVESTIGATOR.</p>						

P TYPE (GROUP)		07-Computer		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY SC0170100		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
R	Burned						TOTAL VALUE
O	Count/Forged						
P	Desl/Damaged						
E	Recovered						
R	Seized						
T	Stolen	1800.00					1800.00
Y	Unknown						
SUBJECT IDENTIFIED		SUBJECT LOCATED		<input checked="" type="checkbox"/> ACTIVE	<input type="checkbox"/> ADJ. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18	<input type="checkbox"/> EX-CLEAR UNDER 18
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR 18 AND OVER
REASON FOR EXCEPTIONAL CLEARANCE		OFFICER DEATH		NO PROSECUTION		EXTRACTION DONE	
1		1		1		1	
REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER
PFC RAY MCPHATTER		07/08/2009	221	ASST CHIEF BOBBY MCLEAR		07/08/2009	222
				FIELD SUPERVISOR OFFICER			
				SQUAD #			

Rec.on Appeal 646

AGENCY LD.  
30170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-07069

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM					
1. HAR - HARASSMENT		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	14		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Org. <input type="checkbox"/> Soc. Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.					
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO								
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO								
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE						
SUPER 8 1203 RADFORD BLVD., DILLON SC				29536							
INCIDENT DATE	24 HR. CLOCK	TO DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK		LOCATION NO.					
07/07/2009	1200	07/08/2009	0002	DISP. DATE	DISP. TIME	DEPART. TIME					
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE		
HAYES, LORRAINE L		AQ	J S	B	F	33	N				
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.						
84 JUDITH DR.		CORAM	NY	11727	OS						
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE		
HAYES, LORRAINE L			J S	B	F	33	N	(531) 384-0719			
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.							
5-2	140	BLK	BRO								
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.						
84 JUDITH DR.		CORAM	NY	11727	OS						
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -											
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.											
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown											
SUBJECT	SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
	PATEL, VIMALKUMAR J		A	M	45-50	N		5-3	150	BLK	BRO
	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.										
WARRANT	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.					
	1203 RADFORD BLVD		DILLON	SC	29536	1A					
ARREST	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST				
	DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED 0		07/07/2009 1200						

ON THE ABOVE DATE AND TIME R/O WAS DISPATCHED TO THE INCIDENT LOCATION. UPON ARRIVAL THE VICTIM STATED THAT THE SUSPECT HAS BEEN HARASSING HER AND HER FAMILY ALL DAY LONG. SHE STATED THAT HER AND HER HUSBAND RENTED A ROOM AT THE LOCATION AND WHEN HER AND ABOUT TWENTY(20) OTHER PEOPLE WERE AT THE POOL HAVING A POOL PARTY THE SUSPECT, WHO IS THE OWNER OF THE MOTEL, RAN THEM OUT OF THE POOL. HE STATED THAT THERE WERE TOO MANY PEOPLE IN THE POOL FOR THAT ROOM RENTAL. SHE STATED HE TOLD THEM THEY COULD RENT ANOTHER ROOM TO COVER THE REST OF THE PEOPLE. SHE STATED WHEN THEY RENTED THE OTHER ROOM THEY DID NOT GET A KEY FOR THE ROOM. SHE STATED SINCE THE POOL INCIDENT THE SUSPECT HAS BEEN TAKING PICTURES OF HER FAMILY AND HARASSING THEM. SHE STATED WHEN SHE AND HER HUSBAND WERE GETTING IN THERE VEHICLE THE SUSPECT SEEN THEM AND WENT AND KNOCKED ON THEIR ROOM DOOR. SHE STATED THAT WAS STILL THEIR ROOM BECAUSE THEY HAD NOT CHECKED OUT YET AND HE DID NOT HAVE ANY BUSINESS DOING THAT. THE SUSPECT SEEN ONLY TWO PEOPLE LEAVING SO HE WANTED TO KNOW WHERE THE REST OF THE PARTIES WERE BECAUSE THERE WAS ONLY TWO PEOPLE ON THE RENTAL AGREEMENT. THE VICTIM STATED SHE WANTS TO PRESS CHARGES AGAINST THE SUSPECT. SHE WAS ADVISED TO TALK TO THE JUDGE AT 8AM OR 4PM, MONDAY THROUGH FRIDAY. THE VICTIM AND THE REST OF HER PARTY CHECKED OUT AND LEFT.

P TYPE (GROUP)		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		TOTAL VALUE
R	Burned					
O	Count/Forged					
P	Dest/Damaged					
E	Recovered					
R	Seized					
T	Stolen					
Y	Unknown					
A D M I N I S T R A T I V E	SUBJECT IDENTIFIED	SUBJECT LOCATED	<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADV. CLOSED	<input type="checkbox"/> ARRESTED - NO OFFENSE	<input type="checkbox"/> ARRESTED - NO OFFENSE	<input type="checkbox"/> ARRESTED - NO OFFENSE
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED - NO OFFENSE	<input type="checkbox"/> ARRESTED - NO OFFENSE	<input type="checkbox"/> ARRESTED - NO OFFENSE
REASON FOR EXCEPTIONAL CLEARANCE: <input type="checkbox"/> OFFENSE DELETED <input type="checkbox"/> NO PROSECUTION <input type="checkbox"/> STATUTE OF LIMITATIONS <input type="checkbox"/> ACTING UNDER COERCION <input type="checkbox"/> INADEQUATE EVIDENCE						
REPORTING OFFICER(S)		DATE	TIME	PROVING OFFICE	DATE	TIME
PFC RAY MCPHATTER		07.08.2009	221	ASST CHIEF BOBBY WILSON		

Rec.on Appeal 647

DEPT 48  
08178108

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-09075

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 138 - ASSAULT & BATTERY		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Role Org. <input type="checkbox"/> Soc. Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
1010 MCKENZIE RD APT C2, DILLON SC				29536	40	
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
07/08/2009	2015		07/08/2009	2030	DISP. DATE	DISP. TIME
				07/08/2209		2032
				2033		DEPART. TIME
						2115
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
SHOWELL, DAVIDAH K		#1 ST	#2 ST	#3 ST	J	O
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
1531 WILLIS CIR LOT A-22		FLORENCE		SC	29501	00
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
SHOWELL, DAVIDAH K		#1 ST	#2 ST	#3 ST	J	O
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
1531 WILLIS CIR LOT A-22		FLORENCE		SC	29501	00
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
5-7	140	BRO	BRO			
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN --		VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.				
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.		TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED				
SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.	DATE OF BIRTH
PAIGE, MELVIN K		B	M	29	N	
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	
1010 MCKENZIE RD APT D-21 CEDAR TERRAC		DILLON	SC	29536	04	
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE	DATE/TIME OF ARREST	
TOTAL # ARRESTED 0				07/08/2009	2015	

ON THE ABOVE DATE AND TIME, THE R/O RESPONDED TO THE ABOVE LOCATION IN REFERENCE TO A FIGHT IN PROGRESS. UPON ARRIVAL AND AFTER SEPARATING ALL THE PARTIES, VICTIM #1 STATED THAT SUBJECT #1 AND SUBJECT #2 STRUCK HER ABOUT THE HEAD. VICTIM #2 STATED THAT SUBJECT #1 STRUCK HIM ABOUT THE HEAD WITH FIST. VICTIM #3 STATED THAT SUBJECT #3 STRUCK HIM ABOUT THE HEAD AND SUBJECT #4 PULLED A KNIFE OUT AND THREATENED TO CUT VICTIM #3. THE R/O FOUND NO VISIBLE MARKS ON VICTIMS AND SUBJECTS. VICTIMS #1, #2, AND #3 STATE THEY WILL SECURE WARRANTS.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P	TYPE (GROUP)	TOTAL VALUE	
R	Burned		
O	Count./Forged		
P	Des./Damaged		
E	Recovered		
R	Seized		
T	Stolen		
Y	Unknown		
A	SUBJECT IDENTIFIED	SUBJECT LOCATED	<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED
D	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED
M	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRACTION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> ARRESTED UNDER 18 6. <input type="checkbox"/> ARRESTED 18 AND OVER 7. <input type="checkbox"/> CLEAR UNDER 18 8. <input type="checkbox"/> CLEAR 18 AND OVER		
I	REPORTING OFFICER(S)	DATE	UNIT NUMBER
N	CPL ERIC POSTON	07/09/2009	215
S	APPROVING OFFICER		DATE
T	ASST CHIEF BOBBY MCLEAN		07/09/2009
	FOLLOW UP INVESTIGATOR OFFICER		
	S. S. CINC		

Rec.on Appeal 648

AGENCY I.D.  
00170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-07019

INO. ENFD

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
03 - ASSAULT AND BATTERY		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	03		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Org. <input type="checkbox"/> Soc. Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Po/Ex Off.
INCIDENT LOCATION (JOB/WORK, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
CASHIERS STORE EBONY INN, DILLON SC				29536	40	
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
07/03/2009	1545		07/03/2009	1616	DISP. DATE	DISP. TIME
					07/03/2009	1616
					1618	1640
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
MOORE, CLARENCE		#1	AQ	#2	D	S
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	
704 WEST HUDSON STREET		DILLON	SC	29536	04	
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
MOORE, CLARENCE		#1	AQ	#2	D	S
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
5-7	145	BLK	BRO			
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	
704 WEST HUDSON STREET		DILLON	SC	29536	04	
VISIBLE INJURY (VICT. 1) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN -- Apparent Minor Injur						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)			RACE	SEX	AGE
<input type="checkbox"/> RUNAWAY	BENJAMIN, DANIEL JAMES			B	M	45
<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					
<input type="checkbox"/> WARRANT	ADDRESS			CITY	STATE	ZIP CODE
<input type="checkbox"/> ARREST	411 SOUTH 5TH AVENUE			DILLON	SC	29536
<input type="checkbox"/> JAIL	SUBJECT (NO. 1) USING: ALCOHOL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			DATE/TIME OF OFFENSE		DATE/TIME OF ARREST
<input type="checkbox"/> SUMMONS	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:			TOTAL # ARRESTED	07/03/2009	1545

ON THE ABOVE DISPATCH DATE AND TIME, OFFICER RESPONDED TO THE EBONY INN AND MADE CONTACT WITH THE COMPLAINANT / VICTIM, WHO STATED WHILE HE WAS AT THE EBONY INN, THE SUSPECT ASSAULTED HIM. VICTIM STATED THE SUSPECT HIT HIM IN THE LIP. CONTACT WAS MADE WITH THE SUSPECT WHO STATED AT FIRST THE VICTIM FELL AND HURT HIMSELF. VICTIM STATED THERE WERE SEVERAL WITNESSES INSIDE THE BUSINESS WHO SAW THE INCIDENT. OFFICER ASKED SEVERAL PEOPLE AT THE LOCATION AND EVERYONE STATED THEY DID NOT SEE WHAT HAPPENED. ONE PERSON WALKED UP AND STATED HE SAW THE ENTIRE INCIDENT AND THE VICTIM STARTED A FIGHT WITH THE SUSPECT. SUSPECT THEN STATED THAT THE VICTIM PUSHED HIM. VICTIM DID HAVE A SMALL CUT ON HIS BOTTOM LIP, AND THE SUSPECT DID NOT HAVE ANY INJURIES. VICTIM STATED HE DID PUSH THE SUSPECT WHEN THE SUSPECT WAS ATTACKING HIM. VICTIM WAS ADVISED TO SEE THE JUDGE ABOUT SECURING A WARRANT.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
TYPE (GROUP)			TOTAL VALUE
Burned			
Count/Forged			
Dest/Damaged			
Recovered			
Seized			
Stolen			
Unknown			
SUBJECT IDENTIFIED	SUBJECT LOCATED	<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED 18 AND OVER
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRAJURIS DEMED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> APTENLE - NO CUSTODY			
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER
PFC SARA JEAN MACIEL	07/03/2009	224	ASST CHIEF BOBBY MCLEAN
		DATE	
		07/03/2009	
		UNIT NUMBER	
		202	
FOLLOW-UP INVESTIGATION OFFICER			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

Rec.on Appeal 649

AGENCY LD.  
07170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-07031

INC. ENTD.

OFFENSE TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
<del>THE ASSAULT - UNARMED</del>		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	18 07		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
OFFENSE LOCATION (APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
301 SOUTH DILLON SC				29536	40	
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
07/04/2009	2230		07/04/2009	2230	DISP. DATE	DISP. TIME
					07/04/2009	2312
					2314	2320
OFFENDERS NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
EVANS, KENNETH		#1	RU	#3	O S O U	B M
AGE	ETH	DAYTIME PHONE	EVENING PHONE	LOCATION NO.		
53	N	(843) 841-0875		03		
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
210 S. 5TH. AVE		DILLON		SC	29536	04
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
EVANS, KENNETH		#1	ST	#3	O S O U	B M
AGE	ETH	DAYTIME PHONE	EVENING PHONE	LOCATION NO.		
53	N	(843) 841-0875		04		
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
210 S. 5TH. AVE		DILLON		SC	29536	04
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
5-9	190	BLK	BRO			
VISIBLE INJURY (VICT. 1)		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN - Apparent Minor Injur				
VICTIM (NO. 1) USING: ALCOHOL:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.				
TWO-MAN VEH.		ONE-MAN VEH.		DETECTIVE/SPLASMT.		OTHER
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
SUSPECT		SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE
<input checked="" type="checkbox"/>		PERSON, UNKNOWN/UNTRACKED		B	M	20-25
RUNAWAY		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		ETH.	DATE OF BIRTH	HEIGHT
<input type="checkbox"/>				N		
WARRANT		ADDRESS		CITY	STATE	ZIP CODE
<input type="checkbox"/>						
ARREST		CITY		STATE	ZIP CODE	LOCATION NO.
<input type="checkbox"/>		DILLON		SC	29536	00
JAIL		SUBJECT (NO. 1) USING: ALCOHOL:		ARRESTED NEAR OFFENSE SCENE		DATE/TIME OF OFFENSE
<input type="checkbox"/>		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		07/04/2009
SUMMONS		DRUGS:		TOTAL # ARRESTED		DATE/TIME OF ARREST
<input type="checkbox"/>		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		0		2230

ON THE ABOVE DATE AND TIME R/O WAS DISPATCHED TO THE HOSPITAL. UPON ARRIVAL THE VICTIM STATED WHILE HE WAS AT THE INCIDENT LOCATION TWO BLACK MALES ASSAULTED HIM. THE VICTIM HAD A LACERATION ABOVE HIS LEFT EYE AND ON THE LEFT SIDE OF HIS UPPER LIP. THE VICTIM STATED HE DID NOT KNOW THE SUSPECT'S AND HE WOULD NOT RECOGNIZE THEM ANYWAY BECAUSE IT WAS DARK.

TYPE (GROUP)		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		TOTAL VALUE	
Burned							
Count/Forged							
Dest/Damaged							
Recovered							
Seized							
Stolen							
Unknown							
SUBJECT IDENTIFIED		SUBJECT LOCATED		<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE:		1. <input type="checkbox"/> OFFENDER DEATH		2. <input type="checkbox"/> NO PROSECUTION		3. <input type="checkbox"/> EXTRADITION DENIED	
		4. <input type="checkbox"/> VICTIM DECLINES COOPERATION		5. <input type="checkbox"/> JUVENILE - NO CUSTODY			
REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER
PFC RAY MCPHATTER		07/05/2009	221	ASST CHIEF BOBBY MCLEAN		07/05/2009	202
				FOLLOW-UP INVESTIGATION OFFICER			
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

Rec.on Appeal 650

# INCIDENT REPORT SUPPLEMENTAL

Page #: 1

Case Number: 2009-08174

REPORT, J

Date Entered/Changed: 08/18/2009

Reviewer: MCLEAN

Review Date: 08/18/2009

OF INVESTIGATION: VICTIM'S BODY WAS LATER RECOVERED BY CITY OFFICERS AS THE RESULT OF AN  
IN CONJUNCTION WITH MUTUAL AID. IT IS REQUESTED THAT VICTIM BE REMOVED FROM NCIC.

Rec.on Appeal 651

App'x 653

**POLICE DEPARTMENT**  
**INCIDENT REPORT**

CASE NUMBER: **07-0500099**      NCIC: **INQ. ENTD.**

COMPLETED		FORCED ENTRY		PREMISE TYPE		UNITS ENTERED		TYPE VICTIM	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		12				<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO							
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO							

INCIDENT NUMBER, STREET NAME AND NUMBER: \_\_\_\_\_ ZIP CODE: **29536** WEAPON TYPE: \_\_\_\_\_

DATE: **07/15/2005** 24 HR. CLOCK: **2053** DISPATCH DATE/TIME 24 HR. CLOCK: DISP. DATE: **07/15/2005** DISP. TIME: **2053** TIME ARRIVED: **2056** DEPART. TIME: **2111** LOCATION NO.: \_\_\_\_\_

RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH.	DAYTIME PHONE (843) 841-1960	EVENING PHONE
#1: <b>ST</b>	<input checked="" type="checkbox"/>	<b>S O U</b>	<b>W M</b>	<b>00</b>	<b>N</b>		
CITY: <b>DILLON</b>	STATE: <b>SC</b>	ZIP CODE: <b>29536</b>	LOCATION NO.: _____				

RELATIONSHIP TO SUBJECT: \_\_\_\_\_ RESIDENT: \_\_\_\_\_ RACE: **J S O U** SEX: \_\_\_\_\_ AGE: \_\_\_\_\_ ETH.: \_\_\_\_\_ DAYTIME PHONE: (843) 841-1960 EVENING PHONE: \_\_\_\_\_

HAIR: \_\_\_\_\_ EYES: \_\_\_\_\_ FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.: \_\_\_\_\_

CITY: **DILLON** STATE: **SC** ZIP CODE: **29536** LOCATION NO.: \_\_\_\_\_

INVESTIGATION:  YES  NO EXPLAIN - \_\_\_\_\_

CRIMINAL:  YES  NO  UNK. DRUGS:  YES  NO  UNK.

VEHICLE:  ONE-MAN VEH.  DETECTIVE/PLASMT.  OTHER  ALONE  ASSISTED  J - This Jurisdiction S - State O - Out of State U - Unknown

SUSPECT: **SUMMERFORD, GLORIA W** RACE: **W** SEX: **F** AGE: **45** ETH.: **N** DATE OF BIRTH: \_\_\_\_\_ HEIGHT: **5-6** WEIGHT: **180** HAIR: **BRO** EYES: \_\_\_\_\_

ARREST: **229 ALFORD COURT** CITY: **LATTA** STATE: **SC** ZIP CODE: **29565** LOCATION NO.: \_\_\_\_\_

ARRESTED NEAR OFFENSE SCENE:  YES  NO DATE/TIME OF OFFENSE: **07/15/2005 2053** DATE/TIME OF ARREST: **12/21/2009 1527**

DRUGS:  YES  NO  UNK. TYPE: \_\_\_\_\_ TOTAL # ARRESTED: **1**

ON THE ABOVE DATE & TIME, P/O RESPONDED TO A CALL AT THE ABOVE INCIDENT LOCATION, IN REFERENCE TO A SHOPLIFTER. UPON OFFICERS ARRIVAL, THE SHOPLIFTER HAD ALREADY FLED THE SCENE IN A DARK COLORED FORD CAR, WITH EZ CREDIT PAPER TAGS. COMP STATED HE DID WITNESS SUSPECT CONCEAL IN HER PURSE, 3 BOXES OF OVER THE COUNTER MEDS. WHEN SUSPECT ATTEMPTED TO EXIT THE STORE, THE ALARM WENT OFF & COMP ATTEMPTED TO DETAIN SUSPECT. SUSPECT WAS ABLE TO GET AWAY LEAVING BEHIND HER PURSE FROM WHICH SUSPECTS INFORMATION WAS GAINED. RECOVERED MEDS VALUED AT APPROX \$55, CONSISTED OF A BOX OF ACTIFED \$6, 42 CT, PRILOSEC \$29, 28 CT, PRILOSECT \$20. COMP WISHES TO SIGN A WARRANT.

TYPE (GROUP)		10-Drugs/Narcotic		TOTAL VALUE	
Armed					
Cont. Forged					
Cont. Damaged					
Recovered					
Seized					
Stolen					
Unknown					<b>55.00</b>

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

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

REPORTING OFFICER(S): <b>P.L. C.G. NORRIS</b>	DATE: <b>07/15/2005</b>	UNIT NUMBER: <b>217</b>	APPROVING OFFICER: <b>ASST. CHIEF B. MCLEA</b>	DATE: <b>07/15/2005</b>	UNIT NUMBER: <b>202 BH</b>
FOLLOW-UP INVESTIGATION OFFICER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					

Rec.on Appeal 652

AGENCY I.D.  
IC0120100

**DILLON POLICE DEPARTMENT**  
**INCIDENT REPORT**

2009-11059

INO. ENTO.

EVENT	INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
	1. 220 - BURGLARY / BREAKINS & LINGERING	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	20		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Governmental <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc. Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
	2.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
VICTIM	INCIDENT LOCATION (SUBSCRIBER ADDRESS AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE
	1112 EAST JEFFERSON ST, DILLON SC				29536	
	INCIDENT DATE	24 HR. CLOCK	DATE	24 HR. CLOCK	DISPATCH DATE/TIME	24 HR. CLOCK
#1	11/06/2009	1245	11/06/2009	1545	11/06/2009	1659
	COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)				DISPATCH TIME	1709
	BOHACHIC, JAMES MICHAEL SR.				DEPART. TIME	1805
SUBJECT	RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE
	ST		<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	W	M	61
	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.
#1	1112 EAST JEFFERSON ST		DILLON	SC	29536	02
	VICTIM'S NAME (LAST, FIRST, MIDDLE)		RESIDENT	RACE	SEX	AGE
	BOHACHIC, JAMES MICHAEL SR.		<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	W	M	61
#1	HEIGHT	WEIGHT	HAIR	EYES	DATE OF BIRTH	HEIGHT
	6-1	215	BRO	BRO		
	FACIAL HAIR SCARS TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					
#1	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.
	1112 EAST JEFFERSON ST		DILLON	SC	29536	02
	VISIBLE INJURY (VCT): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAN -					
#1	VICTIM (NO) USING ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK					
	DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK					
	OTHER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK					
SUBJECT	SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETHL
	PERSON, UNKNOWN/UNTRACKED		U	U	00	U
	FACIAL HAIR SCARS TATOOS GLASSES CLOTHING PHYSICAL PECULIARITIES, ETC.					
#1	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.
	SUBJECT (NO) USING ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		ARRESTED NEAR OFFENSE SCENE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE	DATE/TIME OF ARREST
#1	DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		TOTAL # ARRESTED: 0		11/06/2009	1545
	ON THE ABOVE DATE AND TIME RO WAS GIVEN A CALL TO SPEAK WITH THE VICTIM ABOUT SOME ONE BREAKING INTO HIS HOME. THE VICTIM TOLD THE RO THAT HE LEFT FOR WORK AT 09:00 AND RETURNED HOME AT 16:45. THE VICTIM FOUND THAT SOME ONE HAD WENT THUR THE FRONT WINDOW AND TOOK HIS (\$1500.00) TOSHEBA LAP TOP COMPUTER. VICTIM ALSO STATES THAT (\$2000.00) IN SAVING BONDS WERE TAKEN, \$100.00 ROLLED QUARTERS AND HIS WIFE'S (75.00) AIGNER BILLFOLD WITH A \$100.00 CHECK FROM THEIR SON MIKE & MARY BOHACHIC. THE VICTIM ALSO HAD A OUT BACK GIFT CARD \$50.00 IN THE BILLFOLD. LT OWENS WAS CALLED OUT TO DUST AND CHECK FOR FINGER PRINTS.					

P	TYPE (GROUP)	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY 0170100				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY 0170100		TOTAL VALUE
		07-Computer	20-Money	21-Negotiable	25-Purses/Handba			
R	Burned							
O	Count/Forged							
P	Dest./Damaged							
E	Recovered			2000.00				2000.00
R	Seized							
T	Stolen	1500.00	200.00	2100.00	75.00			3875.00
Y	Unknown							
A	SUBJECT IDENTIFIED		SUBJECT LOCATED		ACTIVE		ADM. CLOSED	
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> ARRESTED 18 AND OVER	
M	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY							
	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER	
	CPL LOUIS BARFIELD	11/06/2009	217	ASST CHIEF BOBBY MCLEAN		11/06/2009	202	
LT LORENZO OWENS	11/06/2009	203	FOLLOW-UP INVESTIGATION OFFICER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO LT LORENZO OWENS		11/06/2009	203		

Rec.on Appeal 653

AGENCY I.D.  
SC0170100

**DILLON POLICE DEPARTMENT**  
**INCIDENT REPORT**

CASE NUMBER  
**2009-11179**

NCIC  
INC. ENTO.

E V E N T	INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM	
	1. 13A - ASSAULT & BATTERY		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	18 03		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.	
	2. 13B - ASSAULT & BATTERY		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	18 03			
	3. 102P - FORGING AND PRESENTING A FIREARM		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	18 03			
INCIDENT LOCATION (SUBDIVISION, APPLICABLE AND NUMBER, STREET NAME AND NUMBER)							ZIP CODE	WEAPON TYPE
200 WEST MAIN ST (KENTYRE HOUSE), DILLON SC							29536	90 40
INCIDENT DATE		24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK		DEPART. TIME		LOCATION NO.	
11/26/2009		0010	11/26/2009 0027 0030		0130		01	
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	
POSTON, GORDON ERIC			ST ST ST		<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	W	M	
ADDRESS			CITY		STATE	ZIP CODE	LOCATION NO.	
401 WEST MAIN STREET			DILLON		SC	29536	04	
V I C T I M	VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	
	NEWELL, KATHERINE E		ST ST ST		<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	W	F	
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.			
	5-7	115	BRO	BRO				
ADDRESS			CITY		STATE	ZIP CODE	LOCATION NO.	
4037 HWY 57 SOUTH			FORK		SC	29543	CTY	
VISIBLE INJURY (VICT. 1) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN - Apparent Minor Injur								
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK								
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown								
S U B J E C T	SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.	DATE OF BIRTH	
	MARTIN, ADA BAILEY		W	F	24	N		
	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.							
	ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.	
1126 HWY 917 EAST		LATTA		SC	29565	CTY		
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST		
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED		11/26/2009		0010		
		5						

ON THE ABOVE DATE AND TIME, A CALL CAME THROUGH DISPATCH THAT THERE WAS A FIGHT IN PROGRESS AT THE ABOVE LOCATION. UPON ARRIVAL, SUBJECTS #1, #2, AND #3 WERE ABOUT TO DRIVE OFF. ACCORDING TO VICTIM #1, SUBJECT #3 STARTED FIGHTING WITH VICTIM #2 INSIDE THE KENTYRE HOUSE. ONCE VICTIMS #1, #2, AND #3 WERE ABOUT TO LEAVE, THE THREE SUBJECTS JUMPED THE THREE VICTIMS IN THE PARKING LOT. VICTIM #1 HAS A SWOLLEN CHEEK FROM BEING PUNCHED BY SUBJECT #1, VICTIM #2 HAS A CUT ON THE TOP OF HEAD. VICTIM #3 STATES THAT HE WAS TRYING TO BREAK UP VICTIM #2 AND SUBJECT #3, WHEN HE WAS PUNCHED BY SUBJECT #2. VICTIM #3 HAS A CUT NEAR THE NOSE. SUBJECT #1 HAS NO VISIBLE MARKS. SUBJECT #2 HAS A SWOLLEN RIGHT SHOULDER. SUBJECT #2 STATES THAT VICTIM #2 PUSHED HIM ON THE GROUND. SUBJECT #3 HAS A BUSTED LIP. SUBJECT #3 STATES VICTIM #2 PUNCHED HIM IN THE MOUTH. THIS WILL BE A VICTIM/SUBJECT, SUBJECT/VICTIM INCIDENT. ALL PARTIES STATE THAT THEY WILL SECURE WARRANTS. VICTIM #2 STATED AT THE TIME OF INCIDENT THAT SUBJECT #3 HAD A GUN. R/O DID LOCATE A PISTOL IN THE CENTER CONSOLE, BUT SUBJECT #2 STATED THE PISTOL WAS HIS AND SUBJECT #2 DOES HAVE A CONCEALED WEAPONS PERMIT.

		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P	TYPE (GROUP)				TOTAL VALUE
R	Burned				
O	Count./Forged				
P	Dest./Damaged				
E	Recovered				
R	Seized				
T	Stolen				
Y	Unknown				
A	SUBJECT IDENTIFIED	SUBJECT LOCATED	<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18	<input type="checkbox"/> EX-CLEAR UNDER 18
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED	<input checked="" type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR 18 AND OVER
M	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINED COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY				
N	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE
I	SGT ERIC POSTON	11/26/2009	214	ASST CHIEF BOBBY MCLEAN	11/26/2009
S	FOLLOW-UP INVESTIGATION OFFICER				
T	<input type="checkbox"/> YES <input type="checkbox"/> NO				

Rec.on Appeal 654

**INCIDENT REPORT SUPPLEMENTAL**

Page #: 1

Case Number: 2009-11179

POSTON POSTON, ERIC

Date Entered/Changed: 11/30/2009

Reviewer: MCLEAN

Review Date: 11/30/2009

DETAILED STATEMENT OF INVESTIGATION: ON 11/30/2009 THE VICTIMS CAME TO THE POLICE DEPARTMENT AND STATED THAT SUBJECT #3 DID POINT A HAND GUN AT THE VICTIMS. VICTIM #2 ALSO STATES THAT SUBJECT #3 STRUCK HIM IN THE BACK OF THE HEAD WITH A BEER BOTTLE. THIS WAS NOT DOCUMENTED IN THE ORIGINAL REPORT DUE TO THE FACT THAT IT WAS NOT TOLD TO THE R/O AT THE TIME OF INCIDENT.

Rec.on Appeal 655

App'x 657

**INCIDENT REPORT SUPPLEMENTAL**

Page #: 1

Case Number: 2009-11179

POSTON POSTON, ERIC      Date Entered/Changed: 12/10/2009      Reviewer: MCLEAN      Review Date: 12/10/2009

STATEMENT OF INVESTIGATION: ON 12/10/2009 VICTIM #5 CAME TO THE POLICE DEPARTMENT AND STATED THE NIGHT OF  
SUBJECT #5 BIT VICTIM #5 ON THE RIGHT EAR. VICTIM #5 LATER WENT TO THE EMERGENCY ROOM AND RECEIVED SEVEN  
DURING THE FIGHT, VICTIM #5 SUSTAINED A DISLOCATED RIGHT SHOULDER. VICTIM #5 WILL SECURE WARRANT FOR SUBJECT

Rec.on Appeal 656

App'x 658

INCIDENT REPORT SUPPLEMENTAL

Page #: 1

Case Number: 2009-11179

MACIEL MACIEL, SARA

Date Received: 11/10/2009

Reviewer: MURPHY

Review Date: 11/10/2009

DETAILED STATEMENT OF INVESTIGATION: ON 11-11-2009 DEFENDANT # J008657 AND #J008658 WAS SERVED ON SUBJECT #3  
CHRISTOPHER MARTIN FOR POSSESSION OF WEAPON. DEFENDANT # M220132 WAS SERVED ON SUBJECT #3, HELMUT WALTER MARTIN,  
FOR ASSAULT AND BATTERY. DEFENDANT # M220133 WAS SERVED ON SUBJECT # 2, PATRICK MARTIN FOR ASSAULT AND

Rec.on Appeal 657

App'x 659

AGENCY I.D.  
20170100

**DILLON POLICE DEPARTMENT**  
**INCIDENT REPORT**

CASE NUMBER  
**2009-12001**

IND. ENTG.  
NO. NO.

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1 135 - ASSAULT - SIMPLE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		<input checked="" type="checkbox"/> Individual Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc. Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			

INCIDENT LOCATION (SUPERVISOR, ADDRESS, AND NUMBER, STREET NAME AND NUMBER) **913 WEST MAIN ST., DILLON SC** ZIP CODE **29536** WEAPON TYPE **40**

INCIDENT DATE	DISPATCH DATE/TIME 24 HR. CLOCK	LOCATION NO.
<b>12/01/2009</b>	DISP. DATE: <b>12/01/2009</b> CHIEF. TIME: <b>0540</b> TIME ARRIVED: <b>0718</b> DEPART. TIME: <b>0726</b> <b>0755</b>	<b>04</b>

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH.	DAYTIME PHONE (843) 774-3116H	EVENING PHONE
<b>ALLEN, TORRENCIA</b>	<b>OF</b>	<b>S O U</b>	<b>B</b>	<b>F</b>	<b>20</b>	<b>N</b>	<b>(843) 774-3116H</b>	

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
<b>913 W. MAIN ST.</b>	<b>DILLON</b>	<b>SC</b>	<b>29536</b>	<b>04</b>

VICTIM'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH.	DAYTIME PHONE (843) 774-3116H	EVENING PHONE
<b>ALLEN, TORRENCIA</b>	<b>OF</b>	<b>S O U</b>	<b>B</b>	<b>F</b>	<b>20</b>	<b>N</b>	<b>(843) 774-3116H</b>	

HEIGHT	WEIGHT	HAIR	EYES	SCARS	TATTOOS	GLASSES	CLOTHING	PHYSICAL PECULIARITIES, ETC.
<b>5-5</b>	<b>150</b>	<b>BLK</b>	<b>BRO</b>					

VISIBLE INJURY (Y/N) ?	YES	NO	EXPLAN.
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

VICTIM NO. DRUGS	ALCOHOL	YES	NO	UNK.	DRUGS	YES	NO	UNK.
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

TWO-MAN WORK	ONE-MAN WORK	DETACHED/ESPLANT	OTHER	ALONE	ASSISTED	J - This Jurisdiction	S - State	O - Out of State	U - Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)	RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
<input checked="" type="checkbox"/>	<b>ALLEN, ALICIA</b>	<b>B</b>	<b>F</b>	<b>19</b>	<b>N</b>	<b>[REDACTED]</b>	<b>5-6</b>	<b>166</b>	<b>BLK</b>	<b>BRO</b>

WARRANT	ARREST	DATE/TIME OF OFFENSE	DATE/TIME OF ARREST
<input type="checkbox"/>	<input type="checkbox"/>	<b>12/01/2009</b>	<b>0530</b>

SUBJECT NO. DRUGS	ALCOHOL	YES	NO	UNK.	ARRESTED NEAR OFFENSE SCENE	YES	NO
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

ON THE ABOVE DATE AND TIME R/O WAS GIVEN A CALL TO SPEAK WITH THE VICTIM, THAT TOLD THE R/O THAT THE SUSPECT (ALICIA ALLEN), THE VICTIM'S SISTER HAD HIT THE VICTIM IN THE STOMACH AND THAT THE VICTIM WAS (3) WEEKS PREGNANT. THE R/O ASK THE VICTIM (3) TIMES WHY WERE YOU FIGHTING. THE VICTIM JUST SAID OVER SOME STUPID STUFF. THE R/O SPOKE WITH THE DOCTOR AND HE TOLD THE R/O THAT THE VICTIM WAS FINE.

NARRATIVE

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY									
P TYPE (GROUP)	TOTAL VALUE										
R Burned											
O Count/Forged											
P Dest/Damaged											
E Recovered											
R Seized											
T Stolen											
Y Unknown											
SUBJECT IDENTIFIED		SUBJECT LOCATED		ACTIVE		ADM. CLOSED		ARRESTED UNDER 18		EX-CLEAR UNDER 18	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18		<input type="checkbox"/> EX-CLEAR UNDER 18	
<input type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR 18 AND OVER									
REASON FOR EXCEPTIONAL CLEARANCE:											
1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY											
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER						
<b>CPL LOUIS BARFIELD</b>	<b>12/01/2009</b>	<b>217</b>	<b>ASST CHIEF BOBBY MCLEAN</b>	<b>12/01/2009</b>	<b>202</b>						
FOLLOW-UP INVESTIGATION OFFICER											
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO											

Rec.on Appeal 658

AGENCY I.D.  
SC0170100

**DILLON POLICE DEPARTMENT**  
**INCIDENT REPORT**

CASE NUMBER

2,009-12006

KCIC

INO ENTD.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 23H - PETTY LARCENY		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2. COV - COV - SIMPLE ASSAULT		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)					ZIP CODE	WEAPON TYPE
407 SOUTH 11TH AVE, DILLON SC					29536	40
INCIDENT DATE	ENTER CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
12/01/2009	2348		12/01/2009	2059	DISP. DATE	DISP. TIME
					12/01/2009	2150
					TIME ARRIVED	DEPART. TIME
					2150	2215
COMPLAINANT'S NAME (LAST FIRST MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
MCKENZIE, JESSICA DAVESE		#1	BG	<input checked="" type="checkbox"/> S	O	U
ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.	DAYTIME PHONE	
407 SOUTH 11TH AVE	DILLON	SC	29536	04	(843) 468-7933	
VICTIM'S NAME (LAST FIRST MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
MCKENZIE, JESSICA DAVESE		#1	BG	<input checked="" type="checkbox"/> S	O	U
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
5-4	120	GRY	BRO			
ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.	DAYTIME PHONE	
407 SOUTH 11TH AVE	DILLON	SC	29536	04		
VEHICLE INJURY (VICT 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
VICTIM (NO 1) USING ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED   J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT	SUBJECT NAME (LAST FIRST, MIDDLE)			RACE	SEX	AGE
<input checked="" type="checkbox"/> SUSPECT	MCRAE, SHAWN ANTOINE			B	M	21
<input type="checkbox"/> RUNAWAY	FACIAL HAIR SCARS TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					
<input type="checkbox"/> WANTED	TATTOO ON INNER PART OF RIGHT ARM					
<input type="checkbox"/> WARRANT	ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.	HAIR
<input type="checkbox"/> ARREST	4051 HIGHWAY 57 NORTH	LITTLE ROCK	SC	29567	CTY	BLK
<input type="checkbox"/> JAIL	SUBJECT (NO 1) USING ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE	DATE/TIME OF ARREST
<input type="checkbox"/> SUBMONS	DRUGS <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED 0		12/01/2009	2040
NARRATIVE	ON THE ABOVE DATE AND TIME, THE R/O WAS DISPATCHED TO MEET WITH A DEPUTY, AT THE ABOVE LOCATION IN REFERENCE TO A DISPUTE BETWEEN THE VICTIM AND SUSPECT. ONCE ON SCENE, THE R/O SPOKE WITH THE VICTIM, WHO STATED THAT SHE HAD BEEN BEAT BY THE SUSPECT. THE VICTIM SAID SHE WAS HIT IN THE LEFT SIDE OF HER FACE. THE COMP. ALSO STATED THAT THE SUSPECT TOOK HER GREEN, SPRINT CELLPHONE, EBT CARD AND A LONG, THIN NECKLESS FROM THE RESIDENCE. THE VICTIM WAS GIVEN A VICTIM'S ASSISTANCE PACKAGE. THE VICTIM AND SUSPECT HAVE A THREE MONTH OLD CHILD TOGETHER. THE R/O COULD SEE NO VISIBLE INJURY TO THE SUSPECT AND SHE STATED THAT SHE WAS NOT HURTING ANYWHERE. THE R/O ADVISED THE VICTIM TO SEE A JUDGE IF SHE WANTED TO PRESS CHARGES.					

				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY	JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY
P	TYPE (GROUP)	09-Credit/Debit	17-Jewelry/Preciou	28-Radios/TVs/VC	TOTAL VALUE
R	Burned				
O	Count/Forged				
P	Dest/Damaged				
E	Recovered				
R	Seized				400.00
T	Stolen	200.00	200.00		
Y	Unknown				
A	SUBJECT IDENTIFIED		SUBJECT LOCATED		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED
D	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18
M					<input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER
I	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY				
N	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE
I	PFC MONROE HERRING	12/01/2009	224	ASST CHIEF BOBBY MCLEAN	12/01/2009
S			FOLLOW-UP INVESTIGATION OFFICER		UNIT NUMBER
T	Sgt RYAN FERRY	12/01/2009	211	<input type="checkbox"/> YES <input type="checkbox"/> NO	202

Rec.on Appeal 659

KY LD.  
70200

**DILLON POLICE DEPARTMENT**  
**INCIDENT REPORT**

2009-12008

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM			
OC - ASSAULT - BATTERY		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.			
IDENTIFICATION (PERSON, AGENCY AND NUMBER, STREET NAME AND NUMBER)		ZIP CODE		WEAPON TYPE					
B.S. SOUTH 16TH AVENUE SC		29536							
OFFENSE	DATE	24 HR. CLOCK	DISPATCH DATE/TIME	TIME ARRIVED	DEPART. TIME	LOCATION NO.			
2009	12/02/2009	2215	12/02/2009	2237	2242	2305			
OFFENSE (LAW, STAT. FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE
L.L. LUKAS APRIL LANETTE		#1 BG #2 #3	<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	B	F	20	N	(843) 774-2665	
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.				
B. SOUTH 16TH AVENUE		DILLON	SC	29536	03				
OFFENSE (LAW, STAT. FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE
L.L. LUKAS APRIL LANETTE		#1 BG #2 #3	<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	B	F	20	N	(843) 774-2665	
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.				
B. SOUTH 16TH AVENUE		DILLON	SC	29536	03				
FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.									
5-4 134 BLK BRO									
B. SOUTH 16TH AVENUE DILLON SC 29536 03									
FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.									
MURPHY, DARRETT LEE									
TATTOO ON LEFT ARM									
600 EAST HAMPTON STREET DILLON SC 29536 03									
SUSPECT (NO 1) USING ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. ARRESTED NEAR OFFENSE SCENE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. DATE/TIME OF OFFENSE: 12/02/2009 2205. DATE/TIME OF ARREST:									
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE: TOTAL # ARRESTED: 0									

ON THE ABOVE DATE AND TIME THE REPORTING OFFICER WAS DISPATCHED TO THE ABOVE INCIDENT LOCATION IN REFERENCE TO AN ARGUMENT UPON OFFICERS ARRIVAL THE COMPLAINANT STATED THAT HER AND THE SUSPECT GOT INTO AN ARGUMENT AND THE SUSPECT THREATENED HER. THE SUSPECT GATHERED UP HIS CLOTHES AND LEFT THE RESIDENCE AND WENT TO HIS MOTHERS HOUSE ON E HAMPTON ST.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
PE GROUP			TOTAL VALUE
ONE			
UTL Foreign			
IL Chicago			
IL Chicago			
IL Chicago			
IL Chicago			
IL Chicago			
IL Chicago			
IL Chicago			
IL Chicago			
SUBJECT IDENTIFIED	SUBJECT LOCATED	<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER
ASCA FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY			
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER
PC ROBERT COOK	12/02/2009	222	ASST CHIEF BOBBY MCLEAN
		DATE	
		12/02/2009	
		UNIT NUMBER	
		202	
FOLLOWUP INVESTIGATION OFFICER			
<input type="checkbox"/> YES <input type="checkbox"/> NO			

Rec.on Appeal 660

AGENCY I.D.  
SC0170100

**DILLON POLICE DEPARTMENT**  
**INCIDENT REPORT**

INCIDENT NUMBER  
**2009-12011**

INC. ENTD.

E V E N T	INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM <input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
	1. BUR - BURGLARY #		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	25		
	2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)						ZIP CODE	WEAPON TYPE
528 LAKESIDE CT., DILLON SC						29536	
V I C T I M	INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
	11/26/2009	0001		12/03/2009	1600	DISP. DATE	DISP. TIME
						12/03/2009	1619
						TIME ARRIVED	DEPART. TIME
						1630	1700
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)						RELATIONSHIP TO SUBJECT	RESIDENT
LYNN, JEFFREY C						#1 ST	#2
						#3	RACE
							S O U
						SEX	W M
						AGE	37
						ETH	N
						DAYTIME PHONE	(843) 992-5423
						EVENING PHONE	
ADDRESS						CITY	STATE
528 LAKESIDE CT						DILLON	SC
						ZIP CODE	29536
						LOCATION NO.	02
VICTIM'S NAME (LAST, FIRST, MIDDLE)						RELATIONSHIP TO SUBJECT	RESIDENT
LYNN, JEFFREY C						#1	#2
						#3	RACE
							S O U
						SEX	W M
						AGE	37
						ETH	N
						DAYTIME PHONE	(843) 992-5423
						EVENING PHONE	
HEIGHT						WEIGHT	HAIR
6-0						225	BLK
EYES						FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.	
HAZ							
ADDRESS						CITY	STATE
528 LAKESIDE CT						DILLON	SC
						ZIP CODE	29536
						LOCATION NO.	02
VISBLE INJURY (VICT 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -							
VICTIM (NO 1) USING ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK							
<input type="checkbox"/> TWO-MAN VEH <input type="checkbox"/> ONE-MAN VEH <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown							
S U B J E C T	<input checked="" type="checkbox"/> SUSPECT		SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE
	<input type="checkbox"/> RUNAWAY		PERSON, UNKNOWN/UNTRACKED		U	U	00
	<input type="checkbox"/> WANTED		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				
<input type="checkbox"/> WARRANT		ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.
<input type="checkbox"/> ARREST							
<input type="checkbox"/> JAIL		SUBJECT (NO 1) USING ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE	
<input type="checkbox"/> SUMMONS		DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK TYPE:		TOTAL # ARRESTED		DATE/TIME OF ARREST	
				0		11/26/2009 0001	
N A R R A T I V E	ON THE ABOVE DATE DILLON PD WAS DISPATCHED TO THE ABOVE LOCATION. UPON ARRIVAL VICTIM STATES THAT WHILE LOOKING IN HIS BARN FOR A RAKE TO CLEAN HIS YARD, HE NOTICED THAT SOMEONE HAD TAKEN HIS NINE FOOT SURFBOARD WORTH AROUND \$1000 DOLLARS. VICTIM STATES THAT THE SURFBOARD WAS BLUE ON THE TOP WITH THE WORD WEBER ON IT IN BLACK. THE BOTTOM OF THE BOARD WAS WHITE IN COLOR WITH THE WORDS DEWEY WEBER AND A RED LOOKING SPIDERWEB DRAWN ON IT.						

		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P	TYPE (GROUP)			77-Other	TOTAL VALUE
R	Burned				
O	Count/Forged				
P	Dest/Damaged				
E	Recovered				
R	Seized				
T	Stolen			1000.00	1000.00
Y	Unknown				
A	SUBJECT IDENTIFIED	SUBJECT LOCATED	<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18	<input type="checkbox"/> EX-CLEAR UNDER 18
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR 18 AND OVER
M	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY				
I N I S T	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE
	SGT TONY J ROBERTS	12/03/2009	210	ASST CHIEF BOBBY MCLEAN	12/03/2009
			FOLLOW-UP INVESTIGATION OFFICER		
			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

Rec.on Appeal 661

GENCY I.D.  
C0170100

**DILLON POLICE DEPARTMENT**  
**INCIDENT REPORT**

CASE NUMBER

2 0 0 9 - 1 2 0 1 3

NCIC

INQ. ENTD.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. BUR - BURGLARY / LARCENY		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	24		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc. Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)					ZIP CODE	WEAPON TYPE
100 WEST MAIN ST., DILLON SC					29536	
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
12/03/2009	1700		12/04/2009	0142	DISP. DATE	DISP. TIME
					12/04/2009	0142
					0143	0230
						LOCATION NO.
						01
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
COOK, JEFFREY H		#1	#2	#3	U	W
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
401 WEST MAIN STREET		DILLON		SC	29536	04
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
PRICES FURNITURE		#1	#2	#3	J	S
HEIGHT		WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.	
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
100 WEST MAIN STREET		DILLON		SC	29536	01
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN --						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.	DATE OF BIRTH
<input checked="" type="checkbox"/> SUSPECT		U	U	00	U	
<input type="checkbox"/> RUNAWAY		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				
<input type="checkbox"/> WANTED		ADDRESS				
<input type="checkbox"/> WARRANT		CITY				
<input type="checkbox"/> ARREST		STATE				
<input type="checkbox"/> JAIL		ZIP CODE				
<input type="checkbox"/> SUMMONS		LOCATION NO.				
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED		12/03/2009		1700
		0				

ON DECEMBER 4, 2009, OFFICERS WERE DISPATCHED TO THE ABOVE INCIDENT LOCATION IN REFERENCE TO AN ALARM. UPON OFFICERS ARRIVAL OFFICERS NOTICED THAT A FRONT WINDOW HAD BEEN BUSTED OUT. THE OWNER WAS NOTIFIED AND WHEN HE ARRIVED HE STATED THAT NOTHING WAS TAKEN. A EASTSPORT BACKPACK GREEN IN COLOR WAS LEFT AT THE SCENE THAT DIDN'T BELONG TO HIM. THE WINDOW IS VALUED AT \$400.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P	TYPE (GROUP)		TOTAL VALUE
R	Burned		
O	Count./Forged		
P	Dist./Damaged		
E	Recovered		
R	Seized		
T	Stolen		
Y	Unknown		
SUBJECT IDENTIFIED		SUBJECT LOCATED	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> UNFOUNDED	
<input type="checkbox"/> ARRESTED UNDER 18		<input type="checkbox"/> ARRESTED 18 AND OVER	
<input type="checkbox"/> EX-CLEAR UNDER 18		<input type="checkbox"/> EX-CLEAR 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY			
REPORTING OFFICER(S)		DATE	UNIT NUMBER
SGT JEFFREY H COOK		12/04/2009	209
APPROVING OFFICER		DATE	UNIT NUMBER
ASST CHIEF BOBBY MCLEAN		12/04/2009	202
FOLLOW-UP INVESTIGATION OFFICER			
<input type="checkbox"/> YES <input type="checkbox"/> NO			

Rec.on Appeal 662

AGENCY I.D.  
SC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2009-12016

INQ. EHTD.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 23C - SHOPLIFTING		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	12		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Org. <input type="checkbox"/> Soc./Prof. <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
413 RADFORD BLVD (B-LO SHOPPING CENTER), DILLON SC				29536		
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
12/04/2009	0915		12/04/2009	0917	DISP. DATE	DISP. TIME
				12/04/2009	0917	0919
					0940	DEPART. TIME
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
ABEL, TODD ALAN		#1 ST	#2	<input checked="" type="checkbox"/> J	S	O
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
413 RADFORD BLVD		DILLON		SC	29536	1A
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
BI-LO		#1	#2	<input checked="" type="checkbox"/> J	S	O
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
413 RADFORD BOULEVARD		DILLON		SC	29536	
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
VICTM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED						
J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT NAME (LAST, FIRST, MIDDLE)						
<input checked="" type="checkbox"/> SUSPECT TART, STEVEN LEWIS						
<input type="checkbox"/> RUNAWAY						
<input type="checkbox"/> WANTED						
<input checked="" type="checkbox"/> WARRANT						
<input type="checkbox"/> ARREST						
<input type="checkbox"/> JAIL						
<input type="checkbox"/> SUMMONS						
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED 0		12/04/2009		0915

ON THE ABOVE DATE AND TIME R/O WAS GIVEN A CALL TO THE ABOVE LOCATION TO SPEAK WITH THE COMPLAINANT ABOUT A SHOP LIFTER. COMPLAINANT TOLD THE R/O THAT THE SUSPECT CAME IN THE STORE AND HAD STOLEN SEVERAL STEAKS FROM THE MEAT DEPARTMENT. THE COMPLAINANT TOLD THE R/O THAT DOUG FROM CARLS IGA WAS IN THE STORE AND SAW THE SUSPECT STICK SEVERAL PACKS OF STEAKS UNDER HIS COAT AND WALK OUT. THE COMPLAINANT TOLD THE R/O THAT THEY TRIED TO STOP THE SUSPECT AT THE DOOR AND THE SUSPECT WOULD NOT STOP. THE SUSPECT RAN AND JUMPED IN A RED PONTIAC GRAND AM AND LEFT. THE COMPLAINANT SAID THAT HE WAS FACE TO FACE WITH THE SUSPECT AT HIS CAR WHEN HE WAS LEAVING. COMPLAINANT GOT THE TAG NUMBER (SC DYN-443) WHICH CAME BACK TO A STEVEN LEWIS TART. THE SUSPECT'S ADDRESS WAS 2357 TOLAR LOOP DILLON, S.C. R/O ASKED THE COMPLAINANT TO GET A COPY OF THE VIDEO. R/O THEN CALLED LT. OWENS TO COME BY LATER TO PICK UP THE COPY OF THE VIDEO WHEN IT WAS READY. THE SUSPECT TOOK (8) PACKS WITH (2) STEAKS IN EACH PACK, THE COST WAS \$108.00. THE R/O SPOKE WITH LT.OWENS THAT WAS GOING TO PICK UP THE DISK AFTER THE MANAGER MADE A COPY. LT OWENS CALLED SGT LADSON AT THE JAIL TO GET A PHOTO LINE UP TO SHOW THE MANAGER AT THE STORE.

P TYPE (GROUP)		08-Consumable		TOTAL VALUE	
R	Burned				
O	Count/Forged				
P	Dist/Damaged				
E	Recovered				
R	Seized				
T	Stolen	100.00			100.00
Y	Unknown				
SUBJECT IDENTIFIED		SUBJECT LOCATED		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18	
				<input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DERIVED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY					
REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER	DATE
CPL LOUIS BARFIELD		12/04/2009	217	ASST CHIEF BOBBY MCLEAN	12/04/2009
				FOLLOW-UP INVESTIGATION OFFICER	DATE
				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO LT JAMIE L HAMILTON	12/04/2009
					212

Rec.on Appeal 663

AGENCY I.D.  
20170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2009-12019

NCIC  
INC. ENTD.

INCIDENT TYPE				COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM				
1. 120 - ARMED ROBBERY				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	17		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Instl. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.				
2.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO							
3.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO							
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)						ZIP CODE	WEAPON TYPE					
PATEL WINE AND SPIRITS 109 HWY 301 SOUTH, DILLON SC						29536	12					
INCIDENT DATE	24 HR CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK		LOCATION NO.					
12/04/2009	1000		12/04/2009	1003	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME				
				12/04/2009		1005	1007	1110	03			
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE (843) 841-0550 H B	EVENING PHONE H B	
PATEL, VIKRAM GOVINDBHAI				#1 ST	J	S	O	W	M	58	N	
ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.					
2318 HWY 301 NORTH				DILLON	SC	29536	CTY					
VICTIM'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE (843) 841-0550 H B	EVENING PHONE H B	
PATEL'S WINE & SPIRITS				#1	J	S	O	U				
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.								
ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.					
109 HWY 301 SOUTH				DILLON	SC	29536						
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN --												
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.												
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown												
SUBJECT NAME (LAST, FIRST, MIDDLE)				RACE	SEX	AGE	ETH	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
PERSON, UNKNOWN/UNTRACKED				U	U	00	U					
FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.												
ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.					
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				DATE/TIME OF OFFENSE		DATE/TIME OF ARREST						
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:				TOTAL # ARRESTED		12/04/2009 1000						
				0								

ON THE ABOVE DATE AT ABOUT 1000 HRS. A SUBJECT WEARING A BLACK JUMPSUIT WITH A HOOD AND A WHITE SKELETON CLOTH MASK ENTERED THE ABOVE INCIDENT LOCATION PRESENTED A HANDGUN AND DEMANDED MONEY. THE SUBJECT JUMPED ACROSS THE COUNTER POINTED THE GUN AT THE OWNER AND TOOK MONEY FROM THE CASH REGISTER AND FROM A MONEY BAG. THE SUSPECT THEN JUMPED BACK ACROSS THE COUNTER AND FLED THE STORE. A CUSTOMER WAS STANDING AT THE COUNTER WHEN THE SUSPECT ENTERED THE STORE AND HE GOT DOWN ON THE FLOOR. AS OF TIME OF THIS INVESTIGATION THE AMOUNT TAKEN WAS NOT KNOWN. THE OWNER CALLED LATER AND REPORTED THAT HE HAD \$6,750.00 MISSING.

				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY			
P	TYPE (GROUP)	20-Money									TOTAL VALUE
R	Burned										
O	Count./Forged										
P	Dest./Damaged										
E	Recovered										
R	Seized										
T	Stolen	6750.00									6750.00
Y	Unknown										
A	SUBJECT IDENTIFIED		SUBJECT LOCATED		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18				
D	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER				
M	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY										
I	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER				DATE	UNIT NUMBER		
N	LT LORENZO OWENS	12/04/2009	203	ASST CHIEF BOBBY MCLEAN				12/04/2009	202		
S				FOLLOW-UP INVESTIGATION OFFICER							
T				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO LT LORENZO OWENS				12/04/2009	203		

Rec.on Appeal 664

GENCOY I.D.  
C0170100

**DILLON POLICE DEPARTMENT**  
**INCIDENT REPORT**

CASE NUMBER  
**2 0 0 9 - 1 2 0 2 0**

NGIC  
INC. EXT. X

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM							
1. 240 - MOTOR VEHICLE THEFT		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	20		<input checked="" type="checkbox"/> Individual Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Org. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.							
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO										
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO										
INCIDENT LOCATION (SLEDGEBOOK APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE								
621 EDGEWOOD BLVD, DILLON SC				29536									
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK								
12/04/2009	0953		12/04/2009	0958	DISP. DATE	DISP. TIME							
					12/04/2009	0953							
					TIME ARRIVED	DEPART. TIME							
					0958	1045							
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)				RESIDENT	RACE	SEX							
SYMEONIDIS, SOLON RENOS				J	S	U							
RELATIONSHIP TO SUBJECT				AGE	ETH.	DAYTIME PHONE							
ST				47	N	(843) 665-4475							
ADDRESS				CITY	STATE	ZIP CODE							
4445 SADLER ROAD				GLEN ALLEN	VA	23060							
LOCATION NO.				OS									
VICTIM'S NAME (LAST, FIRST, MIDDLE)				RESIDENT	RACE	SEX							
SYMEONIDIS, SOLON RENOS				J	S	U							
RELATIONSHIP TO SUBJECT				AGE	ETH.	DAYTIME PHONE							
				47	N	(843) 665-4475							
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.									
5-8	190	BRO	BLU										
ADDRESS				CITY	STATE	ZIP CODE							
4445 SADLER ROAD				GLEN ALLEN	VA	23060							
LOCATION NO.				OS									
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -													
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK													
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASHT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown													
S U B J E C T	<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)			RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
	<input type="checkbox"/> RUNAWAY	PERSON, UNKNOWN/UNTRACKED			U	U	00	U					
	<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.											
	<input type="checkbox"/> WARRANT	ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.					
<input type="checkbox"/> ARREST													
<input type="checkbox"/> JAIL	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK			ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			DATE/TIME OF OFFENSE			DATE/TIME OF ARREST			
<input type="checkbox"/> SUMMONS	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:			TOTAL # ARRESTED 0			12/04/2009 0953						

ON THE ABOVE DATE AND TIME R/O WAS GIVEN A CALLED TO SPEAK TO THE VICTIM AT THE ABOVE LOCATION. VICTIM TOLD R/O THAT HE LEFT THE KEY UNDER THE FLOOR MAT FOR THE MECHANIC (JOSE PRIMERA) TO COME AND PICKUP HIS VEHICLE A (1992 MERCEDEZ 300E) FOR REPAIRS. VICTIM CALLED MECHANIC WHEN HE SEEN VEHICLE WAS GONE TO QUESTION STATUS OF REPAIRS. JOSE PRIMERA SAID HE HAD NOT PICKED THE VEHICLE UP YET. JOSE PRIMERA IS A MECHANIC AT CREEL TIRE SERVICE IN FLORENCE, S.C. NEXT DOOR TO THE CVS WHERE VICTIM WORKS. THE VICTIM HAS TWO OTHER MERCEDEZ 'S THAT JOSE PRIMERA HAS WORKED ON IN THE PAST. JOSE PRIMERA CALLED VICTIM TWICE TO ASK IF HE HAD FOUND OUT ANYTHING ABOUT THE VEHICLE. THE VEHICLE IS A BLACK MERCEDEZ 300 E 4 DOOR. THE VIN # WDBEA30ESNV59120 VALUED AT 4,000 DOLLARS.

		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P	TYPE (GROUP)	03-Motor Vehicle -			TOTAL VALUE
R	Burned				
O	Count/Forced				
P	Dest/Damaged				
E	Recovered	3000.00			3000.00
R	Seized				
T	Stolen	4000.00			4000.00
Y	Unknown				
A D	SUBJECT IDENTIFIED	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	SUBJECT LOCATED	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED <input type="checkbox"/> UNFOUNDED
	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY				
M I N I S T	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE
	CPL LOUIS BARFIELD	12/04/2009	217	ASST CHIEF BOBBY MCLEAN	12/04/2009
	LT LORENZO OWENS	12/04/2009	203	FOLLOW-UP INVESTIGATION OFFICER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO LT LORENZO OWENS	12/04/2009

Rec.on Appeal 665

AGENCY I.D.  
C0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-12025

INC. ENTD.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 220 - FORCED ENTRY INTO RESIDENCE		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	28		<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
1010 MCKENZIE ROAD APT. A-5 (CEDAR TERRANCE), DILLON SC				29536		
INCIDENT DATE	24 HR. CLOCK	TO DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	LOCATION NO.	
12/04/2009	1750	12/04/2009	1820	DISP. DATE: 12/04/2009 DISP. TIME: 1829 TIME ARRIVED: 1833 DEPART. TIME: 1855	01	
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX
BETHEA, DENESHA N			#1 ST	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	B	F
ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.
1010 MCKENZIE ROAD APT B15			DILLON	SC	29536	01
VICTIM'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX
BETHEA, DENESHA N			#1 ST	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	B	F
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
5-5	130	BLK	BRO			
ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.
1010 MCKENZIE ROAD APT B15			DILLON	SC	29536	01
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED <input checked="" type="checkbox"/> SUSPECT <input type="checkbox"/> RUNAWAY <input type="checkbox"/> WANTED <input type="checkbox"/> ARREST <input type="checkbox"/> JAIL <input type="checkbox"/> SUMMONS						
SUBJECT NAME (LAST, FIRST, MIDDLE)				RACE	SEX	AGE
PERSON, UNKNOWN/UNTRACKED				B	M	35-45
FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				ETH.	DATE OF BIRTH	HEIGHT
				N		
ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.
			DILLON	SC	29536	01
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.				ARRESTED NEAR OFFENSE SCENE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE/TIME OF OFFENSE
DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. TYPE:				TOTAL # ARRESTED	0	DATE/TIME OF ARREST
				12/04/2009	1750	

ON THE ABOVE DATE AND TIME, CITY UNITS WERE DISPATCHED TO THE ABOVE LOCATION IN REFERENCE TO A BLACK MALE FORCING HIS WAY INTO THE APARTMENT OF THE VICTIM. ONCE ON SCENE, THE R/O SPOKE WITH THE VICTIM, WHO STATED THAT HER BROTHER ANSWERED THE DOOR AND THE SUSPECT ASKED IF HE HAD CHANGE FOR A TEN DOLLAR BILL. WHEN THE BROTHER SAID NO, THE SUSPECT PUSHED THE DOOR INTO THE BROTHER AND ENTERED THE RESIDENCE. THE VICTIM SAID THE SUSPECT PULLED A LARGE ROLL OF MONEY OUT OF HIS POCKET AND KEPT ASKING HER IF SHE HAD CHANGE FOR THE TEN DOLLAR BILL. THE VICTIM SAID THE SUSPECT KEPT LOOKING AROUND HER APARTMENT, LIKE HE WAS SCOPING IT OUT OR SOMETHING. THE VICTIM SAID SHE KEPT ASKING THE SUSPECT TO LEAVE, BUT HE WOULD NOT. THAT IS WHEN SHE CALLED THE POLICE. THE VICTIM DID NOT KNOW THE SUSPECT, NOR DID THE NEIGHBOR IN THE APARTMENT NEXT DOOR. THE VICTIM SAID THAT THE SUSPECT SAID HIS NAME WAS SMILEY. THE R/O INFORMED THE VICTIM THAT A REPORT WOULD BE FILED AND SHE COULD PICK UP A COPY IF SHE SO DESIRED.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P TYPE (GROUP)			TOTAL VALUE
R Burned			
O Count/Forged			
P Dest/Damaged			
E Recovered			
R Seized			
T Stolen			
Y Unknown			
SUBJECT IDENTIFIED		SUBJECT LOCATED	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18	
<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY			
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER
PFC MONROE HERRING	12/04/2009	224	ASST CHIEF BOBBY MCLEAN
		DATE	
		12/04/2009	
		UNIT NUMBER	
		202	
FOLLOW-UP INVESTIGATION OFFICER			
<input type="checkbox"/> YES <input type="checkbox"/> NO			

Rec.on Appeal 666

AGENCY I.D.  
00170100

**DILLON POLICE DEPARTMENT**  
**INCIDENT REPORT**

CASE NUMBER

2,009-1,2030

NCIC

INQ. ENTD.

E V E N T	INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst <input type="checkbox"/> Government <input type="checkbox"/> Refg. Orgn. <input type="checkbox"/> Soc. Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
	1. BEM - B&E OF MOTOR VEHICLE		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	18 09		
	2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
V I C T I M	INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)					ZIP CODE	WEAPON TYPE
	WALGREENS 1210 HWY 301 NORTH, DILLON SC					29536	
	INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
12/05/2009	2108		12/05/2009	2120	DISP. DATE	DISP. TIME	TIME ARRIVED
					12/05/2009	2121	2127
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX
STEWART, KEVIN W		#1	#2	#3	J	S	O
ADDRESS		CITY			STATE	ZIP CODE	LOCATION NO.
512 SUGARCANE ROAD		DILLON			SC	29536	CTY
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX
STEWART, KEVIN W		#1	#2	#3	J	S	O
ADDRESS		CITY			STATE	ZIP CODE	LOCATION NO.
512 SUGARCANE ROAD		DILLON			SC	29536	CTY
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -							
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.							
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown							
S U B J E C T	<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)			RACE	SEX	AGE
	<input type="checkbox"/> RUNAWAY	PERSON, UNKNOWN/UNTRACKED			U	U	00
	<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					
<input type="checkbox"/> WARRANT	ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.
<input type="checkbox"/> ARREST							
<input type="checkbox"/> JAIL	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.			ARRESTED NEAR OFFENSE SCENE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE/TIME OF OFFENSE	DATE/TIME OF ARREST
<input type="checkbox"/> SUMMONS	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:			TOTAL # ARRESTED	0	12/05/2009	2108

N A R R A T I V E	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY 170100				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
	P	TYPE (GROUP)			77-Other	TOTAL VALUE
	R	Burned				
	O	Count. Forged				
	P	Dest. Damaged				
	E	Recovered				
	R	Seized				
	T	Station			10.00	10.00
	Y	Unknown				
	A D M I N I S T	SUBJECT IDENTIFIED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		SUBJECT LOCATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> AMENITY - NO CUSTODY		<input type="checkbox"/> UNFOUNDED <input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18		<input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER		
REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
PFC RONALD GRAHAM		12/05/2009	219	ASST CHIEF BOBBY MCLEAN	12/05/2009	202
				FOLLOW-UP INVESTIGATION OFFICER		
				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		

Rec.on Appeal 667

AGENCY I.D.  
C0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER

2009-12032

NCIC

IND. ENTD.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. BUR - BURGLARY 3RD		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	25		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2. BEM - B&E OF MOTOR VEHICLE (2)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	20		
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
111 SOUTH 12TH AVE., DILLON SC				29536		
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
12/05/2009	1800		12/05/2009	2325	DISP. DATE	DISP. TIME
				12/05/2009	2331	2333
					DEPART. TIME	2358
						LOCATION NO.
						03
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
JACKSON, CLIFTON ADOLPHUS		#1 ST	#2	<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	W	M
ADDRESS		CITY	STATE	AGE	ETH	DAYTIME PHONE
111 SOUTH 12TH AVENUE		DILLON	SC	71	N	(843) 774-5975 H
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
JACKSON, CLIFTON ADOLPHUS		#1	#2	<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	W	M
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
5-9	215	GRY	BRO			
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	
111 SOUTH 12TH AVENUE		DILLON	SC	29536	03	
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH	DATE OF BIRTH
PERSON, UNKNOWN/UNTRACKED		U	U	00	U	
FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED 0		12/05/2009 1800		

ON THE ABOVE DATE AND TIME, R/O WAS DISPATCHED TO THE ABOVE LOCATION IN REFERENCE TO SOME ONE HAD BROKEN INTO A STORAGE BUILDING. UPON ARRIVAL R/O SPOKE WITH THE VICTIM WHO STATED THAT SOME ONE HAD TORE THE DOOR OFF HIS STORAGE BUILDING AND TOOK TOOLS OUT OF THE BUILDING. R/O NOTICE THAT THE DOOR HAD BEEN RIPPED OFF THE BUILDING. R/O ALSO NOTICE THAT THERE WAS 1 HUSQVARNA TILLER OUTSIDE THE FRONT OF THE BUILDING, 1 SILVER AIR TANK NEAR BY. THE RED WHEEL BARROW AND THE 2 WEED EATERS WAS ON THE SIDE OF THE BUILDING IN FRONT OF A METAL BUILDING WHICH APPEARED THAT THE DOORS HAD BEEN PRIED ON BUT DID NOT GIVE. WHILE AT THE SCENE, R/O WAS ADVISED BY THE VICTIM THAT A 1979 JEEP AND A 2004 JEEP THAT WAS PARKED IN THE YARD HAD BEEN ENTERED. SOME ONE HAD WENT THROUGH THE VEHICLES AND SCATTERED THE PAPERS AROUND ON THE FLOOR. THE VICTIM STATED THAT NOTHING APPEARED TO BE MISSING. THE VEHICLES WERE LEFT UNLOCKED. SGT. JAMES HAYES WAS NOTIFIED AND PROCESSED THE SCENE.

P TYPE (GROUP)		36-Tools		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY 170100		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY 170100	
R	Burned						TOTAL VALUE
O	Count./Forged						
P	Dest./Damaged						
E	Recovered	900.00					900.00
R	Seized						
T	Stolen	900.00					900.00
Y	Unknown						
A	SUBJECT IDENTIFIED		SUBJECT LOCATED		ACTIVE		ADM. CLOSED
D	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED UNDER 18
M							<input type="checkbox"/> ARRESTED 18 AND OVER
I	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH		2. <input type="checkbox"/> NO PROSECUTION		3. <input type="checkbox"/> EXTRADITION DENIED		4. <input type="checkbox"/> VICTIM DECLINES COOPERATION
N	REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER		DATE
I	PFC RONALD GRAHAM		12/05/2009	219	ASST CHIEF BOBBY MCLEAN		12/05/2009
S					FOLLOW-UP INVESTIGATION OFFICER		UNIT NUMBER
T					<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		202

Rec.on Appeal 668

GENCY I.D.  
C0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-12049

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. SUS - SUSPICIOUS PERSON		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	21		<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc. Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
HELMI'S 813 RADFORD BLVD., DILLON SC				29536		
INCIDENT DATE	24 HR CLOCK	TO	DATE	24 HR CLOCK	DISPATCH DATE/TIME 24 HR CLOCK	
12/08/2009	1645		12/08/2009	1645	DISP. DATE	DISP. TIME
					12/08/2009	1717
					1720	1745
					LOCATION NO.	
					1A	
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
HOOKER, RITA JONES		#1 ST	#2	J	S	O
		#3		U	W	F
ADDRESS		CITY	STATE	AGE	ETH	DAYTIME PHONE
171 BROWNS CREEK ROAD		LATTA	SC	45	N	(843) 841-9850
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
SOCIETY/PUBLIC		#1	#2	J	S	O
		#3		U		
HEIGHT		WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.	
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.	DATE OF BIRTH
<input checked="" type="checkbox"/> SUSPECT ASSADULLAH, AZIZI		A	M	30-40	N	
<input type="checkbox"/> RUNAWAY		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				
<input type="checkbox"/> WANTED						
<input type="checkbox"/> WARRANT		ADDRESS				
<input type="checkbox"/> ARREST		CITY				
<input type="checkbox"/> JAIL		STATE				
<input type="checkbox"/> SUMMONS		ZIP CODE				
		LOCATION NO.				
		00				
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST
				12/08/2009		1645
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED				
		0				

ON THE ABOVE DATE AND TIME R/O WAS DISPATCHED TO THE INCIDENT LOCATION IN REFERENCE TO A SUSPICIOUS PERSON. UPON ARRIVAL THE COMPLAINANT STATED THAT THE SUSPECT (ARABIC MALE) ALONG WITH FOUR (3) MALES AND ONE (1) FEMALE ATE AT THE LOCATION. SHE STATED AS THEY WERE LEAVING THE SUSPECT CAME BACK INTO THE LOCATION AND STATED THAT THEY WERE GOING TO TRAIN THE ARMY IN JACKSONVILLE, NORTH CAROLINA. R/O MADE CONTACT WITH MAJOR AKERS AT THE MARINE CORP AIR STATION AT NEW RIVER IN JACKSONVILLE, NORTH CAROLINA AND RELAYED THE INFORMATION. MAJOR AKERS WAS GIVEN THE CASE NUMBER FOR THE INCIDENT. THE COMPLAINANT GOT THE NAME OF THE SUSPECT WHEN HE PAID WITH A CREDIT CARD. THE PARTIES LEFT IN A WHITE FORD ECONOLINE VAN FROM ENTERPRISE LEASING OUT OF GEORGIA. THE LICENSES PLATE WAS A GEORGIA PLATE #AAG9529.

P TYPE (GROUP)		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		TOTAL VALUE
R	Burned					
O	Count/Forged					
P	Dest./Damaged					
E	Recovered					
R	Seized					
T	Stolen					
Y	Unknown					
SUBJECT IDENTIFIED		SUBJECT LOCATED		<input type="checkbox"/> ACTIVE <input checked="" type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> EX-CLEAR UNDER 18
						<input type="checkbox"/> ARRESTED 18 AND OVER
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY						
REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER		DATE
PFC RAY MCPHATTER		12/08/2009	220	ASST CHIEF BOBBY MCLEAN		12/08/2009
				FOLLOW-UP INVESTIGATION OFFICER		
				<input type="checkbox"/> YES <input type="checkbox"/> NO		

Rec.on Appeal 669

GENCY I.D.  
C0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-12050

INC. ENTD.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 220 - BURGLARY 2ND		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	20		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
810 NORTH 18TH AVE., DILLON SC				29536		
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
11/02/2009	1600		11/07/2009	1600	DISP. DATE	DISP. TIME
						TIME ARRIVED
						DEPART. TIME
						LOCATION NO.
						02
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX
BRACEY, DR. RONALD KENT			#1 ST #2 #3	<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	W	M
ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.
810 N. 18TH AVE			DILLON	SC	29536	02
VICTIM'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX
BRACEY, DR. RONALD KENT			#1 #2 #3	<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	W	M
ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.
810 N. 18TH AVE			DILLON	SC	29536	02
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
5-6	150	BRO	BRO			
ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.
810 N. 18TH AVE			DILLON	SC	29536	02
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED						
J - This Jurisdiction S - State O - Out of State U - Unknown						
<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)			RACE	SEX	AGE
<input type="checkbox"/> RUNAWAY	PERSON, UNKNOWN/UNTRACKED			U	U	00
<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.			ETH	DATE OF BIRTH	HEIGHT
<input type="checkbox"/> WARRANT				U		
<input type="checkbox"/> ARREST	ADDRESS			CITY	STATE	ZIP CODE
<input type="checkbox"/> JAIL						
<input type="checkbox"/> SUMMONS	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.			ARRESTED NEAR OFFENSE SCENE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE/TIME OF OFFENSE
	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:			TOTAL # ARRESTED	0	DATE/TIME OF ARREST
						11/02/2009 1600

ON THE ABOVE DATE AND TIME THE VICTIM CAME TO THE POLICE DEPARTMENT AND REPORTED THAT SOME ONE HAD WENT INTO STORAGE ROOM UNDER THE CARPORT AND REMOVED THE WINCHESTER PELLET RIFLE FROM THE ROOM. THE PELLET RIFLE IS VALUE AT \$240. THE RIFLE IS BROWN IN COLOR AND HAS A SCOPE MOUNTED. THE RIFLE ALSO HAD A CAMOUFLAGE SHOULDER STRAP. THE VICTIM STATED THAT THE DOOR LOCK WAS NOT WORKING AT THE TIME.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY 170100		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P TYPE (GROUP)	13-Firearms	TOTAL VALUE	
R Burned			
O Count/Forged			
P Dest./Damaged			
E Recovered			
R Seized			
T Stolen	240.00	240.00	
Y Unknown			
SUBJECT IDENTIFIED		SUBJECT LOCATED	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	
		<input type="checkbox"/> UNFOUNDED <input type="checkbox"/> ARRESTED UNDER 18	
		<input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR UNDER 18	
		<input type="checkbox"/> EX-CLEAR 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY			
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER
PPC RONALD GRAHAM	12/09/2009	219	ASST CHIEF BOBBY MCLEAN
		DATE	
		UNIT NUMBER	
		202	
FOLLOW-UP INVESTIGATION OFFICER			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			

Rec.on Appeal 670

GENCY I.D.  
C0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-12051

INC. ENTD.

INCIDENT TYPE:				COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM					
1. 13C - SIMPLE ASSAULT				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	11		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Fictive Cit.					
2.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO								
3.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO								
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)						ZIP CODE	WEAPON TYPE						
600 E MAIN STREET DILLON COUNTY LIBRARY, DILLON SC						29536							
INCIDENT DATE	24 HR CLOCK	TO	DATE	24 HR CLOCK	DISPATCH DATE/TIME 24 HR CLOCK		LOCATION NO.						
12/09/2009	1215		12/09/2009	1230	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME					
					12/09/2009	1245	1245	1300					
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX					
DAVIS, ASHLEY MONAE				#1 OK	#2	<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	B	F					
ADDRESS				CITY		STATE	ZIP CODE	LOCATION NO.					
204 W LOWMEN STREET				MULLINS		SC	29574	04					
VICTIM'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX					
DAVIS, ASHLEY MONAE				#1 OK	#2	<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	B	F					
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.									
5-3	111	BLK	BRO										
ADDRESS				CITY		STATE	ZIP CODE	LOCATION NO.					
204 W LOWMEN STREET				MULLINS		SC	29574	04					
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -													
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK													
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown													
SUBJECT	SUBJECT NAME (LAST, FIRST, MIDDLE)				RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
	<input checked="" type="checkbox"/> SUSPECT UNKNOWN, MICHELLE				B	F	30-35	N		5-6	210	BLK	BRO
	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.												
	ADDRESS				CITY		STATE	ZIP CODE	LOCATION NO.				
#1	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK				ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST				
	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK TYPE:				TOTAL # ARRESTED 0		12/09/2009 1215						
ON THE ABOVE DATE AND TIME, OFFICER MET WITH THE COMPLAINANT / VICTIM AT THE PD. VICTIM STATED WHILE SHE WAS AT WORK AT THE LIBRARY, THE ABOVE SUSPECT CAME INSIDE AND BEGAN MAKING SEVERAL COMMENTS TO THE VICTIM AND STATED THAT THE VICTIM DID NOT HAVE HER SISTER WITH HER AND THAT THE SUBJECT WOULD KICK THE VICTIM'S ASS. VICTIM STATED SHE WANTED A REPORT ON FILE, IN CASE OF FUTURE INCIDENTS.													

				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY					
P	TYPE (GROUP)												TOTAL VALUE
R	Burned												
D	Count/Forged												
P	Dest/Damaged												
E	Recovered												
R	Seized												
T	Stolen												
Y	Unknown												
A	SUBJECT IDENTIFIED		SUBJECT LOCATED		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18		<input type="checkbox"/> EX-CLEAR UNDER 18				
D	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR 18 AND OVER				
M	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY												
R	REPORTING OFFICER(S)			DATE	UNIT NUMBER	APPROVING OFFICER			DATE	UNIT NUMBER			
I	PFC SARA JEAN MACIEL			12/09/2009	223	ASST CHIEF BOBBY MCLEAN			12/09/2009	202			
S	FOLLOW-UP INVESTIGATION OFFICER												
T	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO												

Rec.on Appeal 671

GENCY I.D.   
 C0170100

DILLON POLICE DEPARTMENT   
 INCIDENT REPORT

2009-12052

IND. ENTD.

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 23C - SHOPLIFTING	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	24		<input type="checkbox"/> Individual Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)   
 112 WEST MAIN ST (CITI TRENDS), DILLON SC   
 ZIP CODE 29536 WEAPON TYPE

INCIDENT DATE	24 HR CLOCK	TO	DATE	24 HR CLOCK	DISPATCH DATE/TIME 24 HR CLOCK	DISPATCH TIME	TIME ARRIVED	DEPART. TIME	LOCATION NO.
12/09/2009	1140		12/09/2009	1150	12/09/2009	1155	1157	1240	01

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)   
 KEMP, TABITHA STANLEY   
 RELATIONSHIP TO SUBJECT #1 #2 #3   
 ST ST ST   
 RESIDENT RACE SEX AGE ETH DAYTIME PHONE (843) 774-6331 H B EVENING PHONE H B

ADDRESS   
 112 W MAIN ST   
 CITY DILLON STATE SC ZIP CODE 29536 LOCATION NO. 04

VICTIM'S NAME (LAST, FIRST, MIDDLE)   
 CITI TRENDS   
 RELATIONSHIP TO SUBJECT #1 #2 #3   
 J S O U   
 RESIDENT RACE SEX AGE ETH DAYTIME PHONE (843) 774-6331 H B EVENING PHONE H B

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

ADDRESS   
 112 WEST MAIN STREET   
 CITY DILLON STATE SC ZIP CODE 29536 LOCATION NO. 04

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

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

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

SUSPECT SUBJECT NAME (LAST, FIRST, MIDDLE) PERSON, BIANCA RACE SEX AGE ETH DATE OF BIRTH HEIGHT WEIGHT HAIR EYES   
 B F 18-20 N 5-2 140 BLK BRO   
 FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

WANTED ADDRESS CITY STATE ZIP CODE LOCATION NO.

ARREST

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

SUMMONS DRUGS:  YES  NO  UNK. TYPE: TOTAL # ARRESTED 1 12/09/2009 1140

ON THE ABOVE DATE AND TIME, THE R/O RESPONDED TO THE ABOVE LOCATION IN REFERENCE TO SHOPLIFTING. WHEN THE R/O ARRIVED ON SCENE, THE SUBJECTS HAD ALREADY RAN OFF. THE COMPLAINANT STATES THAT SUBJECTS #1, #2, #3, AND #4 CAME INTO THE STORE TOGETHER. ALL FOUR SUBJECTS THEN RAN OUT THE STORE. SUBJECTS #1 AND #2 WERE CARRYING CLOTHES EACH WHEN RUNNING OUT THE STORE. SUBJECTS #3 AND #4 DID NOT HAVE ANY ITEMS ACCORDING TO THE COMPLAINANT. COMPLAINANT STATES THAT SUBJECT #1 AND #2 HAD APPROX FOUR PAIRS OF PANTS AND SIX SHIRTS. THE R/O LOCATED SUBJECT #4 WALKING DOWN NORTH 1ST AVE. SUBJECT #4 WAS PLACED INTO CUSTODY. CUFFS WERE DOUBLE LOCKED AND CHECKED FOR TIGHTNESS. SUBJECT #4 WAS THEN TRANSPORTED TO DILLON POLICE DEPARTMENT. SUBJECT #4 AND SUBJECT #3 ARE BOTHERS. SUBJECT # 4 STATES THAT HE DOES NOT KNOW SUBJECTS #1 AND #2. THE R/O WILL SECURE A WARRANT FOR SUBJECT #3. THE COMPLAINANT STATES THAT SUBJECTS #1 AND #2 LEFT IN A TAN IN COLOR BUICK. SUBJECT #4'S MOTHER WAS NOTIFIED TO PICK UP SUBJECT #4 FROM THE POLICE DEPARTMENT. THE R/O WILL SIGN A PETITION FOR SUBJECT #4.

		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY SC0170100		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P TYPE (GROUP)	06-Clothes/Furs				TOTAL VALUE
R Burned					
O Count/Forged					
P Des./Damaged					
E Recovered					
R Seized	200.00				200.00
Y Stolen					
Unknown					

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

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

REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
SGT ERIC POSTON	12/09/2009	214	ASST CHIEF BOBBY MCLEAN	12/09/2009	202

FOLLOW-UP INVESTIGATION OFFICER  YES  NO

Rec.on Appeal 672

App'x 674

AGENCY I.D.  
C0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-12054

INC. ENTD.

INCIDENT TYPE				COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM				
1. 23H - PETIT LARCENY				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	11		<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input checked="" type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.				
2.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO							
3.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO							
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)						ZIP CODE	WEAPON TYPE					
DILLON COUNTY EMS 1435 EAST MAIN ST., DILLON SC						29536						
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK			LOCATION NO.				
11/29/2009	1600		11/30/2009	0800	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME				
					12/09/2009	1600	1600	1645				
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE (910) 762-1374	EVENING PHONE
ROSS, MICHAEL				#1 ST	#2	#3	J	S	O	U	00	
ADDRESS				CITY		STATE	ZIP CODE	LOCATION NO.				
2015 GARDNER DRIVE				WILMINGTON		NC	28405	OS				
VICTIM'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE (910) 762-1374	EVENING PHONE
US WEATHER SERVICE				#1	#2	#3	J	S	O	U		
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.								
ADDRESS				CITY		STATE	ZIP CODE	LOCATION NO.				
2015 GARDNER DR.				WILMINGTON		NC	28405	OS				
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -												
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.												
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown												
SUBJECT NAME (LAST, FIRST, MIDDLE)				RACE	SEX	AGE	ETH	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
<input checked="" type="checkbox"/> SUSPECT PERSON, UNKNOWN/UNTRACKED				U	U	00	U					
<input type="checkbox"/> RUNAWAY				FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.								
<input type="checkbox"/> WANTED												
<input type="checkbox"/> WARRANT												
<input type="checkbox"/> ARREST												
<input type="checkbox"/> JAIL												
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.				ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST				
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:				TOTAL # ARRESTED 0		11/29/2009 1600						

ON THE ABOVE DATE AND TIME, R/O RECEIVED A FAX FROM THE COMPLAINANT IN REFERENCE TO A LARCENY OF WEATHER EQUIPMENT. THE COMPLAINANT WAS NOTIFIED ON 11/30/2009 FROM THE DILLON COUNTY EMS PERSONNEL THAT THE WEATHER MONITORING EQUIPMENT WAS MALFUNCTIONING. THE COMPLAINANT RESPONDED AND DISCOVERED THAT THE EXTERIOR INSTRUMENT THAT IS USED TO MONITOR OUTSIDE TEMPERATURE HAD BEEN STOLEN. THE INSTRUMENT WAS MOUNTED ON A POST IN THE REAR NEAR THE FENCE THAT SURROUNDS THE EMS STATION. THE FENCE IS SECURED WHEN THE STATION IS NOT MANNED AND THERE WERE NO SIGNS OF FORCE ENTRY ONTO THE PROPERTY. THE INSTRUMENT LOOKS LIKE A BEE HIVE AND IS MADE OF WHITE PLASTIC THAT CONTAINS SMALL PIECES OF METAL THAT DETECTS TEMPERATURE. THE INSTRUMENT HAS NO IDENTIFIABLE NUMBERS OR MARKS SO IT CANNOT BE ENTERED INTO NCIC. THE INSTRUMENT IS VALUED AT \$243 AND AS OF THIS REPORT HAS ALREADY BEEN REPLACED.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY 170100				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY			
P	TYPE (GROUP)					77-Other	TOTAL VALUE
R	Burned						
O	Court/Forged						
P	Dest./Damaged						
E	Recovered						
R	Seized						
T	Stolen					243.00	243.00
Y	Unknown						
A	SUBJECT IDENTIFIED	SUBJECT LOCATED	<input type="checkbox"/> ACTIVE <input checked="" type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18	<input type="checkbox"/> EX-CLEAR UNDER 18		
D	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR 18 AND OVER		
H	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY						
I	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER
N	PFC RONALD GRAHAM	12/09/2009	219	ASST CHIEF BOBBY MCLEAN		12/09/2009	202
S	FOLLOW-UP INVESTIGATION OFFICER						
T	<input type="checkbox"/> YES <input type="checkbox"/> NO						

Dillon Report 0111

Rec.on Appeal 673

00170100

INCIDENT REPORT

2009-12059

INCL. ENCL.

INCIDENT TYPE				COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM						
1. 13C - THREATEN TO DO BODILY HARM				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	07		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.						
2.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO									
3.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO									
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)						ZIP CODE	WEAPON TYPE							
601 WEST MAIN STREET (FOOD MART), DILLON SC						29536								
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK			LOCATION NO.						
12/09/2009	2200		12/09/2009	2215	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME						
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)					RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE		
MCKENZIE, SAMUEL D					#1 ST		D S O U	B	M	52	N			
ADDRESS					CITY	STATE	ZIP CODE	LOCATION NO.						
807EAST ST.					DILLON	SC	29536	04						
VICTIM'S NAME (LAST, FIRST, MIDDLE)					RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE		
MCKENZIE, SAMUEL D					#1 RU		D S O U	B	M	52	N			
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.										
5-7	200	BLK	BRO											
ADDRESS					CITY	STATE	ZIP CODE	LOCATION NO.						
807EAST ST.					DILLON	SC	29536	04						
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN--														
VICTIM (NO. 1) USING: ALCOHOL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.														
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED <input type="checkbox"/> J - This Jurisdiction S - State O - Out of State U - Unknown														
<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)					RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
<input type="checkbox"/> RUNAWAY	PERSON, UNKNOWN/UNTRACKED					U	U	00	U					
<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.													
<input type="checkbox"/> WARRANT	ADDRESS					CITY	STATE	ZIP CODE	LOCATION NO.					
<input type="checkbox"/> ARREST														
<input type="checkbox"/> JAIL	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.					ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST				
<input type="checkbox"/> SUMMONS	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:					TOTAL # ARRESTED 0		12/09/2009 2200						

ON THE ABOVE DATE AND TIME, CITY UNITS WERE DISPATCHED TO THE ABOVE LOCATION IN REFERENCE TO A PARTY BEING THREATENED. ONCE ON SCENE, THE R/O SPOKE WITH THE VICTIM, WHO STATED THAT TWO UNKNOWN BLACK MALES KEEPS THREATENING HIM. THE VICTIM COULD NOT IDENTIFY EITHER ONE OF THE SUSPECTS BY NAME. THE VICTIM STATED THAT THE AGE OF THE SUSPECTS WERE BETWEEN EIGHTEEN AND TWENTY FIVE. THE VICTIM KEPT ASKING THE R/O WHAT HE WAS GOING TO DO TO HIM, WHEN HE DEFENDED HIMSELF AGAINST THE MEN. THE R/O ADVISED THE VICTIM TO CONTACT THE POLICE IN THE SAME MANNER HE HAD DONE EARLIER. THE VICTIM HAD A STRONG ODOR OF ALCOHOL AND HIS SPEECH WAS SLURRED.

				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY				
TYPE (GROUP)												TOTAL VALUE
Burned												
Count/Forged												
Dest./Damaged												
Recovered												
Seized												
Stolen												
Unknown												
SUBJECT IDENTIFIED		SUBJECT LOCATED		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18		<input type="checkbox"/> EX-CLEAR UNDER 18				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR 18 AND OVER				
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY												
REPORTING OFFICER(S)			DATE	UNIT NUMBER	APPROVING OFFICER				DATE	UNIT NUMBER		
PFC MONROE HERRING			12/09/2009	224	ASST CHIEF BOBBY MCLEAN				12/09/2009	202		
FOLLOW-UP INVESTIGATION OFFICER <input type="checkbox"/> YES <input type="checkbox"/> NO												

Print Date: 11/10

Rec.on Appeal 674

App'x 676

GENCY I.D.  
C0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-12060

INQ. ENTD.

INCIDENT TYPE				COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM				
1. 13C - ASSAULT AND BATTERY				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Pubic <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.				
2.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO							
3.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO							
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)						ZIP CODE	WEAPON TYPE					
1115 EAST CALHOUN STREET, DILLON SC						29536						
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK		LOCATION NO.					
11/29/2009	0000		12/10/2009	1135	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME				
					12/10/2009	1135	1135	1155				
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE
JEFFERY, TYRA L				AQ		<input checked="" type="checkbox"/> S	O	U	B	F	41	N
ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.					
704 SOUTH 18TH AVE				DILLON	SC	29536	03					
VICTIM'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE
JEFFERY, TYRA L				AQ		<input checked="" type="checkbox"/> S	O	U	B	F	41	N
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.								
5-8	258	BRO	BRO									
ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.					
704 SOUTH 18TH AVE				DILLON	SC	29536	03					
VISIBLE INJURY (VCT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -												
VICTIM (NO 1) USING ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK												
<input type="checkbox"/> TWO-MAN VEH <input type="checkbox"/> ONE-MAN VEH <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State G - Out of State U - Unknown												
<input checked="" type="checkbox"/> SUSPECT SUBJECT NAME (LAST, FIRST, MIDDLE) RACE SEX AGE ETH DATE OF BIRTH HEIGHT WEIGHT HAIR EYES <input type="checkbox"/> RUMAWAY OWENS, JACQUELINE B F 44 N [REDACTED] 5-8 200 BLK BRO <input type="checkbox"/> WANTED FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. <input type="checkbox"/> WARRANT ADDRESS CITY STATE ZIP CODE LOCATION NO. <input type="checkbox"/> ARREST 1115 EAST CALHOUN STREET DILLON SC 29536 03 <input type="checkbox"/> JAIL SUBJECT (NO 1) USING ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO DATE/TIME OF OFFENSE DATE/TIME OF ARREST <input type="checkbox"/> SUMMONS DRUGS <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK TYPE: TOTAL # ARRESTED 0 11/29/2009 0000												

ON THE ABOVE DATE AND TIME, OFFICER MET WITH THE COMPLAINANT / VICTIM AT THE POLICE DEPT. VICTIM STATED SHE WAS KEEPING A DOG FOR A FRIEND OF HER'S BECAUSE THE FRIEND BECAME ILL. VICTIM STATED ON 11-29-09, SHE ASKED THE SUSPECT IF SHE COULD KEEP THE DOG WHILE THE VICTIM WAS HERSELF UNDER HOSPITAL CARE. VICTIM STATED THAT ON 12-03-09, SHE WENT TO GO PICK THE DOG BACK UP FROM THE SUSPECT. VICTIM STATED SHE IS A FRIEND OF THE SUSPECT'S AND WHEN THE VICTIM STARTED TO LEAVE THE SUSPECT'S RESIDENCE, THE VICTIM INFORMED THE SUSPECT THAT SHE WAS TAKING THE DOG BACK. VICTIM STATED THE SUSPECT PUSHED THE VICTIM AND WOULD NOT ALLOW THE VICTIM TO GET THE DOG. VICTIM STATED SHE TOLD THE SUSPECT SHE WOULD NOT FIGHT HER AND WHEN THE VICTIM REACHED FOR THE DOG, THE SUSPECT PUSHED HER AGAIN. VICTIM STATED THE SUSPECT SAID, HER KIDS LOVED THE DOG AND THE VICTIM WOULD NOT GET THE DOG BACK. VICTIM STATED THE DOG IS A RED AND CREAM COLOR SCOTTISH TERRIER. VICTIM STATED THE DOG DOES NOT BELONG TO HER, BUT BELONGS TO A FRIEND OF HERS. VICTIM WAS ADVISED TO COME SEE THE JUDGE.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY			
SC0170100				SC0170100			
P	TYPE (GROUP)						TOTAL VALUE
R	Burned						
O	Count/Forged						
P	Dest/Damaged						
E	Recovered						
R	Seized						
T	Stolen						
Y	Unknown						
A	SUBJECT IDENTIFIED	SUBJECT LOCATED	<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18	<input type="checkbox"/> EX-CLEAR UNDER 18		
D	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR 18 AND OVER		
M	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY						
N	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER	
I	PFC SARA JEAN MACIEL	12/10/2009	223	ASST CHIEF BOBBY MCLEAN	12/10/2009	202	
S	FOLLOWUP INVESTIGATION OFFICER						
T	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						

Rec.on Appeal 675

SC0170100

INCIDENT REPORT

2009-12062

INQ. ENTD.

INCIDENT TYPE				COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM								
1. 35A - TRAFFICKING COCAINE J008650				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	13		<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input checked="" type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.								
2.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO											
3.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO											
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)						ZIP CODE	WEAPON TYPE									
SOUTH 18TH AVE & EAST DARGAN ST, DILLON SC						29536										
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK		LOCATION NO.									
12/10/2009	1540		12/10/2009	1545	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME								
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)					RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE					
POSTON, GORDON ERIC					#1 AQ	ST	ST	SO	U	W	M	40	N	(843) 774-0051		
ADDRESS					CITY	STATE	ZIP CODE	LOCATION NO.								
401 WEST MAIN STREET					DILLON	SC	29536	04								
VICTIM'S NAME (LAST, FIRST, MIDDLE)					RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE				
SOCIETY/PUBLIC					#1	J	S	O	U							
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.												
ADDRESS					CITY	STATE	ZIP CODE	LOCATION NO.								
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -																
# VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.																
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/PLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown																
S U B J E C T	<input checked="" type="checkbox"/> SUSPECT					SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
	<input type="checkbox"/> RUNAWAY					SELLERS, PRENTIS RODKEM		B	M	21	N		5-6	150	BLK	BRO
	<input type="checkbox"/> WANTED					FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.										
	<input checked="" type="checkbox"/> WARRANT					TATTOO ON RIGHT ARM										
A R R E S T	<input checked="" type="checkbox"/> ARREST					ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.					
						900 EAST DARGAN ST.		DILLON	SC	29536	03					
#	<input type="checkbox"/> JAIL					SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST				
	<input type="checkbox"/> SUMMONS					DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED		12/10/2009		1540				

ON THE ABOVE DATE AND TIME, DISPATCH ADVISED THE R/O OF AN ANONYMOUS CALL THAT A WHITE IN COLOR PONTIAC WAS BLOCKING A DRIVE WAY AND THAT THE SUBJECTS IN THE VEHICLE WAS POSSIBLE SELLING DRUGS. DISPATCH ADVISED THE R/O THAT THE VEHICLE MAY BE ON EAST DARGAN ST BETWEEN THE CITY PARK AND 16TH AVE. THE R/O LOCATED THE VEHICLE PARKED ALONG THE ROAD SIDE OF SOUTH 18TH AVE AND EAST DARGAN ST. AS THE R/O PULLED UP NEAR THE VEHICLE, FOUR SUBJECTS IMMEDIATELY EXITED THE VEHICLE AND STARTED RUNNING. THE R/O KNOWS SUBJECT #1, AND OBSERVED SUBJECT #1 DROP A GLASS JAR APPROX TEN FEET FROM THE VEHICLE AFTER EXITING THE VEHICLE. SUBJECT #1 AND TWO OTHER SUBJECTS RAN TOWARD 900 EAST DARGAN ST. THE FOURTH SUBJECT RAN TOWARD HWY 57. THE R/O SECURED THE JAR, AND THE JAR CONTAINED A PLASTIC BAG WITH A WHITE POWDER SUBSTANCE BELIEVED TO BE COCAINE. APPROX WEIGHT OF THE POWDER SUBSTANCE IS 1.1 OUNCE. OFFICERS SEARCHED THE AREA BUT DID NOT LOCATE ANY SUBJECTS. THE VEHICLE WITH SC TAG DKD888 IS REGISTERED TO SUBJECT #1'S FATHER. ACCORDING TO DISPATCH THERE IS NO LIEN HOLDER ON THE VEHICLE. AFTER LEARNING THE APPROX WEIGHT OF THE POWDER SUBSTANCE IS 1.1 OZ. THE R/O SEIZED THE VEHICLE. ALSO IN THE VEHICLE WAS \$72.87 WHICH WAS ALSO SEIZED. COUNTRY AUTO FROM ROTATION TOWED THE VEHICLE TO THE CITY SHOP. SEE TOWING SHEET FOR INVENTORY. THE R/O WILL SECURE A WARRANT ON SUBJECT #1 FOR TRAFFICKING COCAINE.

				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY				
P	TYPE (GROUP)	10-Drugs/Narcotic	03-Motor Vehicle -	20-Money					TOTAL VALUE			
R	Burned											
O	Count./Farged											
P	Dest./Damaged											
E	Recovered											
R	Seized		4000.00	72.00					4072.00			
T	Stolen											
Y	Unknown											
A D M I N I S T	SUBJECT IDENTIFIED		SUBJECT LOCATED		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18		<input type="checkbox"/> EX-CLEAR UNDER 18			
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR 18 AND OVER			
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY												
REPORTING OFFICER(S)				DATE	UNIT NUMBER	APPROVING OFFICER				DATE	UNIT NUMBER	
SGT ERIC POSTON				12/10/2009	214	ASST CHIEF BOBBY MCLEAN				12/10/2009	202	
FOLLOW-UP INVESTIGATION OFFICER												
<input type="checkbox"/> YES <input type="checkbox"/> NO												

Dillon Report 0114

Rec.on Appeal 676

00170100

INCIDENT REPORT

2009 - 12064

INCIDENT TYPE				COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM						
1. 13A - ASSAULT AND BATTERY HAN				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.						
2.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO									
3.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO									
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)						ZIP CODE	WEAPON TYPE							
703 S. 5TH AVE, DILLON SC						29536	40							
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK			LOCATION NO.						
12/10/2009	2025		12/10/2009	2036	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME						
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH.	DAYTIME PHONE	EVENING PHONE			
BERRY, RYAN				AQ	<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	W	M	30	N	(843) 774-0051				
ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.							
401 WEST MAIN STREET PO BOX 431				DILLON	SC	29536	04							
VICTIM'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH.	DAYTIME PHONE	EVENING PHONE			
ROGERS, DOROTHY MAE				AQ	<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	B	F	48	N	(843) 774-4133				
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.										
5-6	175	BLK	BRO	BURNS ON BOTH UPPER ARMS										
ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.							
703 SOUTH 5TH AVENUE				DILLON	SC	29536	04							
VISIBLE INJURY (VICT. 1) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO EXPLAN - Severe Laceration														
VICTIM (NO. 1) USING: ALCOHOL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.														
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE SP.-ASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown														
<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)				RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES	
<input type="checkbox"/> RUNAWAY	WILSON, JOHN LEE				B	M	40	N		5-11	165	BLK	BRO	
<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.													
<input type="checkbox"/> WARRANT	SCAR ON LEFT ARM & LEFT LEG AMPUTATED													
<input checked="" type="checkbox"/> ARREST	ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.						
<input checked="" type="checkbox"/> JAIL	703 SOUTH 5TH AVENUE				DILLON	SC	29536	04						
<input type="checkbox"/> SUMMONS	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK.				ARRESTED NEAR OFFENSE SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST					
	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:				TOTAL # ARRESTED		12/10/2009		2025		12/10/2009		2050	

ON THE ABOVE DATE AND TIME CITY UNITS WERE DISPATCHED TO THE ABOVE INCIDENT LOCATION IN REFERENCE TO REMOVING A PARTY FROM THE RESIDENCE. ONCE ON SCENE CPL. BARFIELD OBSERVED THE ABOVE SUSPECT STRIKING THE ABOVE VICTIM WITH A CLOSED FIST IN THE FACE AREA. THE SUSPECT WAS PLACED UNDER ARREST. PFC HERRING PLACED CUFFS ON THE SUSPECT WHICH WERE DOUBLE LOCKED AND CHECKED FOR TIGHTNESS. THE VICTIM HAD A LARGE KNOT ON THE LEFT SIDE OF FOREHEAD. THE VICTIM WAS ALSO BLEEDING FROM HER MOUTH AND HEAD AREA. THE SUSPECT HAD HIT THE VICTIM SEVERAL TIMES IN THE FACE WITH THE SUSPECTS FIST. INV. J. HAYES AND SGT. BERRY ARRIVED ON SCENE. INV. HAYES TOOK PICTURES OF THE VICTIM. THE VICTIM WAS TRANSPORTED TO DILLON MCLEOD HOSPITAL BY THE DILLON COUNTY EMS. THE SUSPECT WAS READ THE MIRANDA RIGHTS AND TRANSPORTED TO THE DILLON COUNTY DETENTION CENTER. THE SUSPECT WAS CHARGED WITH ASSAULT AND BATTERY HAN. A VICTIMS ASSISTANCE FORM WAS FILLED OUT.

				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY			
TYPE (GROUP)											TOTAL VALUE
Burned											
Count/Forged											
Dist./Damaged											
Recovered											
Seized											
Stolen											
Unknown											
SUBJECT IDENTIFIED		SUBJECT LOCATED		<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18		<input type="checkbox"/> EX-CLEAR UNDER 18			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input checked="" type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR 18 AND OVER			
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY											
REPORTING OFFICER(S)			DATE	UNIT NUMBER	APPROVING OFFICER			DATE	UNIT NUMBER		
SGT RYAN BERRY			12/10/2009	211	ASST CHIEF BOBBY MCLEAN			12/10/2009	202		
FOLLOW-UP INVESTIGATION OFFICER											
<input type="checkbox"/> YES <input type="checkbox"/> NO											

Dillon Report 0115

Rec.on Appeal 677

App'x 679

GENGY I.U.  
CO170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-12073

INC. ENTD.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM								
1. NRP - SHOTS FIRED		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	13		<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input checked="" type="checkbox"/> Soc. Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.								
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO											
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO											
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE									
213 SOUTH 1ST. AVE. MISSY'S GAME ROOM & ARCADE, DILLON SC				29536										
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME	24 HR. CLOCK	DISPATCH TIME	TIME ARRIVED	DEPART. TIME	LOCATION NO.				
12/12/2009	0038		12/12/2009	0041	12/12/2009	0038		0041	0050	04				
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE			
COOK, JEFFREY H			ST			O S O U	W	M	35	N	(843) 774-0051			
ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.							
401 WEST MAIN STREET				DILLON	SC	29536	04							
VICTIM'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE			
SOCIETY/PUBLIC						J S O U								
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.										
ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.							
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN --														
VICTIM (NO. 1) USING: ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.														
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown														
SUBJECT	<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)				RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
	<input type="checkbox"/> RUNAWAY	PERSON, UNKNOWN/UNTRACKED				U	U	00	U					
	<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.												
	<input type="checkbox"/> WARRANT	ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.					
<input type="checkbox"/> ARREST														
<input type="checkbox"/> JAIL	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.				ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST					
<input type="checkbox"/> SUMMONS	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:				TOTAL # ARRESTED		12/12/2009 0038		0					
ON THE ABOVE DATE AND TIME OFFICERS WERE DISPATCHED TO THE ABOVE INCIDENT LOCATION IN REFERENCE TO SHOTS BEEN FIRED. UPON OFFICERS ARRIVAL OFFICERS NOTICED A GROUP OF YOUNG PEOPLE FIGHTING. WHEN THE GROUP OF YOUNG PEOPLE NOTICED US [POLICE] THEY TOOK OFF RUNNING. REPORTING OFFICER SPOKE WITH PERSONAL THAT WAS AT THE ABOVE INCIDENT AND HE ADVISED ME THAT THE YOUNG PEOPLE DIDN'T COME FROM THE ABOVE LOCATION. OFFICERS IN THE AREA AND DIDN'T HEAR ANY SHOTS FIRED.														

				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY						
P	TYPE (GROUP)													TOTAL VALUE
R	Burned													
O	Count./Forged													
P	Dest./Damaged													
E	Recovered													
R	Seized													
T	Stolen													
Y	Unknown													
A	SUBJECT IDENTIFIED		SUBJECT LOCATED		ACTIVE		ADM. CLOSED		ARRESTED UNDER 18		EX-CLEAR UNDER 18			
D	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
M	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY													
R	REPORTING OFFICER(S)			DATE	UNIT NUMBER	APPROVING OFFICER			DATE	UNIT NUMBER				
I	SGT JEFFREY H COOK			12/12/2009	209	ASST CHIEF BOBBY MCLEAN			12/12/2009	202				
S	FOLLOW-UP INVESTIGATION OFFICER													
T	<input type="checkbox"/> YES <input type="checkbox"/> NO													

Dillon Dept 0116

Rec.on Appeal 678

App'x 680

GENCY I.D.  
C0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-12077

INC. ENTD.

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 23C-SHOPLIFTING 27023EV, J008663	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	08		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Reg. Orgn. <input type="checkbox"/> Soc. Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER) ZIP CODE WEAPON TYPE  
FAMILY DOLLAR STORE 108 HWY 301 SOUTH, DILLON SC 29536

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME	24 HR. CLOCK	DISPATCH TIME	TIME ARRIVED	DEPART. TIME	LOCATION NO.
12/12/2009	1400		12/12/2009	1430	12/12/2009	1400		1400	1440	04

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE
BETHEA, SHARESE ANN	#1 ST ST	<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	B	F	31	N	(843) 774-8839	
ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.				
1046 MCKENZIE RD. APT.-Q4	DILLON	SC	29536	04				

VICTIM'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE
FAMILY DOLLAR STORE	#1	<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	J	S			(843) 774-8839	
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
102 HWY 301 SOUTH	DILLON	SC	29536	04

VISIBLE INJURY (VICT. 1)  YES  NO EXPLAIN --  
 VICTIM (NO. 1) USING: ALCOHOL:  YES  NO  UNK DRUGS:  YES  NO  UNK

SUBJECT NAME (LAST, FIRST, MIDDLE)	RACE	SEX	AGE	ETH	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
BROWN, ALVIN MICHAEL	B	M	21	N		6-4	180	BLK	BRO
ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.					
DOVER VILLAGE APT. B-3 440 S. LONGSTREET	DILLON	SC	29536	04					
SUBJECT (NO. 1) USING: ALCOHOL:	ARRESTED NEAR OFFENSE SCENE	DATE/TIME OF OFFENSE	DATE/TIME OF ARREST						
<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	12/12/2009 1400	12/12/2009 1430						

ON THE ABOVE DATE AND TIME, R/O WAS DOING STORE CHECKS AND SEEN THE TWO SUSPECTS ENTERED THE STORE PRIOR TO R/O ARRIVAL. WHILE IN THE STORE R/O OBSERVED SUSPECT#2 WALKING AROUND THE STORE, LOOKING LIKE HE WAS SHOPPING FOR SOMETHING. SUSPECT#1 WAS WAITING IN THE LINE TO CHECK OUT. WHEN SUSPECT #1 GOT TO THE REGISTER, THE SUSPECT ASKED THE CLERK ABOUT SOMETHING AND THE CLERK POINTED TO THE AREA BY THE SODAS. SUSPECT #1 WENT TO THAT AREA AND GRABBED SOMETHING. SUSPECT#1 THEN WALKED TO THE COSMETIC AREA AND PUT A BOX BACK ON THE SHELF. THE COMPLAINANT NOTICE THIS ALSO AND WENT TO CHECK THE BOX AND FOUND THE BOX EMPTY. THE COMPLAINANT INFORMED R/O OF THIS. THE TWO SUSPECTS WERE OUTSIDE THE STORE. R/O ASKED THE TWO SUSPECTS TO STEP BACK INSIDE THE STORE THAT HE WANTED TO TALK WITH THEM. SUSPECT #1 STATED WHAT FOR. R/O INFORMED HIM THAT HE NEEDED TO TALK WITH HIM. SUSPECT #1 TOOK OFF RUNNING TOWARD HAMPTON ST. AND TURN RIGHT ON HAMPTON ST.. SUSPECT #2 SAW SUSPECT #1 TAKE OFF RUNNING AND SUSPECT #2 TOOK OFF RUNNING WEST ON HAMPTON ST. BOTH SUSPECTS TURN NORTH ON MCARTHUR AVE. R/O ADVISED CITY UNITS THAT SUSPECT #1 WAS WEARING DARK COLOR SHIRT WITH BLUE JEANS AND HAD TEAR DROPS UNDER BOTH EYES. SUSPECT #2 WAS WEARING A BLUE JACKET AND BLUE JEANS. SUSPECT #1 WAS LOCATED AT HARRISON AND RAILROAD AVE. SUSPECT #1 WAS BROUGHT BACK TO THE LOCATION AND WAS IDENTIFIED BY R/O AND THE COMPLAINANT. SUSPECT WAS PLACED UNDER ARREST USING DOUBLE LOCKED HANDCUFFS TO THE REAR AND CHECKED FOR TIGHTNESS. SUSPECT #1 WAS TRANSPORTED TO DCDC BY CPL YODER. THE SUSPECT WAS CHARGED WITH SHOPLIFTING USING CITATION 27023EV. R/O KNOWS SUSPECT #2 AND WILL SECURE WARRANT FOR SHOPLIFTING ON SUSPECT #2.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY									
170100											
TYPE (GROUP)	19-Merchandise	TOTAL VALUE									
Burned											
Count/Forged											
Dist/Damaged											
Recovered											
Seized											
Stolen	4.00	4.00									
Unknown											
SUBJECT IDENTIFIED		SUBJECT LOCATED		ACTIVE		ADM. CLOSED		ARRESTED UNDER 18		EX-CLEAR UNDER 18	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE:											
1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY											
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER						
PFC RONALD GRAHAM	12/12/2009	219	ASST CHIEF BOBBY MCLEAN	12/12/2009	202						
FOLLOW UP INVESTIGATION OFFICER											
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO											

Rec.on Appeal 679

AGENCY I.D.  
C0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2009-12080

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM	
1. 13C - ASSAULT - INTIMIDATION		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.	
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
INCIDENT LOCATION (SUBDIVISION APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE		
407 NORTH 5TH AVE, DILLON SC				29536			
INCIDENT DATE	24 HR CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK		
12/12/2009	1550		12/12/2009	1600	DISP. DATE	DISP. TIME	
				TIME ARRIVED		DEPART. TIME	
				1600		1650	
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	
DIALS, YOLANDA YVONNE		#1 BG	#2	J	O	U	
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.	
407 N. 5TH AVE		DILLON		SC	29536	01	
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	
DIALS, YOLANDA YVONNE		#1 BG	#2	J	O	U	
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.			
5-1	147	BLK	BRO				
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.	
407 N. 5TH AVE		DILLON		SC	29536	01	
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -							
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.							
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED							
J - This Jurisdiction S - State O - Out of State U - Unknown							
S U B J E C T	<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	
	<input type="checkbox"/> RUNAWAY	JONES, ANDRE		B	M	37	
	<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					ETH.
	<input type="checkbox"/> WARRANT	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.
<input type="checkbox"/> ARREST	1312 S STANLEY DR APT 7B		FLORENCE	SC	29501	ST	
<input type="checkbox"/> JAIL	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE		
<input type="checkbox"/> SUMMONS	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		.TOTAL # ARRESTED 0		12/12/2009 1550		

ON THE ABOVE DATE AND TIME, R/O WAS DISPATCHED TO THE ABOVE LOCATION IN REFERENCE TO AN ARGUMENT. UPON ARRIVAL, VICTIM STATED SUSPECT WAS TRYING TO GET HIS CLOTHES FROM HER HOUSE AND BEGAN ARGUING WITH HER. R/O TOLD SUSPECT TO GET ALL OF HIS BELONGINGS. SUSPECT GOT THE REST OF HIS BELONGINGS AND STATED THERE WAS NO PROBLEM AND HE WOULD LEAVE. VICTIM LATER STATED SHE CALLED POLICE BECAUSE WHEN SUSPECT COMES BY THE HOUSE HE TRIES TO FIGHT HER. VICTIM STATED SUSPECT DIDNT TRY TO FIGHT THIS TIME.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P TYPE (GROUP)			TOTAL VALUE
R Stolen			
O Court/Forced			
P Dest/Damaged			
E Recovered			
R Seized			
T Stolen			
Y Unknown			
A SUBJECT IDENTIFIED	SUBJECT LOCATED	<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY			
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER
PFC J C BRACEY	12/12/2009	221	ASST CHIEF BOBBY MCLEAN
		DATE	
		12/12/2009	
		UNIT NUMBER	
		202	
FOLLOW-UP INVESTIGATION OFFICER			
<input type="checkbox"/> YES <input type="checkbox"/> NO			

Rec.on Appeal 680

SECY7.D.  
C0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2 0 0 9 - 1 2 0 8 3  
INC. ENTD.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 13C - ASSAULT - INTIMIDATION		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	18 28		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input checked="" type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2. 90E - PUBLIC DRUNK TICKRT# 0806-P		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	18 28		
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
1046 MCKENIZE RD APT. I-1, DILLON SC				29536		
INCIDENT DATE	24 HR CLOCK	TO DATE	24 HR CLOCK	DISPATCH DATE/TIME 24 HR CLOCK		LOCATION NO.
12/12/2009	2313	12/12/2009	2316	DISP. DATE	DISP. TIME	TIME ARRIVED
				12/12/2009	2316	2319
				DEPART. TIME		2354
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
GOODSON, JUSTIN B		AQ		J S O U	B	M
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
1046 MCKENIZE RD APT. I-1		DILLON		SC	29536	04
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
GOODSON, JUSTIN B		AQ		J S O U	B	M
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
5-8	170	BLK	BRO			
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
1046 MCKENIZE RD APT. I-1		DILLON		SC	29536	04
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT	SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.
	PAIGE, DAWAN RASHAWN		B	M	27	N
	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					
	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.
2347 FEDERAL STREET		LITTLE ROCK	SC	29567	CTY	
JAIL	SUBJECT (NO. 1) USING: ALCOHOL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. ARRESTED NEAR OFFENSE SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST	
	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE: TOTAL # ARRESTED 1		12/12/2009 2313		12/12/2009 2354	

ON DECEMBER 12, 2009, OFFICERS WERE DISPATCHED TO THE ABOVE INCIDENT LOCATION IN REFERENCE TO PARTIES KNOCKING ON THE VICTIM'S DOOR. WHILE OFFICERS WERE ENROUTE THE VICTIM TOLD DISPATCH THAT THE PARTIES WERE GOING TO SHOOT THE DOOR IF THEY DIDN'T OPEN THE DOOR. WHEN OFFICERS ARRIVED DEPUTY LEE AND REPORTING OFFICER SAW THREE PARTIES WALKING AWAY FROM THE LOCATION. DEPUTY LEE AND REPORTING OFFICER MADE THE PARTIES GET ON THE GROUND, OFFICERS SEARCHED THE PARTIES BUT DID NOT FIND A GUN. REPORTING OFFICER TALKED TO THE VICTIM#2 AND SHE TOLD ME THAT SUSPECT#1 KNOCKED ON THE DOOR AND SUSPECT#3 IS THE ONE THAT SAID HE WAS GOING TO SHOOT THE PLACE. WHEN REPORTING OFFICER SPOKE WITH SUSPECT#1 HE HAD A STRONG ODOR OF ALCOHOL ON HIS BREATH SO HE WAS PLACED UNDER ARREST AND HANDCUFFED, CUFFS WERE DOUBLE LOCKED AND TRANSPORTED TO THE DILLON COUNTY DETENTION CENTER.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P TYPE (GROUP)			TOTAL VALUE
R Burned			
O Count/Seized			
P Dest/Damaged			
E Recovered			
R Seized			
T Stolen			
Y Unknown			
SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SUBJECT LOCATED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18	
<input type="checkbox"/> UNFOUNDED		<input checked="" type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY			
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER
SGT JEFFREY H COOK	12/12/2009	209	ASST CHIEF BOBBY MCLEAN
		DATE	
		12/12/2009	
		UNIT NUMBER	
		202	
FOLLOW-UP INVESTIGATION OFFICER			
<input type="checkbox"/> YES <input type="checkbox"/> NO			

Rec.on Appeal 681

ICY LD.  
170020

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER

2,009-1,2116

NCIC

INQ. ENTD.

ACCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
SC - ASSAULT - BATTERED		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	11		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
OFFENSE LOCATION (SUSPECTS' APARTMENT AND NUMBER, STREET NAME AND NUMBER)		ZIP CODE		WEAPON TYPE		
SECURITY COMPLEX 401 WEST MAIN STREET, DILLON SC		29536				
MOBILE PHONE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
1115			12/17/2009	1120	DISP. DATE	DISP. TIME
					12/17/2009	1120
					1120	1130
PLAINTIFF'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
DEERSON, EVELYN		#1 AQ	#2	<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	I	F
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	
16 STEWART STREET		DILLON	SC	29536	04	
DEFENDANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
DEERSON, EVELYN		#1 AQ	#2	<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	I	F
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	
16 STEWART STREET		DILLON	SC	29536	04	
EG-T	WEIGHT	HAR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
5-3	160	BLK	BRO			
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	
16 STEWART STREET		DILLON	SC	29536	04	
SUSPECT (NO. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
TIM NO. USING ALCOHOL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.						
VEHICLE TYPE: <input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)			RACE	SEX	AGE
1	DAVIS, EDITH ERVIN			W	F	55
2	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.			ETH.	DATE OF BIRTH	HEIGHT
3				N		5-4
4				WEIGHT	HAIR	EYES
5				170	BLK	BRO
6	ADDRESS			CITY	STATE	ZIP CODE
7	503 WEST CALHOUN STREET			DILLON	SC	29536
8	ARREST			LOCATION NO.		
9				04		
10	SUBJECT (NO. 1) USING ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.			ARRESTED NEAR OFFENSE SCENE	DATE/TIME OF OFFENSE	
11				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	12/17/2009 1115	
12	SUMMONS			DATE/TIME OF ARREST		
13	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:			TOTAL # ARRESTED	0	

ON THE ABOVE DATE AND TIME R/O WAS DISPATCHED TO THE INCIDENT LOCATION IN REFERENCE TO AN ASSAULT. UPON ARRIVAL THE VICTIM STATED THAT THE SUSPECT KEEPS CALLING HER A BITCH AND STATED THAT SHE WAS GOING TO "FUCK HER UP". SHE STATED THAT THIS HAPPENS EVERY TIME THE SUSPECT SEE'S THE VICTIM. THE VICTIM STATED THAT SHE WILL SEE THE JUDGE ABOUT THE INCIDENT.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY			JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		
TYPE GROUP					TOTAL VALUE
TYPE					
TYPE					
TYPE					
TYPE					
TYPE					
TYPE					
TYPE					
TYPE					
TYPE					
SUBJECT IDENTIFIED	SUBJECT LOCATED	<input checked="" type="checkbox"/> ACTIVE	<input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18	<input type="checkbox"/> EX-CLEAR UNDER 18
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR 18 AND OVER
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY					
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
FC RAY MCPHATTER	12/17/2009	220	ASST CHIEF BOBBY MCLEAN	12/17/2009	202
FOLLOW-UP INVESTIGATION OFFICER					
<input type="checkbox"/> YES <input type="checkbox"/> NO					

Rec.on Appeal 682

SC0170100

MILTON POLICE DEPARTMENT  
**SUPPLEMENTAL INCIDENT REPORT**

2009-12012

INC. EXTD.

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

V I C T I M S U B J E C T O F F E N D E R S R E F L E X I B I L I T Y I N C R E D I T I V E	<input type="checkbox"/> COMPLAINT	NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH	
	<input checked="" type="checkbox"/> VICTIM # 002	, JUVENILE VICTIM										
	<input type="checkbox"/> SUBJECT #	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						
	<input type="checkbox"/> RUNAWAY	ADDRESS										
	<input type="checkbox"/> WANTED	CITY			STATE	ZIP CODE	LOCATION NO.	DAY PHONE	EVENING PHONE			
	<input type="checkbox"/> WARRANT											
	<input type="checkbox"/> ARREST	VICTIM NO. 002			VISIBLE INJURY: <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES		VICTIM USING ALCOHOL: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK.		<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> DETECTIVE/PLASMT <input type="checkbox"/> ALONE <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED			
	<input type="checkbox"/> MAIL	EXPLAIN: Apparent Minor Injur										
	<input type="checkbox"/> SUBMONS	SUBJECT NO. _____			USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES		USING DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE: _____		<input type="checkbox"/> UNKNOWN			
	<input type="checkbox"/>											
JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY						JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY						

A D M I N I S T	SUBJECT IDENTIFIED		SUBJECT LOCATED		<input checked="" type="checkbox"/> ACTIVE	<input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18	<input type="checkbox"/> EX-CLEAR UNDER 18
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR 18 AND OVER
	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRACTION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY							
	REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER
SGT TONY J ROBERTS		12/03/2009	210	ASST CHIEF BOBBY MCLEAN		12/03/2009	202	
				FOLLOWUP INVESTIGATION OFFICER				
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				

Rec.on Appeal 796

AGENCY I.D.  
SC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-12012

INQ. ENTD.

E V E N T	INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.	
	1. 13A - ASSAULT - AGGRAVATED		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	13			
	2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
V I C T I M	INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)					ZIP CODE	WEAPON TYPE	
	SOUTH 1ST AVE., DILLON SC					29536	40 90	
	INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK		
	12/03/2009	1755		12/03/2009	1805	DISP. DATE	DISP. TIME	
	COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE
	LOCKLEAR, CHERRELL		#1	#2	#3	J S O U	F	36
	ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.	
	VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE
	JUVENILE VICTIM		#1	#2	#3	J S O U	F	13
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.			
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.		
VISIBLE INJURY (VICT. 1) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN - Apparent Minor Injur								
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.								
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown								
S U B J E C T	<input checked="" type="checkbox"/> SUSPECT		SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	
	<input type="checkbox"/> RUNAWAY		JUVENILE OFFENDER		M		16-17	
	<input type="checkbox"/> WANTED		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					
	<input type="checkbox"/> WARRANT		ADDRESS		CITY	STATE	ZIP CODE	
	<input type="checkbox"/> ARREST							
#	<input type="checkbox"/> JAIL		SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE	
	<input type="checkbox"/> SUMMONS		DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED		DATE/TIME OF ARREST	
				0		12/03/2009	1755	
N A R R A T I V E	Offenses: ASSAULT - AGGRAVATED							
	ON THE ABOVE DATE DILLON PD WAS DISPATCHED TO THE ABOVE LOCATION. UPON ARRIVAL VICTIM STATES THAT WHILE WALKING HOME FROM THE PARADE WITH HER BROTHER, TWO UNKNOWN BLACK MALES RAN UP TO THEM AND TRIED TO HIT VICTIM #2 WITH A STICK. WHEN THE SUSPECT MISSED, THE TWO SUSPECT TURNED THEIR ATTENTION TO VICTIM #1. VICTIM #1 STATES THAT SUSPECT #1 HIT HER IN THE FACE WITH A STICK, AND SUSPECT #2 CAME UP FROM BEHINE HER AND HIT HER IN THE FACE WITH HIS FIST. VICTIM HAD A MARK ON THE RIGHT SIDE OF HER FACE.							

		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P	TYPE (GROUP)				TOTAL VALUE
R	Burned				
O	Count/Forged				
P	Dest./Damaged				
E	Recovered				
R	Seized				
T	Stolen				
Y	Unknown				
A	SUBJECT IDENTIFIED	SUBJECT LOCATED	<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18	<input type="checkbox"/> EX-CLEAR UNDER 18
M	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR 18 AND OVER
I	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY				
R	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE
I	SGT TONY J ROBERTS	12/03/2009	210	ASST CHIEF BOBBY MCLEAN	12/03/2009
S	FOLLOW-UP INVESTIGATION OFFICER				
T	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				

Rec.on Appeal 795

SC0170100

DILLON POLICE DEPARTMENT  
PROPERTY LISTING

2009-12004

INC. ENTD.

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

7 STOLEN

MONEY	19.00
<b>TOTAL GROUP</b>	<b>19.00</b>

**TOTAL PROPERTY 19.00**

A D M I N I S T	SUBJECT IDENTIFIED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	SUBJECT LOCATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED <input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR UNDER 18 <input type="checkbox"/> EX-CLEAR 18 AND OVER	
	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY					
	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
	SGT ERIC POSTON	12/01/2009	214	ASST CHIEF BOBBY MCLEAN	12/01/2009	202
			FOLLOW-UP INVESTIGATION OFFICER <input type="checkbox"/> YES <input type="checkbox"/> NO			

Rec.on Appeal 794

App'x 796

AGENCY I.D.  
SC0170100

DILLON POLICE DEPARTMENT  
SUPPLEMENTAL INCIDENT REPORT

2,009-1,200,4

INC. ENTD.

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

VICTIM SUBJECT OVERFILL NARRATIVE	<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH
	<input checked="" type="checkbox"/> VICTIM # 002	JUVENILE VICTIM		#1	#2	#3	J	S	O	U	M	16
	<input type="checkbox"/> SUBJECT #	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						
	<input type="checkbox"/> RUNAWAY	ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE	EB	EVENING PHONE	HB
	<input type="checkbox"/> WANTED	VICTIM NO. 002		VISIBLE INJURY: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		VICTIM USING ALCOHOL: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK		TWO-MAN VEH		DETECTIVES/PLASMT		ALONE
	<input type="checkbox"/> WARRANT	EXPLAIN:		DRUGS: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES TYPE:		UNK		ONE-MAN VEH		OTHER		ASSISTED
	<input type="checkbox"/> ARREST	SUBJECT NO.		USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES		USING DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE:		UNKNOWN				
	<input type="checkbox"/> JAIL											
	<input type="checkbox"/> SUMMONS											
	<input type="checkbox"/>											
						JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY SC0170100			JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY			

ADMISSIONS	SUBJECT IDENTIFIED	SUBJECT LOCATED		<input checked="" type="checkbox"/> ACTIVE	<input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18	<input type="checkbox"/> EX-CLEAR UNDER 18
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED UNDER 18	<input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR 18 AND OVER	
	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY						
	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER
	SGT ERIC POSTON	12/01/2009	214	ASST CHIEF BOBBY MCLEAN		12/01/2009	202
	FOLLOW-UP INVESTIGATION OFFICER						
	<input type="checkbox"/> YES <input type="checkbox"/> NO						

Rec.on Appeal 793

AGENCY I.D.  
SC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-12004

INQ. ENTD.

E V E N T	INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM								
	1. 120 - ARMED ROBBERY		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	10		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Financial Inst <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.								
	2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO											
V I C T I M	INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE									
	RAIL ROAD TRACKS NEAR RADFORD BLVD, DILLON SC				29536	95									
	INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK		LOCATION NO.							
12/01/2009	1535		12/01/2009	1550	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME							
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH.	DAYTIME PHONE	EVENING PHONE					
MARTIN, SINDY C		#1	#2	#3	J S O U	F	35		H	B					
ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.								
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH.	DAYTIME PHONE	EVENING PHONE					
JUVENILE VICTIM		#1	#2	#3	J S O U	M	16		H	B					
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.											
ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.								
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -															
#1 VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.															
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown															
S U B J E C T	<input checked="" type="checkbox"/> SUSPECT		SUBJECT NAME (LAST, FIRST, MIDDLE)				RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
	<input type="checkbox"/> RUNAWAY		PERSON, UNKNOWN/UNTRACKED					M	30-35						
	<input type="checkbox"/> WANTED		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				ADDRESS					CITY	STATE	ZIP CODE	LOCATION NO.
#1	<input type="checkbox"/> WARRANT		ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.					
	<input type="checkbox"/> ARREST		SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.				ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST				
	<input type="checkbox"/> JAIL		DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:				TOTAL # ARRESTED 0		12/01/2009 1535						
N A R R A T I V E	<input type="checkbox"/> SUB/MONS		DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:				TOTAL # ARRESTED 0		12/01/2009 1535						
	Offenses:														
	ARMED ROBBERY														
ON THE ABOVE DATE AND TIME, THE R/O RESPONDED TO THE HERALD OFFICE SUPPLY WARE HOUSE ON NORTH 1ST AVE IN REFERENCE TO A ROBBERY. THE R/O MEET WITH THE COMPLAINANT, WHICH WORKS AT THE HERALD OFFICE AND BOTH VICTIMS. VICTIM #1 STATED THAT HE AND VICTIM #2 WERE WALKING FROM SCHOOL AND WAS ALONG THE RAIL ROAD TRACKS WHEN THEY WERE APPROACHED BY A BLACK MALE WEARING A SAN FRANCISCO COAT. VICTIM #1 STATED THAT THE SUBJECT HAD ONE HAND UNDER HIS ARM AS THOUGH THE SUBJECT MAY HAVE A GUN. THE SUBJECT DEMANDED MONEY OR SOMEONE WAS GOING TO GET HURT. VICTIM #1 STATED THAT HE THREW \$18.00 DOWN AND VICTIM #2 THREW \$1.00 DOWN ON THE GROUND. THE VICTIMS THEN RAN TO WHERE THE COMPLAINANT WORKS. OFFICERS SEARCHED THE AREA, BUT DID NOT LOCATE THE SUBJECT. LT OWENS WAS ALSO ON SCENE. ACCORDING TO BOTH VICTIMS, THE SUBJECT HAD A BURN MARK ON THE RIGHT HAND.															

		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY SC0170100			JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		
P	TYPE (GROUP)	20-Money					TOTAL VALUE
R	Burned						
O	Count/Forged						
P	Dest./Damaged						
E	Recovered						
R	Seized						
T	Stolen	19.00					19.00
Y	Unknown						
A D M I N I S T	SUBJECT IDENTIFIED		SUBJECT LOCATED		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18	
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY							
REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER
SGT ERIC POSTON		12/01/2009	214	ASST CHIEF BOBBY MCLEAN		12/01/2009	202
FOLLOW-UP INVESTIGATION OFFICER <input type="checkbox"/> YES <input type="checkbox"/> NO							

Rec.on Appeal 792

App'x 794

AGENCY NO.  
SC0170100

DILLON POLICE DEPARTMENT  
PROPERTY LISTING

2,009-07016

INQ. ENTD.

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

5 RECOVERED

CLOTHES AND MISC. ITEMS	-85.00
<b>TOTAL GROUP</b>	<b>-85.00</b>

7 STOLEN

CLOTHES AND MISC. ITEMS	85.00
<b>TOTAL GROUP</b>	<b>85.00</b>

TOTAL PROPERTY

0.00

A D M I N I S T	SUBJECT IDENTIFIED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	SUBJECT LOCATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED <input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR UNDER 18 <input type="checkbox"/> EX-CLEAR 18 AND OVER	
	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY					
	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
	PFC RONALD GRAHAM	07/03/2009	220	ASST CHIEF BOBBY MCLEAN	07/03/2009	202
			FOLLOW-UP INVESTIGATION OFFICER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			

Rec.on Appeal 791

App'x 793

SC0170100

MILTON POLICE DEPARTMENT  
**SUPPLEMENTAL INCIDENT REPORT**

2009-07016

INQ. ENTD.

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

V I C T I M S U B J E C T O V E R F L	<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH	
	<input type="checkbox"/> VICTIM #	, JUVENILE OFFENDER		#1	#2	#3	J	S	O	U	F	13-15	/ /
	<input checked="" type="checkbox"/> SUBJECT # 02	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.							
	<input type="checkbox"/> RUNAWAY <input type="checkbox"/> WANTED <input type="checkbox"/> WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/> JAIL <input type="checkbox"/> SUMMONS	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE	EVENING PHONE				
	<input type="checkbox"/> VICTIM NO. _____ VISIBLE INJURY: <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> VICTIM USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK		<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMIT <input type="checkbox"/> ALONE <input type="checkbox"/> EXPLAIN: DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE: <input type="checkbox"/> UNK <input type="checkbox"/> ONE-MAN VEH <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED								
	<input checked="" type="checkbox"/> SUBJECT NO. 02 USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES		USING DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE:		<input checked="" type="checkbox"/> UNKNOWN								

A D M I N I S T	SUBJECT IDENTIFIED		SUBJECT LOCATED		<input checked="" type="checkbox"/> ACTIVE	<input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18	<input type="checkbox"/> EX-CLEAR UNDER 18
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR 18 AND OVER
	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY							
	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER	
	PFC RONALD GRAHAM	07/03/2009	220	ASST CHIEF BOBBY MCLEAN		07/03/2009	202	
			FOLLOW-UP INVESTIGATION OFFICER					
			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					

Rec.on Appeal 790

App'x 792

AGENCY I.D.  
SC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-07016

INQ. ENTD.

E V E N T	INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM		
	1. 23C - SHOPLIFTING		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	08		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.		
	2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO					
V I C T I M	3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO					
	INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)					ZIP CODE	WEAPON TYPE		
	CITI TREND 112 WEST MAIN ST., DILLON SC					29536			
# 1	INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK		LOCATION NO.	
	07/03/2009	1500		07/03/2009	1527	DISP. DATE	DISP. TIME	TIME ARRIVED	
						07/03/2009	1529	1538	
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	
LEWIS, SUSAN C			#1	#2	#3	J	S	O	
ADDRESS			CITY			STATE	ZIP CODE	LOCATION NO.	
VICTIM'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	
CITI TRENDS			#1	#2	#3	J	S	O	
HEIGHT			WEIGHT			HAIR			
EYES			FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						
ADDRESS			CITY			STATE	ZIP CODE	LOCATION NO.	
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -									
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.									
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown									
S U B J E C T	<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)				RACE	SEX	AGE	ETH.
	<input type="checkbox"/> RUNAWAY	, JUVENILE OFFENDER				F	F	14-16	
	<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.							
<input type="checkbox"/> WARRANT	ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.	
<input type="checkbox"/> ARREST									
<input type="checkbox"/> JAIL	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.				ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE		
<input type="checkbox"/> SUMMONS	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:				TOTAL # ARRESTED 0		DATE/TIME OF ARREST		
OFFENSES: SHOPLIFTING									
ON THE ABOVE DATE AND TIME, R/O WAS DISPATCHED TO THE ABOVE LOCATION IN REFERENCE TO A SHOPLIFTERS. PRIOR TO ARRIVAL CENTRAL DISPATCH HAD INFORMED R/O THAT THE SUSPECT HAD JUST WENT AROUND THE CORNER ON MAIN ST. SUSPECT # 1 WAS DESCRIBED AS WEARING A PINK HEADBAND AND A SUN DRESS THAT WAS MULTIPLE COLOR AND HANDBAG THAT WAS TOURQUIOS IN COLOR WITH A DISNEY CHARACTER ON THE BAG. SUSPECT #2 WAS WEARING BLUE JEANS AND HAD A RED AND GOLD HANDBAG. R/O CHECKED THE AREA AND WAS UNABLE TO LOCATE THE SUSPECTS. UPON ARRIVAL THE COMPLAINANT STATED THAT WHEN THEY CONFRONTED THE SUSPECT, THE SUSPECT HANDED THE MERCHANDISE OVER AND ONE PAIR OF WHITE SHORTS THAT DID NOT BELONG TO THE STORE. THE COMPLAINANT STATED THAT WHEN SHE WENT TO HELP A CUSTOMER . THE SUSPECTS RAN OUT OF STORE AND WENT AROUND THE CORNER OF 1ST AVE. THE SUSPECTS WAS DESCRIBED AS BEING JUVENILES.									

		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY 170100		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P	TYPE (GROUP)	06-Clothes/Furs			TOTAL VALUE
R	Burned				
O	Count/Forged				
P	Dist/Damaged				
E	Recovered	85.00			85.00
R	Seized				
T	Stolen	85.00			85.00
Y	Unknown				
A	SUBJECT IDENTIFIED		SUBJECT LOCATED		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED
D	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> ARRESTED 18 AND OVER
M					<input type="checkbox"/> EX-CLEAR UNDER 18 <input type="checkbox"/> EX-CLEAR 18 AND OVER
I	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY				
N	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE
I	PFC RONALD GRAHAM	07/03/2009	220	ASST CHIEF BOBBY MCLEAN	07/03/2009
S	FOLLOW-UP INVESTIGATION OFFICER				
T	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				

Rec.on Appeal 789

AGENCY LD.  
SCC 179100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2009-07207

NRU  
IND. ENTD.

INCIDENT TYPE				COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM					
31 - ASSAULT - AGGRAVATED				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	13 20		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Org. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.					
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET, NAME AND NUMBER)						ZIP CODE	WEAPON TYPE						
3022 HIGHWAY 34 WEST, DILLON SC						29536	20						
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK			LOCATION NO.					
07/23/2009	1145		07/23/2009	1210	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME					
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)					RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE (843) 774-3460	EVENING PHONE	
CAULDER, CARL L					AQ	AQ	S	O	I	M	43	N	
ADDRESS					CITY	STATE	ZIP CODE	LOCATION NO.					
2228 HWY 57 SOUTH					FLOYDALE	SC	29531	CTY					
VICTIM'S NAME (LAST, FIRST, MIDDLE)					RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE (843) 774-3460	EVENING PHONE	
CAULDER, CARL L					AQ	AQ	S	O	I	M	43	N	
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.									
6-0	150	BLK	BRO										
ADDRESS					CITY	STATE	ZIP CODE	LOCATION NO.					
2228 HWY 57 SOUTH					FLOYDALE	SC	29531	CTY					
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -													
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.													
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown													
SUBJECT NAME (LAST, FIRST, MIDDLE)													
LOCKLEAR, MICHAEL													
RACE SEX AGE ETH DATE OF BIRTH HEIGHT WEIGHT HAIR EYES													
W M 56 N [REDACTED] 5-9 135 BRO GRN													
FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.													
ADDRESS													
406 STEWART STREET													
CITY DILLON STATE SC ZIP CODE 29536 LOCATION NO. 04													
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO DATE/TIME OF OFFENSE DATE/TIME OF ARREST													
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE: TOTAL # ARRESTED 0 07/23/2009 1145													

ON THE ABOVE DATE AND TIME, R/O WAS DISPATCHED TO THE ABOVE LOCATION IN REFERENCE THE SUSPECTS PULLING A KNIFE ON THE VICTIM. UPON ARRIVAL R/O SPOKE WITH THE VICTIM, WHO STATED THAT THE SUSPECTS HAD PULLED A KNIFE ON HIM. THE VICTIM STATED THE SUSPECTS DAUGHTER HAD CAME UP TO THE HOUSE EARLIER AND WAS TALKING WITH THEM. THE SUSPECT DAUGHTER WENT WITH MR. DAVID MARTIN TO BURGER KING TO GET SOMETHING TO EAT, WHERE THEY RETURN TO THE RESIDENCE. THE SUSPECTS CAME BY CUSSING AT THE VICTIM AS THEY WENT DOWN THE STREET. THE SUSPECTS RETURN AND WAS YELLING AT THE DAUGHTER AND CALLING HER DEROGATORY NAMES. THE SUSPECTS STATED THAT THEY WOULD GUT THE VICTIM. THE VICTIM STATED THAT HE SAW SUSPECT # 1 STAND UP OFF HIS SCOOTER WITH A KNIFE, SUSPECT # 2 HAD A BLACK HANDLE KNIFE. THE VICTIM CAME DOWN FROM THE ROOF WITH A BOARD AND A HAMMER AND THE SUSPECT LEFT THE AREA. MR DAVID MARTIN AND THE SUSPECT DAUGHTER MICHELLE LOCKLEAR STATED THAT THE SUSPECTS PULLED A KNIFE ON THE VICTIM. THE VICTIM WILL SIGN A COURTESY SUMMONS ON THE SUSPECTS.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY							
P	TYPE (GROUP)						TOTAL VALUE				
R	Burned										
O	Count/Forged										
P	Desk/Damaged										
E	Recovered										
R	Seized										
T	Stolen										
Y	Other										
SELECT IDENTIFIED		SUBJECT LOCATED		ACTIVE		ADM. CLOSED		ARRESTED UNDER 18		EX-CLEAR UNDER 18	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> UNFOUNDED				<input type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE				EXTRACTION ORDER				VICTIM DECLINES COOPERATION			
<input type="checkbox"/> OFFICER DEATH <input type="checkbox"/> NO PROSECUTION				<input type="checkbox"/> 3				<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6			
REPORTING OFFICER'S			DATE	UNIT NUMBER	APPROVING OFFICER			DATE	UNIT NUMBER		
PFC RONALD GRAHAM			07/23/2009	220	ASST CHIEF BOBBY MCLEAN			07/23/2009	220		
FOLLOWUP INVESTIGATION OFFICER											
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO											

Rec.on Appeal 788

AGENCY I.D.  
C0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2009-07199

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
- ZC - SHOPLIFTING		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	12		<input checked="" type="checkbox"/> Individual Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc. Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
- SBP - CONTRIBUTING TO DELINQUENCY OF A MINOR		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	12		
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)		ZIP CODE		WEAPON TYPE		
413 RADFORD BLVD (BI-LO), DILLON SC		29536				
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
07/22/2009	1300		07/22/2009	1319	DISP. DATE	DISP. TIME
				1321		1400
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
PHILLIPS, KAREN S		ST		<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	W	F
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
413 RADFORD BLVD		DILLON		SC	29536	1A
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
BI-LO				<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U		
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
413 RADFORD BLVD.		DILLON		SC	29536	1A
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN --						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT NAME (LAST, FIRST, MIDDLE)						
TART, TABITHA JO						
RACE SEX AGE ETH. DATE OF BIRTH HEIGHT WEIGHT HAIR EYES						
W F 32 N [REDACTED] 5-7 125 BLN BLU						
FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						
ADDRESS CITY STATE ZIP CODE LOCATION NO.						
742 BRONCO DRIVE DILLON SC 29536 CTY						
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO DATE/TIME OF OFFENSE DATE/TIME OF ARREST						
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE: TOTAL # ARRESTED 0 07/22/2009 1300						
ON THE ABOVE DISPATCH DATE AND TIME, OFFICER RESPONDED TO THE BI-LO IN REFERENCE TO A SHOPLIFTER. CONTACT WAS MADE WITH THE COMPLAINANT WHO STATED THE SUBJECT CAME INTO THE STORE AND WALKED DOWN THE BABY ISLE, THEN WENT DOWN THE MEAT ISLE. OFFICER OBSERVED, ON THE SURVEILLANCE TAPE THE JUVENILE TAKE A PACK OF MEAT AND TAKE IT TO THE SHOPPING CART. OFFICER OBSERVED THE SUBJECT OPEN A BI-LO PAPER WHILE THE JUVENILE PUT THE PACK OF MEAT INSIDE. THE SUBJECT THEN WENT TO THE FRONT DOOR WITH THE CART WHERE SHE TOOK EVERYTHING OUT OF THE CART AND PUT IN THE BABY'S DIAPER BAG. SUBJECT ALSO HAD AN INFANT IN A INFANT CARRIER WITH HER. SUBJECT INFORMED EMPLOYEES SHE WAS GOING TO LEAVE THE CART THERE AND GO TO GET HER CAR. SUBJECT PARKED A RED IN COLOR SUV IN FRONT OF THE STORE. THE SUSPECT HANDED A PACK OF SCOTT'S TISSUE TO THE JUVENILE WHILE SHE CARRIED THE BABY. SUBJECT THEN GRABBED TWO POTTED TREES FROM THE FRONT DOOR AND PUT THEM INTO HER VEHICLE. SUBJECT WAS IDENTIFIED BY THE SURVEILLANCE TAPES. COMPLAINANT AND OFFICERS DID CONFIRM BY THE TAPES THAT THE SUBJECT DID EXIT THE STORE WITHOUT PAYING FOR A PACK OF MEAT, A PACK OF TISSUE, AND TWO POT PLANTS. THE SUBJECT HAD OTHER ITEMS, BUT UNCERTAIN TO WHAT WAS PAID FOR OR STOLEN.						

P TYPE (GROUP)		08-Consumable		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
				SC0170100			
R Returned						TOTAL VALUE	
O Count/Forged							
P Dam/Damaged							
E Recovered							
R Seized							
T Stolen		50.00				50.00	
SUBJECT IDENTIFIED		SUBJECT LOCATED		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY							
REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER
Sgt. Eric Poston		07/22/2009	214	ASST CHIEF BOBBY MCLEAN		07/22/2009	202
FOLLOW-UP INVESTIGATION OFFICER							
<input type="checkbox"/> YES <input type="checkbox"/> NO							

Rec.on Appeal 787

GENCY I.D.  
C0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER

2,009-07202

NCIC

IND. ENT'D

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
ASSAULT & BATTERY	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	24		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER) 600 HWY 301 NORTH (CAPPIS), DILLON SC ZIP CODE 29536 WEAPON TYPE 40

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	LOCATION NO.
07/22/2009	1620		07/22/2009	1630	07/22/2009	1632	1634	1700	02

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE (843) 774-5666	EVENING PHONE
HARDEE, CHARLOTTE A	ST	<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	W	F	46	N		

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
600 HWY 301 NORTH	DILLON	SC	29536	02

VICTIM'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE (843) 774-5666	EVENING PHONE
HARDEE, CHARLOTTE A	ST	<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	W	F	46	N		

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
5-1	160	BRO	BLU	

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
600 HWY 301 NORTH	DILLON	SC	29536	02

VISIBLE INJURY (MCT. 1)  YES  NO EXPLAIN - Apparent Minor Injur

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

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

SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)	RACE	SEX	AGE	ETH	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
<input checked="" type="checkbox"/>	CLARK, EVELYN PITTMAN	B	F	58	N		5-7	237	BLK	BRO

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

WARRANT	ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
<input type="checkbox"/>	707 EAST CALHOUN ST	DILLON	SC	29536	03

JAIL	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK	ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE/TIME OF OFFENSE	DATE/TIME OF ARREST
<input type="checkbox"/>	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK TYPE:	TOTAL # ARRESTED 0	07/22/2009 1620	

ON THE ABOVE DATE AND TIME, THE R/O RESPONDED TO THE ABOVE LOCATION IN REFERENCE TO AN ASSAULT. UPON THE ARRIVAL OF THE R/O THE SUBJECT HAD ALREADY LEFT: THE VICTIM STATED THE SUBJECT WAS VERY UPSET AND DISORDERLY WITH HER BECAUSE THE SUBJECTS CLOTHES WOULD NOT BE READY AT A CERTAIN TIME. THE SUBJECT YELLED AT THE VICTIM THEN SCRATCHED THE VICTIM ON THE LEFT HAND CAUSING A RED MARK. THE VICTIM STATES SHE WILL SECURE A WARRANT.

NARRATIVE

PROPERTY TYPE (GROUP)	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		TOTAL VALUE
	AGENCY	AMOUNT	AGENCY	AMOUNT	
Auto					
Auto Parts					
Auto Contents					
Auto					
Auto					
Auto					

OFFENSE TYPE:  ASSAULT  BATTERY  UNK  OTHER

ARRESTED UNDER:  THIS JURISDICTION  STATE  OUT OF STATE  UNKNOWN

APPROVING OFFICER: ASST CHIEF BOBBY BOLSAK DATE: 08/22/2009

AGENCY I.D.  
CO170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2009-07206

NCIC  
ING. ENTD.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
2C-SHOPLIFTING Z7651EV		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	12		<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
1320 EAST MAIN ST (COTTONS), DILLON SC				29536		
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
07/23/2009	0855		07/23/2009	0910	DISP. DATE	DISP. TIME
					07/23/2009	0912
					DEPART. TIME	0930
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)				RESIDENT	RACE	SEX
JACKSON, TERRY W				<input checked="" type="checkbox"/> S	<input type="checkbox"/> O	<input type="checkbox"/> U
RELATIONSHIP TO SUBJECT				AGE	ETH.	DAYTIME PHONE
ST				41	N	(843) 774-6031
ADDRESS				CITY	STATE	ZIP CODE
1320 EAST MAIN STREET				DILLON	SC	29536
VICTIM'S NAME (LAST, FIRST, MIDDLE)				RESIDENT	RACE	SEX
COTTONS MEAT CENTER				<input checked="" type="checkbox"/> J	<input type="checkbox"/> S	<input type="checkbox"/> O
RELATIONSHIP TO SUBJECT				AGE	ETH.	DAYTIME PHONE
						(843) 774-6031
ADDRESS				CITY	STATE	ZIP CODE
1320 EAST MAIN STREET				DILLON	SC	29536
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN --						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
SUSPECT		SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE
<input checked="" type="checkbox"/>		MORRISON, WILLIE GREGORY		B	M	36
<input type="checkbox"/> RUNAWAY		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				
<input type="checkbox"/> WANTED		SCAR ON STOMACH				
<input type="checkbox"/> WARRANT		ADDRESS		CITY	STATE	ZIP CODE
<input checked="" type="checkbox"/> ARREST		3648 HIGHWAY 34 WEST		DILLON	SC	29536
<input type="checkbox"/> JAIL		SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DATE/TIME OF OFFENSE
<input type="checkbox"/> SUMMONS		DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED	1	DATE/TIME OF ARREST
						07/23/2009 0855 07/23/2009 0912

ON THE ABOVE DATE AND TIME, THE R/O RESPONDED TO THE ABOVE LOCATION IN REFERENCE TO SHOPLIFTING. UPON ARRIVAL, THE SUBJECT WAS STILL ON SCENE. ACCORDING TO THE COMPLAINANT, THE SUBJECT PUT THREE PACKS OF STEAKS DOWN HIS PANTS AND TRIED TO LEAVE WITHOUT PAYING. THE SUBJECT STATED THAT HE WAS HUNGRY AND HAD NOT EATEN. THE SUBJECT WAS PLACED UNDER ARREST, CUFFS DOUBLE LOCKED AND CHECKED FOR TIGHTNESS. THE SUBJECT WAS TRANSPORTED TO DCCD AND CHARGED WITH SHOPLIFTING.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY SC0170100		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY SC0170100	
P	TYPE (GROUP)	08-Consumable	TOTAL VALUE
R	Burned		
O	Count/Forged		
P	Dest./Damaged		
E	Recovered	40.00	40.00
R	Seized		
T	Stolen	40.00	40.00
Y	Yielded		
SUBJECT IDENTIFIED		SUBJECT LOCATED	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18	
<input type="checkbox"/> UNFOUNDED		<input checked="" type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> A/VENUE - NO CUSTODY			
REPORTING OFFICER(S)		DATE	UNIT NUMBER
COPL. ERIC POSTON		07/23/2009	214
APPROVING OFFICER		DATE	UNIT NUMBER
ASST CHIEF BOBBY MCLEAN		07/23/2009	202
FOLLOW-UP INVESTIGATION OFFICER			
<input type="checkbox"/> YES <input type="checkbox"/> NO			

Rec.on Appeal 785

App'x 787

AGENCY I.D.  
0770100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-07213

INQ. ENTD.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
AS-SLT AND BATTERY 26687EV		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	13		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
SEE - PUBLIC DRUNK 26686 EV		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	13		
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)		ZIP CODE		WEAPON TYPE		
EAST MAIN ST. / S. MCARTHUR AVE, DILLON SC		29536		40		
INCIDENT DATE	24 HR. CLOCK	TO DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK		LOCATION NO.
07/23/2009	2220	07/23/2009	2230	DISP. DATE	DISP. TIME	DEPART. TIME
				07/23/2009	2230	2231
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
BERRY, RYAN		#1 ST	#2	<input checked="" type="checkbox"/> S	W	M
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
401 WEST MAIN STREET PO BOX 431		DILLON		SC	29536	04
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
ALFORD, DONELLA		#1 AQ	#2	<input checked="" type="checkbox"/> S	B	F
HEIGHT	WEIGHT	HAIR	EYES	AGE	ETH.	DAYTIME PHONE
5-4	170	BLK	BRO	50	N	(843) 841-2206
FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
304 EAST DARGEN ST.		DILLON		SC	29536	04
VISIBLE INJURY (VICT. 1) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN - Apparent Minor Injur						
VICTIM (NO. 1) USING: ALCOHOL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.
<input type="checkbox"/> RUNAWAY	MCKENZIE, CURTIS RONDALL		B	M	40	N
<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					
<input type="checkbox"/> WARRANT	ADDRESS		CITY		STATE	ZIP CODE
<input checked="" type="checkbox"/> ARREST	707 MARTIN LUTHER KING BLVD		DILLON		SC	29536
<input checked="" type="checkbox"/> JAIL	SUBJECT (NO. 1) USING: ALCOHOL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DATE/TIME OF OFFENSE	DATE/TIME OF ARREST
<input type="checkbox"/> SUMMONS	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED		07/23/2009 2220	07/23/2009 2335

ON THE ABOVE DATE AND TIME CITY UNITS WERE DISPATCHED TO THE ABOVE INCIDENT LOCATION IN REFERENCE TO THE ABOVE SUSPECT BEING DRUNK AND WAS ASSAULTING THE ABOVE VICTIM. THE INCIDENT WAS WITNESSED BY DEPUTY R. P. GRIMSLEY. THE VICTIM RECEIVED A SMALL BRUISE ON THE VICTIMS LEFT ARM AND A BROKEN BRA STRAP. THE SUSPECT WAS HIGHLY INTOXICATED. THE SUSPECT WAS PLACED UNDER ARREST FOR ASSAULT AND BATTERY AND PUBLIC DRUNK. THE HANDCUFFS WERE DOUBLE LOCKED AND CHECKED FOR TIGHTNESS. THE SUSPECT WAS TRANSPORTED TO THE DILLON COUNTY DETENTION CENTER.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
TYPE (GROUP)			TOTAL VALUE
Burned			
Count/Forged			
Dist/Damaged			
Recovered			
Seized			
Stolen			
Unknown			
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"/> ADJL CLOSED		<input type="checkbox"/> ARRESTED UNDER 1E <input type="checkbox"/> EX-CLEAR UNDER 1E	
<input type="checkbox"/> UNFOUNDED		<input checked="" type="checkbox"/> ARRESTED 1E AND OVER <input type="checkbox"/> EX-CLEAR 1E AND OVER	
REASON FOR EXPROPRIAL CLEARANCE: <input type="checkbox"/> OFFENDER DEAT- 2 <input type="checkbox"/> NO PROSECUTION 1 <input type="checkbox"/> EXTRAJURIDIC 1 <input type="checkbox"/> VICTIM RELINQ COOPERATION 1 <input type="checkbox"/> UNABLE TO LOCATE			
REPORTING OFFICER(S)	DATE	DISP. NUMBER	APPROVING OFFICER
DEPT SQUAD BERRY	07/23/2009	211	ASST CHIEF BOBBY MCLEAN
		FOLLOW-UP INVESTIGATION OFFICER	
		EYES 210	

Rec.on Appeal 784

App'x 786

AGENCY ID:  
C0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER

2009-07214

NCIC

INQ. ENTD

NCO/SKT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
SECRET - ASSAULTED		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	28		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER				ZIP CODE	WEAPON TYPE	
VILLAGE APTS. 414 S. LONGSTREET RD. APT. C-8, DILLON SC				29536	20 30	
DISPATCH DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
07/24/2009	0410		07/24/2009	0420	DISP. DATE	DISP. TIME
					07/24/2009	0420
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)				RESIDENT	RACE	SEX
SELLERS, LATASHA ANNETTE				<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	B	F
RELATIONSHIP TO SUBJECT				AGE	ETH.	DAYTIME PHONE
SB				31	N	(843) 841-1848
ADDRESS				CITY	STATE	ZIP CODE
414 S. LONGSTREET RD. APT C-8				DILLON	SC	29536
VICTIM'S NAME (LAST, FIRST, MIDDLE)				RESIDENT	RACE	SEX
SELLERS, LATASHA ANNETTE				<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	B	F
RELATIONSHIP TO SUBJECT				AGE	ETH.	DAYTIME PHONE
SB				31	N	(843) 841-1848
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
5-4	305	BLK	BRO			
ADDRESS				CITY	STATE	ZIP CODE
414 S. LONGSTREET RD. APT C-8				DILLON	SC	29536
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN --						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)			RACE	SEX	AGE
<input checked="" type="checkbox"/>	SELLERS, JERRICK MAURICE			B	M	28
<input type="checkbox"/> RUNAWAY	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					
<input type="checkbox"/> WANTED						
<input type="checkbox"/> WARRANT	ADDRESS					
<input type="checkbox"/> ARREST	414 SOUTH LONGSTREET ROAD APT C-8					
<input type="checkbox"/> JAIL	CITY					
<input type="checkbox"/> SUMMONS	DILLON					
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				DATE/TIME OF OFFENSE	DATE/TIME OF ARREST	
DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. TYPE: TOTAL # ARRESTED 0				07/24/2009	0410	

ON THE ABOVE DATE AND TIME CITY UNITS WERE DISPATCHED TO THE ABOVE INCIDENT LOCATION IN REFERENCE TO A DISPUTE INVOLVING SOME WEAPONS. ONCE ON SCENE THE REPORTING OFFICER STOPPED THE ABOVE SUSPECT#1 LEAVING THE APARTMENT COMPLEX. THE SUSPECT#1 STATED THAT THE SUSPECT#1 AND SUSPECT#2 GOT INTO AN ARGUMENT OVER SOME OF THE SUSPECT#1 CLOTHES GETTING CLOROX ON THEM. THE SUSPECT#1 ACCUSED SUSPECT#2 OF POURING CLOROX ON THE CLOTHES. BOTH SUSPECTS BECAME HIGHLY UPSET. THE SUSPECT#2 PULLED A KNIFE AND SUSPECT#1 HAD A LARGE PIPE. BOTH SUSPECTS FELT THREATENED BY THE OTHER ONE. THE SUSPECTS ARE SIBLINGS AND THEY LIVE TOGETHER. THE SUSPECT#1 WENT ON TO WORK. SUSPECT#2 STATED THAT SHE WANTED TO PRESS CHARGES ON SUSPECT#1. THERE WERE NO VISIBLE INJURIES.

P TYPE (GROUP)		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
R	Burned				TOTAL VALUE
O	Count/Forged				
P	Dist/Damaged				
E	Recovered				
R	Seized				
T	Stolen				
Y	Unknown				
SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SUBJECT LOCATED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM CLOSED	
				<input type="checkbox"/> ARRESTED UNDER 16 <input type="checkbox"/> EX-CLEAR UNDER 16	
				<input type="checkbox"/> ARRESTED 16 AND OVER <input type="checkbox"/> EX-CLEAR 16 AND OVER	
REASON FOR DISPOSITIONAL CLEARANCE: <input type="checkbox"/> OFFENDER DEATH 1 <input type="checkbox"/> NO PROSECUTION 2 <input type="checkbox"/> EXTRACTION DENIED 3 <input type="checkbox"/> ACTIVE DELINQ COOPERATION 4 <input type="checkbox"/> ALIEN/LEAVE NO CUSTODY 5					
REPORTING OFFICER'S		DATE	UNF NUMBER	APPROVING OFFICER	DATE
DEPT DEAN BERRY		07/24/2009	211	ASST CHIEF BOBBY MCLEAN	07/24/2009
FOLLOW UP INVESTIGATION OFFICER					
JAMES DICK					

Rec.on Appeal 783

App'x 785

AGENT I.D.  
SC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2009-07218

NCIC  
INO. ENTD.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM	
ZC - SHOPLIFTING		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	12		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Governmental <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.	
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)		ZIP CODE		WEAPON TYPE			
COTTONS MEAT CENTER-1320 EAST MAIN STREET, DILLON SC		29536					
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK		LOCATION NO.
07/21/2009	0750		07/21/2009	0755	DISP. DATE	DISP. TIME	TIME ARRIVED
					07/21/2009	1000	1005
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE
JACKSON, TERRY W		ST		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	J S O U	W M	41
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.	
1320 EAST MAIN STREET		DILLON		SC	29536	03	
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE
COTTONS MEAT CENTER		J S O U		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	J S O U		
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.			
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.	
1320 EAST MAIN STREET		DILLON		SC	29536	03	
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -							
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO UNK.							
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED							
J - This Jurisdiction S - State O - Out of State U - Unknown							
SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT
MORRISON, WILLIE GREGORY		B	M	36	N		5-10
FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.							
SCAR ON STOMACH							
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.		
3648 HIGHWAY 34 WEST		DILLON	SC	29536	04		
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO UNK.		ARRESTED NEAR OFFENSE SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST	
DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO UNK. TYPE:		TOTAL # ARRESTED		07/21/2009 0750		07/23/2009 1005	
ON THE DATE AND TIME ABOVE THE SUSPECT WENT INTO THE ABOVE INCIDENT LOCATION AND DID CONCEALED TWO FAMILY PACKS OF RIBYE STAKES IN HIS PANTS AND DID LEAVE THE STORE WITHOUT PAYING.THE INCIDENT WAS CAUGHT ON VIDEO.THE R/O WILL SIGN A WARRANT.							

TYPE (GROUP)		08-Consumable		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
Burned						TOTAL VALUE	
Count/Forged							
Loss/Damaged							
Recovered							
Stolen		30.00				30.00	
Subject Identified		Subject Located		Active		Adm Closed	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM CLOSED		<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18	
<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER			
Reason for Discretionary Clearance		Offender Death		No Prosecution		Extraction Denied	
1		2		3		4	
Reporting Officer's		Date		Unit Number		Approving Officer	
Sgt James Hayes		07/24/2009		212		Asst Chief Bobby McLean	
						08/26/2009 212	
Follow-up Investigation Officer							

Rec on Appeal 782

App'x 784

SERIAL NO.  
50170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-07222

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1 90E - PUBLIC DRUNK 0565-P		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	13		<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input checked="" type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
4TH AVENUE & HAMPTON STREET, DILLON SC				29536		
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
07/24/2009	2315		07/24/2009	2318	DISP. DATE	DISP. TIME
						DEPART. TIME
						2350
						LOCATION NO.
						03
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
MCPHATTER, LARRY RAY		#1 ST	#2	<input checked="" type="checkbox"/> SOU	W	M
ADDRESS		CITY	STATE	AGE	ETH	DAYTIME PHONE
401 WEST MAIN STREET / PO DRAWER 431		DILLON	SC	36	N	(843) 774-0051 H
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
SOCIETY/PUBLIC		#1	#2	<input checked="" type="checkbox"/> SOU		
HEIGHT		WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.	
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASHT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)			RACE	SEX	AGE
<input type="checkbox"/> RUNAWAY	CAMPBELL, ANDREW DELEE			B	M	26
<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					
<input type="checkbox"/> WARRANT	TATTOO ON LEFT BICEP					
<input checked="" type="checkbox"/> ARREST	ADDRESS			CITY	STATE	ZIP CODE
<input type="checkbox"/> JAIL	604 WEST WASHINGTON ST			DILLON	SC	29536
<input type="checkbox"/> SUMMONS	SUBJECT (NO. 1) USING: ALCOHOL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. ARRESTED NEAR OFFENSE SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			DATE/TIME OF OFFENSE	DATE/TIME OF ARREST	
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:			TOTAL # ARRESTED	07/24/2009	2315	07/24/2009
			1			2318

ON THE ABOVE DATE AND TIME R/O WAS DISPATCHED TO THE EAST HAMPTON STREET AREA. DISPATCH STATED THAT THE SUSPECT WAS WALKING AROUND CARRYING A SHOTGUN. DEPUTY BARFIELD NOTICED THE SUSPECT COMING FROM BEHIND THE CHURCH AT THE INCIDENT LOCATION. WHEN THE SUSPECT NOTICED THE OFFICERS HE LAID ON THE HIGHWAY FACE DOWN AND "STATED DONT SHOOT ME". AFTER SEARCHING THE SUSPECT THERE WAS NO WEAPON FOUND. R/O AND DEPUTY BARFIELD SEARCHED THE AREA BEHIND THE CHURCH AND FOUND A SHOTGUN IN BETWEEN THE STEPS AND AIR CONDITIONER UNIT. THE SHOTGUN WAS COCKED AND APPEARED READY TO BE FIRED. THE SUSPECT HAD A STRONG ODOR OF ALCOHOL ON HIS BREATH. THE SUSPECT WAS PLACED UNDER ARREST FOR PUBLIC DRUNK. THE SUSPECT WAS HANDCUFFED (DOUBLE LOCKED), CHECKED FOR TIGHTNESS, ADVISED OF HIS MIRANDA RIGHTS, AND TRANSPORTED TO DCCD. THE ORIGINAL COMPLAINANT CALLED DEPUTY THOMPSON, WHO CALLED DISPATCH. DEPUTY THOMPSON STATED THE ORIGINAL COMPLAINANT DID NOT WANT TO GIVE HER NAME AND WOULD NOT GIVE A STATEMENT. R/O WAS ABLE TO UNCOCK THE SHOTGUN AND THE WEAPON WAS NOT LOADED.

TYPE (GROUP)		13-Firearms		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY SC0170100	
Burned							TOTAL VALUE
Count/Forged							
Dest/Damaged							
Recovered	10.00						10.00
Seized							
Stolen							
SELECT IDENTIFIED		SELECT LOCATED		<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 16	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> UNFUNDED		<input type="checkbox"/> ARRESTED 16 AND OVER	
RECORD OF ORIGINAL SOURCE		RECORD OF SOURCE		RECORD OF SOURCE		RECORD OF SOURCE	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
REPORTING OFFICER		DATE		APPROVING OFFICER		DATE	

Rec.on Appeal 781

AGENCY I.D.  
IC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2009-07223

NCIC  
UNQ ENT0

INCIDENT TYPE				COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM									
1. BEM - B&E OF MOTOR VEHICLE / LARCENY				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	18 03		<input checked="" type="checkbox"/> Individual Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.									
2.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO												
3.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO												
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)						ZIP CODE	WEAPON TYPE										
1326 HWY 9 EAST ST, MOM & POPS, DILLON SC						29536											
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK			LOCATION NO.									
07/25/2009	0000		07/25/2009	0109	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME									
					07/25/2009	0109	0117	0145									
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE					
NOBLES, DERHONDA				#1	#2	#3	J	S	O	U	W	F	48	N	(843) 464-8145	H	B
ADDRESS				CITY		STATE	ZIP CODE	LOCATION NO.									
1203 WILLIE HODGE RD.				MULLINS		SC	29574	ST									
VICTIM'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE					
NOBLES, DERHONDA				#1	#2	#3	J	S	O	U	W	F	48	N	(843) 464-8145	H	B
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.													
5-6	205	BRO	BLU														
ADDRESS				CITY		STATE	ZIP CODE	LOCATION NO.									
1203 WILLIE HODGE RD.				MULLINS		SC	29574	ST									
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -																	
#1 VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK																	
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/PLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown																	
SUBJECT																	
<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)					RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES			
<input type="checkbox"/> RUNAWAY	GRIMSLEY, BOBBY DANIEL					W	M	28	N		6-2	215	BRO	HAZ			
<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.																
<input type="checkbox"/> WARRANT	TATTOOS ON BOTH ARMS																
<input type="checkbox"/> ARREST	ADDRESS				CITY		STATE	ZIP CODE	LOCATION NO.								
<input type="checkbox"/> JAIL	2035 GREEN ACRES LOOP				DILLON		SC	29536	CTY								
<input type="checkbox"/> SUMMONS	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK				ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST								
<input type="checkbox"/> SUMMONS	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:				TOTAL # ARRESTED		0		07/25/2009 0000								

ON THE ABOVE DATE OFFICERS WERE DISPATCHED TO THE ABOVE INCIDENT LOCATION. UPON OFFICERS ARRIVAL THE VICTIM REPORTED THAT BETWEEN THE ABOVE TIMES AN UNKNOWN SUSPECT DID BUST OUT A WINDOW TO HER VEHICLE AND TOOK HER PURSE. THE PURSE IS PINK IN COLOR AND CONTAINED TWO CHECK BOOKS, TWO CREDIT, DRIVER LICENSES, SOCIAL SECURITY CARD AND \$350. THE VICTIM'S VEHICLE HAD DAMAGE TO ALL FOUR DOORS WHERE THE RUBBER SEAL AROUND THE DOOR WAS BENT OUTWARD AND ALSO HAD SCRATCHES ON THE DRIVER SIDE PASSENGER DOOR PANEL. THE DAMAGE TO THE VEHICLE IS VALUED AT \$900.

				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY SC0170100		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P	TYPE (GROUP)	25-Purses/Handba	22-Nonnegotiable	09-Credit/Debit	20-Money	TOTAL VALUE	
R	Burned						
O	Count/Forfec						
P	Dist. Damaged						
E	Recovered						
R	Seized						
T	Stolen	25.00			25.00		25.00
Y	Unknown						

Rec.on Appeal 780

AGENCY I.D.  
C0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER

2009-07165

NCC

INC X

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. SPM - SIMPLE POSS. OF MARIJUANA 27493EV 27492EV 27491EV	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	18 28		<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Org. <input checked="" type="checkbox"/> Soc. Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2. 520 - FELON IN POSS. OF A FIREARM	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	18 28		
3. NRP - VIOL. OF SC HAND GUN LAW	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	18 28		

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER) 220 SOUTH LONGSTREET RD, DILLON SC ZIP CODE 29536 WEAPON TYPE 12

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME	24 HR. CLOCK	TIME ARRIVED	DEPART. TIME	LOCATION NO.
07/18/2009	2200		07/18/2009	2205	07/18/2009	2206	2208	2300	04

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE) POSTON, GORDON ERIC  
RELATIONSHIP TO SUBJECT #1 ST #2 ST #3 ST RESIDENT RACE SEX AGE ETH DAYTIME PHONE (843) 774-0051 H EVENING PHONE B

ADDRESS 401 WEST MAIN STREET CITY DILLON STATE SC ZIP CODE 29536 LOCATION NO. 04

VICTIM'S NAME (LAST, FIRST, MIDDLE) SOCIETY/PUBLIC  
RELATIONSHIP TO SUBJECT #1 #2 #3 RESIDENT RACE SEX AGE ETH DAYTIME PHONE H EVENING PHONE B

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

ADDRESS CITY STATE ZIP CODE LOCATION NO.

VISIBLE INJURY (VICT. 1)  YES  NO EXPLAIN -

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

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

SUBJECT RACE SEX AGE ETH DATE OF BIRTH HEIGHT WEIGHT HAIR EYES  
 SUSPECT ROBINSON, LACEDRIC M B M 20 N [REDACTED] 6-1 250 BLK BRO

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

WANTED

WARRANT ADDRESS CITY STATE ZIP CODE LOCATION NO.

ARREST 1028 PLEASANT GROOVE CT DILLON SC 29536 CTY

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

SUMMONS DRUGS:  YES  NO  UNK. TYPE: TOTAL # ARRESTED 3 07/18/2009 2200 07/18/2009 2215

ON THE ABOVE DATE AND TIME, THE R/O RESPONDED TO THE ABOVE LOCATION IN REFERENCE TO SHOTS FIRED NEAR THE (Q) UNIT. UPON ARRIVAL THERE WAS A GREY IN COLOR FORD TAURUS (SC TAG BAY236) PARKED IN FRONT OF THE (Q) UNIT. SUBJECT #1 WAS SEATED IN THE FRONT PASSENGER SEAT, SUBJECT #2 WAS SEATED IN THE BACK SEAT ON THE DRIVERS SIDE, SUBJECT #3 HAD THE BACK DOOR OPENED ON THE PASSENGER SIDE AND WAS PARTIAL IN THE VEHICLE. WHILE THE R/O WAS SPEAKING WITH THE SUBJECTS, THE R/O COULD SMELL AN ODOR OF BURNT MARIJUANA COMING FROM THE VEHICLE. THE R/O SAW IN PLAIN VIEW A PLASTIC BAG ON THE FLOOR NEAR SUBJECT #1 FEET, CONTAINING A GREEN LEAFY SUBSTANCE BELIEVED TO BE MARIJUANA. THE R/O HAD SUBJECT #1 TO STEP OUT THE VEHICLE. ONCE SUBJECT #1 WAS OUT OF THE VEHICLE, THE R/O FOUND TWO MORE PLASTIC BAGS OF MARIJUANA UNDER THE SEAT. THE R/O ALSO SAW IN PLAIN VIEW IN THE CENTER BETWEEN THE FRONT SEATS WAS A HAND GUN REVOLVER. ALL THREE SUBJECTS STATED THEY KNEW NOTHING OF THE MARIJUANA OR THE HAND GUN. SUBJECTS WERE PLACED UNDER ARREST, CUFFS DOUBLE LOCKED AND CHECKED FOR TIGHTNESS. THE R/O ALSO ADVISED THE SUBJECTS OF MIRANDA RIGHTS. THE HAND GUN IS A .22 CAL, SERIAL NUMBER 536108. THE GUN IS BLACK IN COLOR WITH A WHITE HANDLE. APPROX WEIGHT OF THE MARIJUANA IS 24.5 GRAMS. ALL THREE SUBJECTS ARE CHARGED WITH SIMPLE POSSESSION OF MARIJUANA. ACCORDING TO SUBJECTS #2 AND #3 CRIMINAL HISTORY, THEY ARE CONVICTED FELONS. WARRANTS WILL BE SECURED FOR SUBJECTS #2 AND #3 FOR FELON IN POSSESSION OF A FIREARM. SUBJECT #1 DOES NOT HAVE A CRIMINAL RECORD. A WARRANT WILL BE SECURED FOR VIOLATION OF SC HAND GUN LAW FOR SUBJECT #1. ALL THREE SUBJECTS WERE THEN TRANSPORTED TO DCDC. COWARDS TOWING FROM ROTATION TOWED THE VEHICLE.

P	TYPE (GROUP)	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		TOTAL VALUE
		10-Drugs/Narcotic	13-Firearms			
R	Burned					
O	Cour/J Forged					
P	Dist/Damaged					
E	Recovered					
R	Seized		50.00			50.00
T	Stolen					
Y	Unknown					

REASON FOR EXCEPTIONAL CLEARANCE:  SUBJECT IDENTIFIED  OFFENDER DEATH  NO PROSECUTION  EXTRADITION DENIED  VICTIM DECLINES COOPERATION  JUVENILE - NO LISTED

REPORTING OFFICER(S) DATE JMT NUMBER APPROVING OFFICER DATE JMT NUMBER

ERIC POSTON 07/18/2009 214 ASST CHIEF BOBBY MCLEAN 07/18/2009 202

Rec on Appeal 779

AGENCY I.D.  
IC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-07173

IND. ENTO.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
KRP - DAMAGED VEHICLE		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	18 23		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc. Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)		ZIP CODE		WEAPON TYPE		
1109 HWY 301 SOUTH J&J SERVICE CENTER, DILLON SC		29536				
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
07/20/2009	0853		07/20/2009	0853	DISP. DATE	DISP. TIME
						DEPART. TIME
						0910
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
LONG, JERRY		#1 AQ		<input checked="" type="checkbox"/> YES	W	M
ADDRESS		CITY		AGE	ETH	DAYTIME PHONE
501 SOUTH 1ST. AVE.		DILLON		52	N	(843) 774-0045
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
CARTER, STEVE		#1		<input checked="" type="checkbox"/> YES	W	M
HEIGHT		WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.	
5-9		199	BRO	BRO		
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
822 A TURTLE CT.		DILLON		SC	29536	04
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT	<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE
	<input type="checkbox"/> RUNAWAY	LONG, JERRY		W	M	52
	<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				
	<input type="checkbox"/> WARRANT	ADDRESS		CITY	STATE	ZIP CODE
<input type="checkbox"/> ARREST	501 SOUTH 1ST. AVE.		DILLON	SC	29536	LOCATION NO. 04
<input type="checkbox"/> JAIL	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE	
<input type="checkbox"/> SUMMONS	DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED 0		07/20/2009 0853	

ON THE ABOVE DATE AND TIME THE COMPLAINANT REPORTED WHILE HE WAS CUTTING GRASS A ROCK FLEW UP AND HIT THE VICTIM VEHICLE SHATTERING THE BACK GLASS. THE VEHICLE WILL BE A 1993 CHEVY S10 PICK UP TRUCK. THE DAMAGE TO THE VEHICLE IS VALUED AT \$100. THE SUSPECT IS EMPLOYED BY THE CITY OF DILLON.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
PROPERTY	37-Motor Vehicle -	TOTAL VALUE	
REPAIRS			
PROPERTY DAMAGE	100.00	100.00	
SUSPECT LOCATED <input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED <input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> ARRESTED 18 AND OVER <input checked="" type="checkbox"/> EX-CLEAR 18 AND OVER			
<input type="checkbox"/> OFFENDER DEATH 2. <input checked="" type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> AVENUE - NO CUSTODY			
DATE	UNIT NUMBER	APPROVING OFFICER	DATE
07/20/2009	209	ASST CHIEF BOBBY MCLEAN	07/20/2009
FOLLOW-UP INVESTIGATION OFFICER		UNIT NUMBER	
<input type="checkbox"/> YES <input type="checkbox"/> NO		202	

Rec.on Appeal 778

App'x 780

AGENCY I.D.  
C0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2009-07175

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 35A - DISTRIBUTION OF CONTROLLED SUBSTANCE W/ PROX OF SCHOOL		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input checked="" type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2. NRP - DISTRIBUTION OF CONTROLLED SUBSTANCE		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
504 EAST MADISON STREET, DILLON SC				29536		
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
07/17/2009	1422		07/17/2009	1427	DISP. DATE	DISP. TIME
					1422	1427
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)				RESIDENT	RACE	SEX
HAMILTON, JAMES L				<input checked="" type="checkbox"/> S	O	U
ADDRESS				CITY	STATE	ZIP CODE
401 WEST MAIN STREET / PO DRAWER 431				DILLON	SC	29536
VICTIM'S NAME (LAST, FIRST, MIDDLE)				RESIDENT	RACE	SEX
SOCIETY/PUBLIC				<input checked="" type="checkbox"/> J	S	O
ADDRESS				CITY	STATE	ZIP CODE
				DILLON	SC	29536
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN --				VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.		
SUBJECT NAME (LAST, FIRST, MIDDLE)				RACE	SEX	AGE
GARNER, PEGGY				W	F	46
ADDRESS				CITY	STATE	ZIP CODE
504 EAST MADISON STREET				DILLON	SC	29536
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:				ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE/TIME OF OFFENSE	DATE/TIME OF ARREST
				TOTAL # ARRESTED 0	07/17/2009 1422	

AS OF 07/17/09, THE R/O'S MET WITH CI-2008-12 AT A DESIGNATED LOCATION. THE CI WAS THEN EQUIPPED WITH A RECORDING DEVICE. THE CI WAS THEN GIVEN GOVERNMENT FUNDS TO PURCHASE DRUGS UNDER POLICE SURVEILLANCE. THE CI AND AGENTS THEN LEFT THE MEET SPOT. THE CI THEN ARRIVED AT SAID INCIDENT LOCATION AT APPROXIMATELY 1422 HRS. THE CI WAS THEN ABLE TO PURCHASE ONE MORPHINE TABLET (CII) FROM GARNER. THE CI THEN LEFT THE LOCATION ALONG WITH AGENTS. THE CI PURCHASED THE DRUGS FOR TWENTY DOLLARS. THE CI TURNED OVER THE DRUGS TO LT HAMILTON. THE PROXIMITY WILL BE EAST ELEMENTARY SCHOOL.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
GROUP	10-Drugs/Narcotic	TOTAL VALUE	
DATE			
UNIT NUMBER			
SUBJECT LOCATED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	
<input checked="" type="checkbox"/> FOUND <input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18	
<input type="checkbox"/> OFFICER'S DEATH		<input type="checkbox"/> ARRESTED 18 AND OVER	
2. <input type="checkbox"/> NO PROSECUTION		4. <input type="checkbox"/> VICTIM DECLINES COOPERATION	
3. <input type="checkbox"/> EXTRADITION DENIED		5. <input type="checkbox"/> JUVENILE - NO CUSTODY	
DATE	UNIT NUMBER	APPROVING OFFICER	DATE
07/17/2009	206	ASST CHIEF BOBBY MCLEAN	07/17/2009
FOLLOW-UP INVESTIGATION OFFICER			
<input type="checkbox"/> YES <input type="checkbox"/> NO			

Rec.on Appeal 777

App'x 779

AGENCY I.D.  
C0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-07178

INFO. ENTD.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
13C - ASSAULT - INTIMIDATION		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20 13		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)		ZIP CODE		WEAPON TYPE		
504 S 10 TH AVE, DILLON SC		29536				
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
07/20/2009	1830		07/20/2009	1835	DISP. DATE	DISP. TIME
				TIME ARRIVED		DEPART. TIME
				07/20/2009		1845
						1900
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
LAWRENCE, VIOLA MONIQUE		AQ		<input checked="" type="checkbox"/> J <input type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	B	F
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
511 E HOWARD ST		DILLON		SC	29536	03
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
LAWRENCE, VIOLA MONIQUE		AQ		<input checked="" type="checkbox"/> J <input type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	B	F
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
511 E HOWARD ST		DILLON		SC	29536	03
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK				
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER. <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED		J - This Jurisdiction S - State O - Out of State U - Unknown				
SUBJECT	SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.
	BARNES, STEPHANIE B		W	F	17	N
	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					
	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.
504 SOUTH 10TH AVE		DILLON	SC	29536	03	
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST
DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED		07/20/2009		1830

ON THE ABOVE DATE AND TIME THE REPORTING OFFICER WAS DISPATCHED TO THE ABOVE INCIDENT LOCATION. THE SUSPECT TOLD THE OFFICER THAT THE VICTIM HAD GONE BACK TO HER HOUSE. THE REPORTING OFFICER WENT TO THE VICTIM'S HOUSE TO TALK WITH THE VICTIM. THE VICTIM STATED THAT WHILE SHE WAS WALKING PAST THE INCIDENT LOCATION THE SUSPECT SAID SOMETHING TO HER AND THAT'S WHEN THE VICTIM AND THE SUSPECT STARTED ARGUING ON THE STREET IN FRONT OF THE INCIDENT LOCATION. THE VICTIM STATED THAT THE SUSPECT WENT INTO HER HOUSE AND GOT A KNIFE AND CAME BACK OUT INTO THE STREET. THE VICTIM STATED THAT THE SUSPECT SWUNG THE KNIFE AT HER. THE VICTIM THEN CALLED CENTRAL AND WENT BACK TO HER HOUSE. THE VICTIM SAID THAT SHE DOES NOT WANT TO PRESS CHARGES AT THIS TIME.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
TOTAL VALUE			
SEARCHED		INDEXED	
SERIALIZED		FILED	
JUL 22 2009		JUL 22 2009	
DILLON		DILLON	
ASST CHIEF BOBBY MCLEAN		202	

Rec.on Appeal 776

AGENCY I.D.  
IC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2009-07182

NCIC  
INQ. ENTD.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 13C - ASSAULT - INTIMIDATION		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	18 25		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
223 RADFORD BLVD (DILLON PLAZA CINAMAS), DILLON SC				29536		
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	LOCATION NO.
07/20/2009	2210		07/20/2009	2215	DISP. DATE: 07/20/2009 DISP. TIME: 2220 TIME ARRIVED: 2220 DEPART. TIME: 2300	1A
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
IVEY, DANIELLE MANESSA		AQ		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	S	O
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
555 ROBERTS RD		DILLON		SC	29536	1A
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
IVEY, DANIELLE MANESSA		AQ		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	S	O
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
5-7	140	BLN	HAZ			
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
555 ROBERTS RD		DILLON		SC	29536	1A
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
VICTM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)			RACE	SEX	AGE
<input type="checkbox"/> RUNAWAY	STRICKLAND, BRIAN ANDREW			W	M	27
<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					
<input type="checkbox"/> WARRANT	ADDRESS		CITY		STATE	ZIP CODE
<input type="checkbox"/> ARREST	2047 ARRIE ROAD		DILLON		SC	29536
<input type="checkbox"/> JAIL	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE	
<input type="checkbox"/> SUMMONS	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED		DATE/TIME OF ARREST	
		0		07/20/2009 2210		
<p>ON THE ABOVE DATE AND TIME, COMPLAINANT CALLED R/O IN REFERENCE TO AN ARGUMENT AND THE ABOVE INCIDENT LOCATION. UPON ARRIVAL, VICTIM STATED WHILE SHE WAS CLEANING THE WINDOWS OUTSIDE, SHE OVER HEARD THE COMPLAINANT YELLING AND CUSSING AT ANOTHER PARTY. VICTIM STATED SHE TOLD THE SUSPECT THAT IF HE WASNT GOING TO WATCH A MOVIE HE WOULD HAVE TO LEAVE. VICTIM STATED SUSPECT THEN STARTED YELLING AND CUSSING AT HER. VICTIM STATED SUSPECT TOLD HER TO SHUT THE FUCK UP AND HE COULD DO WHATEVER HE WANTED TO. VICTIM STATED SHE TOLD THE SUSPECT SHE WOULD CALL THE POLICE IF HE DID NOT LEAVE AND SUSPECT TOLD HER HE COULD DO WHATEVER THE HELL HE WANTED TO. VICTIM STATED SUSPECT THEN GOT IN HIS VEHICLE AND PULLED INTO THE PARKING LOT NEXT DOOR AND STARTED SPINNING TIRES BEFORE LEAVING. VICTIM STATED SHE THEN CALLED R/O.</p>						

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
TYPE OF LOSS	DATE	VALUE	TOTAL VALUE
1. BURGLARY			
2. THEFT			
3. THEFT BY RECEIPT			
4. THEFT BY DECEPTION			
5. THEFT BY MISAPPROPRIATION			
6. THEFT BY UNLAWFUL INTEREST			
7. THEFT BY UNLAWFUL POSSESSION			
8. THEFT BY UNLAWFUL ACQUISITION			
9. THEFT BY UNLAWFUL CONVEYANCE			
10. THEFT BY UNLAWFUL POSSESSION			
11. THEFT BY UNLAWFUL ACQUISITION			
12. THEFT BY UNLAWFUL CONVEYANCE			
13. THEFT BY UNLAWFUL POSSESSION			
14. THEFT BY UNLAWFUL ACQUISITION			
15. THEFT BY UNLAWFUL CONVEYANCE			
16. THEFT BY UNLAWFUL POSSESSION			
17. THEFT BY UNLAWFUL ACQUISITION			
18. THEFT BY UNLAWFUL CONVEYANCE			
19. THEFT BY UNLAWFUL POSSESSION			
20. THEFT BY UNLAWFUL ACQUISITION			
21. THEFT BY UNLAWFUL CONVEYANCE			
22. THEFT BY UNLAWFUL POSSESSION			
23. THEFT BY UNLAWFUL ACQUISITION			
24. THEFT BY UNLAWFUL CONVEYANCE			
25. THEFT BY UNLAWFUL POSSESSION			
26. THEFT BY UNLAWFUL ACQUISITION			
27. THEFT BY UNLAWFUL CONVEYANCE			
28. THEFT BY UNLAWFUL POSSESSION			
29. THEFT BY UNLAWFUL ACQUISITION			
30. THEFT BY UNLAWFUL CONVEYANCE			
31. THEFT BY UNLAWFUL POSSESSION			
32. THEFT BY UNLAWFUL ACQUISITION			
33. THEFT BY UNLAWFUL CONVEYANCE			
34. THEFT BY UNLAWFUL POSSESSION			
35. THEFT BY UNLAWFUL ACQUISITION			
36. THEFT BY UNLAWFUL CONVEYANCE			
37. THEFT BY UNLAWFUL POSSESSION			
38. THEFT BY UNLAWFUL ACQUISITION			
39. THEFT BY UNLAWFUL CONVEYANCE			
40. THEFT BY UNLAWFUL POSSESSION			
41. THEFT BY UNLAWFUL ACQUISITION			
42. THEFT BY UNLAWFUL CONVEYANCE			
43. THEFT BY UNLAWFUL POSSESSION			
44. THEFT BY UNLAWFUL ACQUISITION			
45. THEFT BY UNLAWFUL CONVEYANCE			
46. THEFT BY UNLAWFUL POSSESSION			
47. THEFT BY UNLAWFUL ACQUISITION			
48. THEFT BY UNLAWFUL CONVEYANCE			
49. THEFT BY UNLAWFUL POSSESSION			
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65. THEFT BY UNLAWFUL ACQUISITION			
66. THEFT BY UNLAWFUL CONVEYANCE			
67. THEFT BY UNLAWFUL POSSESSION			
68. THEFT BY UNLAWFUL ACQUISITION			
69. THEFT BY UNLAWFUL CONVEYANCE			
70. THEFT BY UNLAWFUL POSSESSION			
71. THEFT BY UNLAWFUL ACQUISITION			
72. THEFT BY UNLAWFUL CONVEYANCE			
73. THEFT BY UNLAWFUL POSSESSION			
74. THEFT BY UNLAWFUL ACQUISITION			
75. THEFT BY UNLAWFUL CONVEYANCE			
76. THEFT BY UNLAWFUL POSSESSION			
77. THEFT BY UNLAWFUL ACQUISITION			
78. THEFT BY UNLAWFUL CONVEYANCE			
79. THEFT BY UNLAWFUL POSSESSION			
80. THEFT BY UNLAWFUL ACQUISITION			
81. THEFT BY UNLAWFUL CONVEYANCE			
82. THEFT BY UNLAWFUL POSSESSION			
83. THEFT BY UNLAWFUL ACQUISITION			
84. THEFT BY UNLAWFUL CONVEYANCE			
85. THEFT BY UNLAWFUL POSSESSION			
86. THEFT BY UNLAWFUL ACQUISITION			
87. THEFT BY UNLAWFUL CONVEYANCE			
88. THEFT BY UNLAWFUL POSSESSION			
89. THEFT BY UNLAWFUL ACQUISITION			
90. THEFT BY UNLAWFUL CONVEYANCE			
91. THEFT BY UNLAWFUL POSSESSION			
92. THEFT BY UNLAWFUL ACQUISITION			
93. THEFT BY UNLAWFUL CONVEYANCE			
94. THEFT BY UNLAWFUL POSSESSION			
95. THEFT BY UNLAWFUL ACQUISITION			
96. THEFT BY UNLAWFUL CONVEYANCE			
97. THEFT BY UNLAWFUL POSSESSION			
98. THEFT BY UNLAWFUL ACQUISITION			
99. THEFT BY UNLAWFUL CONVEYANCE			
100. THEFT BY UNLAWFUL POSSESSION			

Rec.on Appeal 775

AGENCY LD  
002 73200

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER

2009-07133

NCIC

IND EXTD

ACCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
<del>SECURE - SEPARATION</del>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	07		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgs. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				WEAPON TYPE	
BETHA'S WORKER, DILLON SC				29536	

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME	LOCATION NO.
07/15/2009	1915		07/15/2009	1915	07/15/2009	1946	1952	2000	04

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH.	DAYTIME PHONE	EVENING PHONE
BETHEA, VONDEN EVONN	AQ AQ	<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	B	M	46	N	(843) 774-7795	
ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.				
1103 S. MACARTHUR AVE.	DILLON	SC	29536	03				

VICTIM'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH.	DAYTIME PHONE	EVENING PHONE
BETHEA, VONDEN EVONN	AQ AQ	<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	B	M	46	N	(843) 774-7795	
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				
5-9	170	BLK	BRO					
ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.				
1103 S. MACARTHUR AVE.	DILLON	SC	29536	03				

VISIBLE INJURY (VICT. 1)  YES  NO EXPLAIN -

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

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

SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)	RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
<input checked="" type="checkbox"/>	GADDY, DWIGHT BERNARD II	B	M	19	N		6-1	140	BLK	BRO
<input type="checkbox"/> RUNAWAY	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.									
<input type="checkbox"/> WANTED										

WARRANT	ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
<input type="checkbox"/>	601 SOUTH 1ST AVENUE	DILLON	SC	29536	04
ARREST	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK	ARRESTED NEAR OFFENSE SCENE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE/TIME OF OFFENSE	DATE/TIME OF ARREST
<input type="checkbox"/>				07/15/2009	1915
JAIL	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK TYPE:	TOTAL # ARRESTED	0		
<input type="checkbox"/>					

ON THE ABOVE DATE AND TIME THE REPORTING OFFICER WAS DISPATCHED TO 1103 S MACARTHUR ST. TO FILE A REPORT IN REFERENCE TO HARASSMENT. UPON OFFICERS ARRIVAL THE VICTIM STATED THAT WHILE HE WAS AT THE ABOVE INCIDENT LOCATION MICHAEL STEWART AND DWIGHT GADDY TOLD THE VICTIM THAT THEY WERE GOING TO BLOW HIS BRAINS OUT. THE VICTIM STATED THAT THIS HAS BEEN GOING ON FOR A WHILE.

NARRATIVE

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		TOTAL VALUE
P TYPE (GROUP)				
R Burned				
O Count/Seized				
P Dest/Damaged				
E Recovered				
R Seized				
T Stolen				
Y Unknown				
A SUBJECT IDENTIFIED	SUBJECT LOCATED	<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18	<input type="checkbox"/> ID-CLEAR JUDGE
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> ID-CLEAR 18 AND OVER
M REASON FOR EXCEPTIONAL CLEARANCE	<input type="checkbox"/> OFFENDER DEATH	<input type="checkbox"/> NO PROSECUTION	<input type="checkbox"/> EXTRADITION DENIED	<input type="checkbox"/> VICTIM DECLINES COOPERATION
				<input type="checkbox"/> JUDICIAL ACTION
R REPORTING OFFICER'S	DATE	LAST NUMBER	APPROVING OFFICER	DATE
OFC ROBERT COOK	07/15/2009	223	ASST CHIEF BOBBY MCLEAN	07/15/2009
		FOLLOWUP INVESTIGATION OFFICE		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		

Rec.on Appeal 774

AGENCY I.D.  
C0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-07140

INC. EXTD.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM	
13C - ASSAULT - INTIMIDATION		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	13		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.	
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)					ZIP CODE	WEAPON TYPE	
211 N 1 ST AVE, DILLON SC					29536		
INCIDENT DATE	24 HR CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK		LOCATION NO.
07/16/2009	1000		07/16/2009	1006	DISP. DATE	DISP. TIME	TIME ARRIVED
				07/16/2009	1007	1012	1025
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
BYRD, PEGGY STRICKLAND			SB		J	W	F
ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.	
1820 POT OF GOLD DR			DILLON	SC	29536	CTY	
VICTIM'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
BYRD, PEGGY STRICKLAND			PA		J	W	F
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.			
5-4	185	BRO	BRO				
ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.	
1820 POT OF GOLD DR			DILLON	SC	29536	CTY	
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -							
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK							
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown							
SUBJECT NAME (LAST, FIRST, MIDDLE)			RACE	SEX	AGE	ETH.	DATE OF BIRTH
<input checked="" type="checkbox"/> SUSPECT HUNT, JAMIE			W	F	22	N	
<input type="checkbox"/> RUNAWAY <input type="checkbox"/> WANTED <input type="checkbox"/> WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/> JAIL <input type="checkbox"/> SUMMONS							
ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.	
211 N 1 ST AVE			DILLON	SC	29536	01	
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK			ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE	DATE/TIME OF ARREST	
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK TYPE:			TOTAL # ARRESTED		07/16/2009	1000	

ON THE ABOVE DATE AND TIME R/O WAS DISPATCHED TO THE ABOVE ADDRESS . UPON ARRIVAL THE VICTIM STATED HER DAUGHTER , THE SUSPECT THREATENED TO KILL HER . THE VICTIM STATED IT STARTED OVER THE VICTIM , TRYING TO TAKE THE GRANDCHILDREN . THE VICTIM STATED THE SUSPECT IS NOT A GOOD PARENT . THE VICTIM WENT TO THE SUSPECTS RESIDENCE TO CHECK ON THE CHILDREN . THE VICTIM STATED TO R/O SHE WANTED TO GET CUSTODY OF THE GRANDCHILDREN . R/O THEN SPOKE WITH THE SUSPECT WHO STATED THE GRANDMOTHER , THE VICTIM , IS HARASSING HER . THAT EVERY ONCE AND A WHILE SHE HAS HER KEEP THE CHILDREN . THE SUSPECT STATED SHE IS NO LONGER GOING TO LET THE VICTIM SEE THE CHILDREN , AND WILL SEND HER A TRESPASSING NOTICE . R/O CHECKED THE RESIDENCE . THE RESIDENCE HAD ELECTRICITY , RUNNING WATER , AND FOOD IN THE HOUSE . THE CHILDREN ALSO HAD CLOTHES AND WERE CLEAN . R/O ADVISED THE VICTIM TO SEE THE JUDGE IN REFERENCE TO THE THREATS .

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P TYPE (GROUP)			TOTAL VALUE
R Burned			
O Count/Forged			
P Dest/Damaged			
E Recovered			
R Seized			
T Stolen			
Y Unknown			
SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SUBJECT LOCATED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> ARRESTED 18 AND OVER	
<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> EX-CLEAR / RACE 18 <input type="checkbox"/> EX-CLEAR 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE NO RECORD			
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER
LCPL CHRIS CUMMINGS	07/16/2009	218	ASST CHIEF BOBBY MCLEAN
FOLLOWUP INVESTIGATION OFFICER		DATE	INITIALS
<input type="checkbox"/> YES <input type="checkbox"/> NO		07/16/2009	BM

Rec.on Appeal 773

AGENCY I.D.  
C0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2009-07142

NCIC  
INQ. ENTD.

INCIDENT TYPE 13A - ASSAULT - AGGRAVATED	COMPLETED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	FORCED ENTRY <input type="checkbox"/> YES <input type="checkbox"/> NO	PREMISE TYPE 13	UNITS ENTERED	TYPE VICTIM <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
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INCIDENT LOCATION (SUSPENSION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)  
EARL & S 18 TH AVE, DILLON SC

ZIP CODE: 29536 WEAPON TYPE: 12

INCIDENT DATE 07/16/2009	24 HR CLOCK 1120	TO	DATE 07/16/2009	24 HR CLOCK 1125	DISPATCH DATE/TIME 24 HR. CLOCK DISP. DATE 07/16/2009	DISP. TIME 1125	TIME ARRIVED 1130	DEPART. TIME 1145	LOCATION NO. 03
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COMPLAINANT'S NAME (LAST, FIRST, MIDDLE) WEBSTER, BRYAN EDWARD	RELATIONSHIP TO SUBJECT #1 AQ	RESIDENT J O U	RACE W	SEX M	AGE 42	ETH N	DAYTIME PHONE (843) 774-6856	EVENING PHONE
ADDRESS 509 NEW CIRCLE DRIVE	CITY DILLON	STATE SC	ZIP CODE 29536	LOCATION NO. CTY				

VICTIM'S NAME (LAST, FIRST, MIDDLE) WEBSTER, BRYAN EDWARD	RELATIONSHIP TO SUBJECT #1 AQ	RESIDENT J O U	RACE W	SEX M	AGE 42	ETH N	DAYTIME PHONE (843) 774-6856	EVENING PHONE
HEIGHT 6-0	WEIGHT 220	HAIR BRO	EYES GRN	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				
ADDRESS 509 NEW CIRCLE DRIVE	CITY DILLON	STATE SC	ZIP CODE 29536	LOCATION NO. CTY				

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

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

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

SUSPECT <input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE) OXENDINE, ELLEN	RACE I	SEX F	AGE 43	ETH N	DATE OF BIRTH	HEIGHT 5-6	WEIGHT 120	HAIR BLK	EYES BRO
<input type="checkbox"/> RUNAWAY	FACIAL HAIR SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.									
<input type="checkbox"/> WANTED	ADDRESS 505 SOUTH 16TH AVENUE	CITY DILLON	STATE SC	ZIP CODE 29536	LOCATION NO. 03					
<input type="checkbox"/> WARRANT	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO DATE/TIME OF OFFENSE: 07/16/2009 1120 DATE/TIME OF ARREST									
<input type="checkbox"/> ARREST	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK TYPE: TOTAL # ARRESTED 0									
<input type="checkbox"/> JAIL	DATE/TIME OF OFFENSE: 07/16/2009 1120 DATE/TIME OF ARREST									
<input type="checkbox"/> SUMMONS	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK TYPE: TOTAL # ARRESTED 0									

ON THE ABOVE DATE AND TIME R/O WAS DISPATCHED TO THE ABOVE LOCATION. UPON ARRIVAL THE VICTIM STATED THE SUSPECT PULLED A 380 PISTOL ON HIM. THE VICTIM STATED THE SUSPECT TOLD HIM HE NEEDED TO DROP A WARRANT HE TOOK OUT ON THE SUSPECT. THE VICTIM STATED THE SUSPECT WAS IN A 1990'S GOLD CHEVY TRUCK WITH WIDE TIRES ON VEHICLE. R/O WENT TO SUSPECT'S ADDRESS AND SPOKE WITH SUSPECT. SUSPECT STATED THAT SHE DIDN'T GO AROUND THE VICTIM, BUT THE VICTIM IS STALKING HER. THE SUSPECT STATED THIS IS AN ON GOING INCIDENT, AND BOTH VICTIM AND SUSPECT KEEP TAKING OUT WARRANTS ON EACH OTHER. THE SUSPECT STATED SHE JUST WANTS THE VICTIM TO LEAVE HER ALONE. THE SUSPECT SHOWED R/O PAPER WORK FOR TRESPASSING AND HARASSMENT, SHE HAS SENT THE VICTIM. R/O ADVISED BOTH PARTIES TO LEAVE EACH OTHER ALONE.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		TOTAL VALUE
TYPE (GROUP)				
Burned				
Count/Forged				
Dest./Damaged				
Recovered				
Seized				
Stolen				
Unknown				
SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SUBJECT LOCATED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> ALIEN CLEARED		<input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> CLEARANCE OFFICER'S SIGNATURE	
REPORTING OFFICER(S) LCPL CHRIS CUMMINGS	DATE 07/16/2009	UNIT NUMBER 218	APPROVING OFFICER ASST CHIEF BOBBY MCLEAN	
FOLLOWUP INVESTIGATION OFFICER <input type="checkbox"/> YES <input type="checkbox"/> NO				

Rec.on Appeal 772

App'x 774

ENCLY J.D.  
2170109

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2009-07145

NCIC  
ING. ENT'D

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
SEC - DISORDERLY CONDUCT		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	13		<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input checked="" type="checkbox"/> Soc. Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
INCIDENT LOCATION (SECTION/SOK APARTMENT AND NUMBER, STREET NAME AND NUMBER)		ZIP CODE		WEAPON TYPE		
EMERY ST S, DILLON SC		29536				
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
07/16/2009	1309		07/16/2009	1309	DISP. DATE	DISP. TIME
					07/16/2009	1309
					TIME ARRIVED	DEPART. TIME
					1314	1319
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
MCDONOGAL, JOHN SR		ST		<input checked="" type="checkbox"/> J	S	O
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
441 SOUTH 4TH AVE.		DILLON		SC	29536	03
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
SOCIETY PUBLIC				<input checked="" type="checkbox"/> J	S	O
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
		DILLON		SC	29536	04
VISIBLE INJURY (VCT 1)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -				
VICTIM (NO. 1) USING ALCOHOL		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.				
DRUGS		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.				
TWO-MAN VEH		<input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED				
J - This Jurisdiction S - State O - Out of State U - Unknown						
SUSPECT		SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE
<input checked="" type="checkbox"/>		ROBINSON, JEANETTE		B	F	31
RUNAWAY		DATE OF BIRTH				
<input type="checkbox"/>		[REDACTED]				
WANTED		HEIGHT				
<input type="checkbox"/>		5-6				
WARRANT		WEIGHT				
<input type="checkbox"/>		110				
ARREST		HAIR				
<input checked="" type="checkbox"/>		BLK				
ARREST		EYES				
<input checked="" type="checkbox"/>		BRO				
ARREST		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				
<input type="checkbox"/>						
ARREST		ADDRESS		CITY	STATE	ZIP CODE
<input checked="" type="checkbox"/>		805 EAST STREET		DILLON	SC	29536
ARREST		CITY		STATE	ZIP CODE	LOCATION NO.
<input checked="" type="checkbox"/>		DILLON		SC	29536	04
ARREST		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST		
<input checked="" type="checkbox"/>		07/16/2009 1309		07/16/2009 1319		
ARREST		SUBJECT (NO. 1) USING ALCOHOL		ARRESTED NEAR OFFENSE SCENE		
<input type="checkbox"/>		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
ARREST		DRUGS		TOTAL # ARRESTED		
<input type="checkbox"/>		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. TYPE:		1		

ON THE ABOVE DATE AND TIME, R/O RESPONDED TO THE INCIDENT LOCATION IN REFERENCE TO THE SUSPECT STOPPING CARS, ASKING FOR A RIDE, AND WHEN DRIVERS WOULD SAY NO, THE SUSPECT WOULD CUSS THEM OUT. R/O FOUND THE SUSPECT, MATCHING THE DESCRIPTION. THE SUSPECT WAS CUSSING AT R/O AND EVERYONE ELSE STANDING AROUND. SUSPECT WAS ARRESTED AND TRANSPORTED TO DCCD. HAND-CUFFS WERE DOUBLE-LOCKED AND CHECKED FOR TIGHTNESS.

TYPE (GROUP)		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		TOTAL VALUE	
Sumac							
Counters							
Desk/Damaged							
Recovered							
Seized							
Other							
SUBJECT IDENTIFIED		SUBJECT LOCATED		ACTIVE		ADM. CLOSED	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED UNDER 18	
REASON FOR EXCEPTIONAL CLEARANCE:		1. <input type="checkbox"/> OFFENDER DEATH		2. <input type="checkbox"/> NO PROSECUTION		3. <input type="checkbox"/> EXTRADITION DENIED	
REPORTING OFFICER(S)		DATE		UNIT NUMBER		APPROVING OFFICER	
CPL CRYSTAL G NORRIS		07/16/2009		215		ASST CHIEF BOBBY MCLEAN	
						DATE	
						07/16/2009	
						INITIALS	
						JEE	
						FOLLOWUP INVESTIGATION OFFICER	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	

Rec.on Appeal 771

AGENCY I.D.  
55170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2009-07147

NCIC  
INQ. EXTD

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
22C-SHOPLIFTER		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	12		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Business <input type="checkbox"/> Financial Inst <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc/Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)		ZIP CODE		WEAPON TYPE		
COTTONS, 1320 E MAIN ST, DILLON SC		29536				
INCIDENT DATE	34 HR CLOCK	TO DATE	24 HR CLOCK	DISPATCH DATE/TIME 24 HR CLOCK		LOCATION NO.
07/16/2009	1700	07/16/2009	1720	DSP. DATE 07/16/2009	DSP. TIME 1725	1729
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE
JACKSON, TERRY W		ST	<input checked="" type="checkbox"/> S	O	W	M
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	
1320 EAST MAIN STREET		DILLON	SC	29536	03	
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE
COTTONS MEAT CENTER			<input checked="" type="checkbox"/> S	O	U	
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	
1320 EAST MAIN STREET		DILLON	SC	29536	03	
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT	<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE
	<input type="checkbox"/> RUNAWAY	MCLELLAN, GREG		B	M	36
	<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				
	<input type="checkbox"/> WARRANT					
<input type="checkbox"/> ARREST	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.
<input type="checkbox"/> JAIL	511 SOUTH 9TH AVENUE		DILLON	SC	29536	
<input type="checkbox"/> SUMMONS	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		ARRESTED NEAR OFFENSE SCENE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE/TIME OF OFFENSE	DATE/TIME OF ARREST
			TOTAL # ARRESTED	0	07/16/2009	1700

ON THE ABOVE DATE AND TIME, OFFICERS WERE DISPATCHED TO THE INCIDENT LOCATION IN REFERENCE TO A SHOPLIFTER THAT HAD BEEN IN THE STORE. THE COMPLAINANT STATED HE OBSERVED THE SUSPECT, ON VIDEO, REMOVE RIBEYE STEAKS FROM THE MEAT COUNTER AND HIDE THEM IN THE FRONT OF HIS CLOTHING. THE SUSPECT THEN EXITED THE STORE WITHOUT PURCHASING THE MERCHANDISE. THE OWNER WISHES TO PROSECUTE.

P TYPE (GROUP)		08-Consumable	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
R	Burned					TOTAL VALUE
O	Count/Forged					
P	Dest/Damaged					
E	Recovered					
R	Seized					
T	Stolen	30.00				30.00
Y	Unknown					
A	SUBJECT IDENTIFIED	SUBJECT LOCATED	<input checked="" type="checkbox"/> ACTIVE	<input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18	<input type="checkbox"/> EX-CLEAR UNDER 18
D	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR 18 AND OVER
M	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY					
I	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
N	CPL CRYSTAL G NORRIS	07/16/2009	215	ASST CHIEF BOBBY MCLEAN	07/16/2009	202
S	LCPL CHRIS CUMMINGS	07/16/2009	218	FOLLOW-UP INVESTIGATION OFFICER		
T				<input type="checkbox"/> YES <input type="checkbox"/> NO		

Dillon Report 0200

Rec.on Appeal 770

App'x 772

AGENCY I.D.  
C0170200

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2 0 0 9 - 0 8 0 3 2

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1 SUS - SUSPICIOUS PERSON		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	25		<input type="checkbox"/> Unknown <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Organ. <input type="checkbox"/> Soc. Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)		ZIP CODE		WEAPON TYPE		
PATES CLEANERS 102 EAST JEFFERSON STREET, DILLON SC		29536				
INCIDENT DATE	24 HR CLOCK	TO	DATE	24 HR CLOCK	DISPATCH DATE/TIME 24 HR CLOCK	
08/03/2009	1500		08/03/2009	1510	DISP. DATE	DISP. TIME
				TIME ARRIVED		DEPART. TIME
				1514		1515
						1600
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
ROURKE, ANNETTE		ST		<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	W	F
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
1209 GREENBRIAR DR		DILLON		SC	29536	02
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
ROURKE, ANNETTE				<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	W	F
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
5-6	140	BRO	BRO			
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
1209 GREENBRIAR DR		DILLON		SC	29536	02
VISIBLE INJURY (VICT 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN --						
VICTIM (NO. 1) USING ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)			RACE	SEX	AGE
<input type="checkbox"/> RUNAWAY	SYLVER, BUCUMI			B	M	43
<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.			ETH.	DATE OF BIRTH	HEIGHT
<input type="checkbox"/> WARRANT				N		6-1
<input type="checkbox"/> ARREST	ADDRESS			WEIGHT	HAIR	EYES
<input type="checkbox"/> JAIL	1702 MARY ST. LOY B-11			170	BLK	BRO
<input type="checkbox"/> SUMMONS	CITY			DATE/TIME OF ARREST		
			DILLON	08/03/2009 1500		
SUBJECT (NO. 1) USING ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO DATE/TIME OF OFFENSE						
DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. TYPE: TOTAL # ARRESTED 0						

ON THE ABOVE DATE, DILLON PD WAS DISPATCHED TO THE ABOVE LOCATION. UPON ARRIVAL, VICTIM STATED THAT WHILE AT THE BACK OF THE STORE, THE SUSPECT WALKED TOWARD HER. WHEN THE VICTIM ASKED COULD SHE HELP HIM, THE SUSPECT DIDNT SAY ANYTHING. WHEN THE VICTIM CALLED FOR HER HUSBAND, THE SUSPECT STARTED TO ASK FOR SOME QUARTERS. THE VICTIM DID STATE THAT THE SUSPECT DID NOT TRY TO HURT HER. THE VICTIM STATED THAT SHE DIDNT WANT THE SUSPECT AND HIS FRIEND TO COME BACK TO THE LOCATION. R/O STATED TO THE SUSPECT AND HIS FRIEND NOT TO COME BACK TO THE LOCATION. OFFICER HAYES TRIED TO GET STATEMENTS FROM WITNESSES BUT NO ONE WANTED TO GET INVOLVED.

TYPE (GROUP)		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		TOTAL VALUE	
1 Burned							
2 Count/Forged							
3 Cost Damaged							
4 Recovered							
5 Seized							
6 Stolen							
7 Unknown							
SUBJECT IDENTIFIED		SUBJECT LOCATED		<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER <input checked="" type="checkbox"/> EX-CLEAR 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input checked="" type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY							
REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER
SGT TONY J ROBERTS		08/03/2009	210	ASST CHIEF BOBBY MCLEAN		08/03/2009	202
FOLLOW-UP INVESTIGATION OFFICER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							

Dillon Dept 0007

Rec.on Appeal 769

GENCY J.D.  
00170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2009-08029

NCIC  
INO. ENTO.

INCIDENT TYPE				COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM						
1. 240 - MOTOR VEHICLE THEFT				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	20		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.						
2. 250 - FRAUD/OBTAIN SIGNATURE J008450				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20								
3. 25A - FRAUD				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20								
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)						ZIP CODE	WEAPON TYPE							
911 E MADISON ST, DILLON SC						29536								
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK			LOCATION NO.						
07/14/2009	0900		07/30/2009	1700	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME						
					08/03/2009	1902	1907	1945	02					
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE		
MURRAY, WILLIE MAE				ST		<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	W	F	83	N	(843) 841-1939 H			
ADDRESS				CITY		STATE	ZIP CODE	LOCATION NO.						
911 EAST MADISON STREET				DILLON		SC	29536	02						
VICTIM'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE		
MURRAY, WILLIE MAE						<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	W	F	83	N	(843) 841-1939 H			
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.										
5-3	107	WHI	GRN											
ADDRESS				CITY		STATE	ZIP CODE	LOCATION NO.						
911 EAST MADISON STREET				DILLON		SC	29536	02						
VISIBLE INJURY (VCT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -														
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.														
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown														
<input checked="" type="checkbox"/> SUSPECT		SUBJECT NAME (LAST, FIRST, MIDDLE)				RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
<input type="checkbox"/> RUNAWAY		MURPHY, BETTY CHRISTINE				B	F	58	N		5-2	190	BLK	BRO
<input type="checkbox"/> WANTED		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.												
<input checked="" type="checkbox"/> WARRANT		ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.					
<input checked="" type="checkbox"/> ARREST		1105 EAST DARGAN STREET				DILLON	SC	29536	03					
<input checked="" type="checkbox"/> JAIL		SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				DATE/TIME OF OFFENSE		DATE/TIME OF ARREST						
<input type="checkbox"/> SUMMARY		DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:				TOTAL # ARRESTED		07/14/2009 0900		08/05/2009 1000				

ON JULY 14, 2009, THE SUSPECT GAVE THE VICTIM, A CHECK IN THE AMOUNT OF \$1,800.00, FOR PURCHASE OF A 1991 DODGE CAR. VICTIM COULD OFFER NO FURTHER INFORMATION ON THE VEHICLE SOLD TO THE SUSPECT. R/O REQUESTED A SEARCH BY COUNTY FOR SAID VEHICLE, AND WAS ADVISED BY CENTRAL THAT NO SUCH RECORD COULD BE FOUND. OFFICERS THEN REQUESTED A CHECK BY COUNTY FOR SAME VEHICLE BUT UNDER THE NAMES PROVIDED ON THE CHECK WRITTEN TO THE VICTIM, A BESSIE MAE MCLEOD AND A CHRISTINE MURPHY. NO RECORD WAS FOUND FOR A VEHICLE MATCHING THE DESCRIPTION IN THESE NAMES EITHER. THE CHECK WAS DRAWN ON A CLOSED FIRST CITIZENS BANK ACCOUNT. CHECK NUMBER IS 1101.

			JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY			JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY			
TYPE (GROUP)	20-Money	03-Motor Vehicle -	21-Negotiable					TOTAL VALUE	
Summed									
Count/Forged			1800.00					1800.00	
Dest./Damaged									
Recovered									
Seized									
Stolen	1800.00	1800.00						3600.00	
Unknown									
SUBJECT IDENTIFIED		SUBJECT LOCATED		<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18		<input type="checkbox"/> EX-CLEAR UNDER 18	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input checked="" type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR 18 AND OVER	
PERSON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY									
REPORTING OFFICER(S)			DATE	UNIT NUMBER	APPROVING OFFICER			DATE	UNIT NUMBER
CHRIS CUMMINGS			08/03/2009	218	ASST CHIEF BOBBY MCLEAN			08/03/2009	202
CRYSTAL G NORRIS			08/03/2009	215	FOLLOW-UP INVESTIGATION OFFICER				
						<input type="checkbox"/> YES <input type="checkbox"/> NO			

Dillon Report 0006

Rec.on Appeal 768

AGENCY I.D.  
00170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2,0,0,9,-0,8,0,3,3

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 90J - TRESPASSING AFTER NOTICE		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	28		<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input checked="" type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
DILLON MANOR APT-J3 1046 MCKENZIE ROAD, DILLON SC				29536		
INCIDENT DATE	24 HR. CLOCK	TO DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK		LOCATION NO.
08/03/2009	2110	08/03/2009	2110	DISP. DATE	DISP. TIME	TIME ARRIVED
				08/03/2009	2110	2114
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)				RESIDENT	RACE	SEX
CORBETT, CAMMIE F				<input checked="" type="checkbox"/> YES	J S O U	W F
RELATIONSHIP TO SUBJECT				AGE	ETH	DAYTIME PHONE
AQ				46	N	(843) 774-5601
ADDRESS				CITY	STATE	ZIP CODE
1046 MCKENZIE ROAD				DILLON	SC	29536
VICTIM'S NAME (LAST, FIRST, MIDDLE)				RESIDENT	RACE	SEX
SOCIETY/PUBLIC				<input checked="" type="checkbox"/> YES	J S O U	
RELATIONSHIP TO SUBJECT				AGE	ETH	DAYTIME PHONE
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
ADDRESS				CITY	STATE	ZIP CODE
				DILLON	SC	29536
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN --						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED <input type="checkbox"/> J - This Jurisdiction <input type="checkbox"/> S - State <input type="checkbox"/> O - Out of State <input type="checkbox"/> U - Unknown						
<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)			RACE	SEX	AGE
<input type="checkbox"/> RUNAWAY	DUDLEY, KENYA			B	M	32
<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					
<input type="checkbox"/> WARRANT	TATTOO ON LEFT ARM					
<input type="checkbox"/> ARREST	ADDRESS			CITY	STATE	ZIP CODE
<input type="checkbox"/> JAIL	407 SOUTH 5TH AVENUE			DILLON	SC	29536
<input type="checkbox"/> SUMMONS	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			DATE/TIME OF OFFENSE		DATE/TIME OF ARREST
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:				TOTAL # ARRESTED	0	08/03/2009 2110

ON THE ABOVE DATE AND TIME R/O WAS DISPATCHED TO THE INCIDENT LOCATION TO MEET THE COMPLAINANT (PROPERTY MANGER) FOR A WELFARE CHECK AT APT - F4. UPON ARRIVAL THE COMPLAINANT STATED EVERYTHING WAS FINE AT APT - F4. SHE THEN STATED WHILE SHE WAS IN THE PARKING LOT THE SUSPECT CAME OUT OF APT - J3 AND WHEN HE SEEN HER HE WENT BACK IN THE APARTMENT. THE SUSPECT HAS BEEN GIVEN A TRESPASSING NOTICE AND HAS BEEN WARNED SEVERAL TIMES ABOUT BEING ON THE PROPERTY. THE COMPLAINANT AND R/O ASKED THE TENANT, JESSICA BAILEY, IF THE SUSPECT WAS THERE AND SHE STATED NO SHE JUST GOT HOME. THE COMPLAINANT STATED SHE WILL TALK TO THE JUDGE ABOUT THE INCIDENT.

AROUND 10:40 PM R/O WAS DISPATCHED BACK TO THE LOCATION TO MEET WITH JESSICA BAILEY. UPON ARRIVAL SHE ASKED IF THE MANGER WAS GOING TO FILE A REPORT ON HER. R/O STATED TO HER THAT THE REPORT WILL BE ON THE SUSPECT FOR TRESPASSING. SHE THEN STATED THAT THE SUSPECT WAS NOT THERE. SHE STATED THAT THE PARTIES THAT WAS PARKED IN FRONT OF HER APARTMENT WAS THE ONES THAT THE MANGER SAW COMING FROM HER APARTMENT. ONE OF THE PARTIES WAS USING HER OUTSIDE ELECTRIC OUTLET TO CHARGE HIS CELL PHONE.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
TYPE (GROUP)			TOTAL VALUE
Burned			
Count/Forged			
Dist./Damaged			
Recovered			
Seized			
Stolen			
Unknown			
SUBJECT IDENTIFIED	SUBJECT LOCATED	<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY			
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER
SPEC RAY MCPHATTER	08/03/2009	221	ASST CHIEF BOBBY MCLEAN
FOLLOW-UP INVESTIGATION OFFICER			
			DATE
			08/03/2009
			UNIT NUMBER
			202

Rec.on Appeal 767

00170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-08038

NO. ENDO.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 23C - SHOPLIFTING 27006EV & 27007EV		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	27		<input type="checkbox"/> Individual Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc. Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
809 ENTERPRISE RD, DILLON SC				29536		
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
08/04/2009	1400		08/04/2009	1410	08/04/2009	1412
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX
LIVINGSTON, DASONYA			#1 ST #2 ST #3	<input checked="" type="checkbox"/> SOU	B	F
ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.
805 ENTERPRISE ROAD			DILLON	SC	29536	1A
VICTIM'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX
WALMART			#1 #2 #3	<input checked="" type="checkbox"/> SOU	B	F
HEIGHT			WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.
805 ENTERPRISE RD.			DILLON	SC	29536	1A
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)			RACE	SEX	AGE
<input type="checkbox"/> RUNAWAY	GREEN, CRYSTAL MATIE			B	F	27
<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					
<input type="checkbox"/> WARRANT	TATTOO ON LEFT ARM, SCAR ON LEFT					
<input checked="" type="checkbox"/> ARREST	ADDRESS			CITY	STATE	ZIP CODE
<input checked="" type="checkbox"/> JAIL	2805 PLAZA COURT APT D			MARION	SC	29571
<input checked="" type="checkbox"/> SUMMONS	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.			ARRESTED NEAR OFFENSE SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE/TIME OF OFFENSE	DATE/TIME OF ARREST
	DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. TYPE:			TOTAL # ARRESTED	08/04/2009	08/04/2009

ON THE ABOVE DATE, DILLON PD WAS DISPATCHED TO WALMART. UPON ARRIVAL, COMPLAINANT STATED THAT THE SUSPECTS ENTERED THE STORE AND PLACED \$203 DOLLARS WORTH OF BRAS IN THEIR POCKET BOOK AND TRIED TO WALK OUT THE STORE. WHEN POLICE ARRIVED, THE SUSPECTS WERE PLACED UNDER ARREST, CUFFS WERE DOUBLED LOCKED AND CHECKED FOR TIGHTNESS.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
TYPE (GROUP)	06-Clothes/Furs		TOTAL VALUE
Summed			
Count/Forces			
Dest./Damaged			
Recovered			
Seized			
Spent	203.00		203.00
Unknown			
SUBJECT IDENTIFIED		SUBJECT LOCATED	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18	
<input type="checkbox"/> UNFOUNDED		<input checked="" type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER	
REASONS FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY			
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER
Sgt TONY J ROBERTS	08/04/2009	210	ASST CHIEF BOBBY MCLEAN
DEC J.C. BRACEY	08/04/2009	222	FOLLOW-UP INVESTIGATION OFFICER
			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

Rec.on Appeal 766

GENCY I.D.  
CO170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2009-08040

INC. ENTD.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. CDV - CDV - SIMPLE ASSAULT		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Organ. <input type="checkbox"/> Soc. Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
1303 EAST HAMPTON STREET, DILLON SC				29536	40 95	
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
08/04/2009	1600		08/04/2009	1610	DISP. DATE	DISP. TIME
				08/04/2009	1610	1612
					DEPART. TIME	1700
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
BILLINGS, EFFIE LOU		#1	#2	J	B	F
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
1821 BERMUDA RD		LAKE VIEW		SC	29563	CTY
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
BILLINGS, EFFIE LOU		#1	#2	J	B	F
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
5-4	150	BLK	BRO			
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
1821 BERMUDA RD		LAKE VIEW		SC	29563	CTY
VISIBLE INJURY (VICT. 1) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN - Apparent Minor Injur						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.	DATE OF BIRTH
DAVIS, WILLIAM TYRONE		B	M	38	N	██████████
FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		HEIGHT	WEIGHT	HAIR	EYES	
		5-7	130	BLK	BRO	
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
1821 BERMUDA RD		LAKE VIEW		SC	29563	CTY
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO DATE/TIME OF OFFENSE DATE/TIME OF ARREST						
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK TYPE: TOTAL # ARRESTED 0 08/04/2009 1600						

ON THE ABOVE DATE AND TIME, R/O WAS DISPATCHED TO THE ABOVE LOCATION IN REFERENCE TO AN ASSAULT. UPON ARRIVAL, VICTIM STATED WHILE SHE WAS ATTEMPTING TO LEAVE TO GO TO THE WASHERETTE, THE SUSPECT STRUCK HER IN THE FACE INSIDE OF HER VEHICLE. VICTIM STATED SHE GOT OUT OF THE VEHICLE AND THE SUSPECT GOT OUT AND ATTEMPTED TO DEFEND HERSELF WITH A SCREW DRIVER, VICTIM STATED THE SUSPECT GOT AN UNKNOWN OBJECT OUT OF HIS POCKET AND STRUCK HER IN THE HEAD AND THEN LEFT. VICTIM STATES SHE WISHES TO SEEK WARRANT FOR CDV 1ST. VICTIM STATED THIS WAS NOT THE FIRST TIME THIS HAD HAPPENED. ALSO UPON OFFICER ARRIVAL, VICTIM HAD A CUT ON HER FOREHEAD AS WELL AS A BRUISE AROUND HER RIGHT EYE.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P TYPE (GROUP)			TOTAL VALUE
R Burned			
O Count/Forged			
P Dest/Damaged			
E Recovered			
R Stolen			
U Unknown			
SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SUBJECT LOCATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18	
<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER	
EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY			
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER
W.C. BRACEY	08/04/2009	222	ASST CHIEF BOBBY MCLEAN
FOLLOW-UP INVESTIGATION OFFICER		DATE	UNIT NUMBER
<input type="checkbox"/> YES <input type="checkbox"/> NO		08/04/2009	202

Rec.on Appeal 765

App'x 767

AGENCY I.D.  
0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER		NCIC	
2009-08043		INO.	ENTO.

CHECKED FOR TIGHTNESS. SUSPECT HAD CUTS ON HIS RIGHT WRIST, ABOVE HIS LEFT EYE, AND ON THE RIGHT SIDE OF HIS BACK. R/O, SGT. ROBERTS, AND L. CPL. CUMMINGS WERE ALL EXPOSED TO SUSPECTS BLOOD WHILE TRYING TO ARREST HIM. L. CPL. CUMMINGS HAD A CUT ON HIS LEFT WRIST. L. CPL. CUMMINGS WENT TO HOSPITAL TO BE TREATED FOR INJURIES. SUSPECT WAS TRANSPORTED BY DILLON COUNTY EMS TO MCLEOD HOSPITAL EMERGENCY ROOM FOR MEDICAL ATTENTION, THEN TO MCLEOD HOSPITAL IN FLORENCE. SUSPECT WAS THEN TRANSPORTED BY OFFICER MCPHATTER TO DILLON COUNTY DETENTION CENTER FOR PENDING CHARGES.

		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P	TYPE (GROUP)	03-Motor Vehicle -			TOTAL VALUE
R	Burned				
O	Count/Forged				2000.00
P	Dist./Damaged	2000.00			
E	Recovered				
R	Seized				
T	Stolen				
Y	Unknown				
* SUBJECT IDENTIFIED		SUBJECT LOCATED		<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED <input checked="" type="checkbox"/> UNFOUNDED	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> ARRESTED UNDER 18 <input checked="" type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR UNDER 18 <input type="checkbox"/> EX-CLEAR 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH    2. <input type="checkbox"/> NO PROSECUTION    3. <input type="checkbox"/> EXTRADITION DENIED    4. <input type="checkbox"/> VICTIM DECLINES COOPERATION    5. <input type="checkbox"/> JUVENILE - NO CUSTODY					
REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER	DATE
J C BRACEY		08/04/2009	222	ASST CHIEF BOBBY MCLEAN	08/04/2009
		08/04/2009	210	FOLLOW-UP INVESTIGATION OFFICER	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	

Rec.on Appeal 764

AGENCY I.D.  
IC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER

2009-08043

NGIC

INV. ENTD.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 13A - ASSAULT - AGGRAVATED J008453 & J008454		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input checked="" type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2. 290 - VANDALISM OF PROPERTY J008455		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		
3. 90E - DRUNKENNESS		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
710 WEST DARGAN STREET, DILLON SC				29536	40	
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
08/04/2009	1800		08/04/2009	1813	DISP. DATE	DISP. TIME
				08/04/2009	1813	1818
				DEPART. TIME		LOCATION NO.
				2000		04
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
MCCALL - CAPEHART, LESANDRA LEEANN		#1 OF	#2	<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	B	F
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
414 SOUTH LONGSTREET RD DOVER VILLAGE		DILLON		SC	29536	04
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
MCCALL - CAPEHART, LESANDRA LEEANN		#1 OF	#2	<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	B	F
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
5-5	160	XXX	BRO			
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
414 SOUTH LONGSTREET RD DOVER VILLAGE		DILLON		SC	29536	04
VISIBLE INJURY (VICT. 1) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN - Apparent Minor Injur						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT	<input checked="" type="checkbox"/> SUSPECT		SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX
	<input type="checkbox"/> RUNAWAY		BROWN, BASHIR HAMEED		B	M
	<input type="checkbox"/> WANTED		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.			
	<input checked="" type="checkbox"/> WARRANT		ADDRESS		CITY	STATE
<input checked="" type="checkbox"/> ARREST		710 WEST DARGAN STREET		DILLON	SC	
<input checked="" type="checkbox"/> JAIL		CITY		STATE	ZIP CODE	LOCATION NO.
<input checked="" type="checkbox"/> SUMMONS		DILLON		SC	29536	04
SUBJECT (NO. 1) USING: ALCOHOL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED 1		08/04/2009 1800		08/04/2009 1825
<p>ON THE ABOVE DATE AND TIME, R/O WAS DISPATCHED TO THE ABOVE LOCATION IN REFERENCE TO A FIGHT IN PROGRESS. UPON ARRIVAL, VICTIM #2 STATED SUSPECT BROKE THE WINDOWS IN A BLACK IN COLOR HONA CIVIC, AND A BLACK IN COLOR FORD TAURUS IN THE FRONT YARD AND BROKE WINDOWS AND MIRRORS IN THE HOUSE. VICTIM #2 ALSO STATED SUSPECT HAD ATTACKED HIM. R/O COULD VISUALLY SEE THE WINDOWS BUSTED ON THE TWO VEHICLES IN THE YARD, AS WELL AS THE FRONT DOOR AND WINDOWS IN THE HOUSE BUSTED OUT. VICTIM #2 STATED SUSPECT HAD ALREADY LEFT THE HOUSE, SO R/O WALKED AROUND TO THE BACK OF THE HOUSE. WHILE R/O WAS IN THE BACK YARD, VICTIM #2 TOLD R/O SUSPECT WAS ON THE OTHER SIDE OF THE BLOCK, ON CALHOUN STREET. R/O DROVE AROUND TO CALHOUN STREET WHERE SUSPECT WAS STANDING IN THE MIDDLE OF THE ROAD. R/O ASKED SUSPECT TO COME TALK TO HIM, AND SUSPECT SAID "FUCK YOU". R/O CALLED FOR BACK UP AND AS R/O PULLED THE VEHICLE OVER, SUSPECT RAN AROUND A HOUSE AND ACROSS 11TH AVE TOWARDS 9TH AVE AND DARGAN STREET. R/O PULLED INTO THE PARK ON 11TH AVE AND STARTED PURSUEING SUSPECT. R/O TOLD SUSPECT TO STOP RUNNING AND GET ON THE GROUND. SUSPECT STOPPED RUNNING, BUT THEN STARTED AGAIN AS R/O CAME CLOSER. SUSPECT RAN ACROSS DARGAN STREET TO 605 WEST DARGAN STREET. R/O CAUGHT SUSPECT AT THAT LOCATION AND TOLD SUSPECT TO STOP AND GET ON THE GROUND. SUSPECT WAS YELLING, AND OFFICER COULD SMELL AN ODOR OF ALCOHOL ON THE SUSPECT. R/O TOLD SUSPECT TO LIE ON THE GROUND OR HE WOULD BE TASED. SUSPECT YELLED AGAIN AND R/O TOLD SUSPECT AGAIN TO LIE ON THE GROUND OR HE WOULD BE TASED. SUSPECT STATED HE WOULD GET ON THE GROUND, BUT THEN STOOD BACK UP AND YELLED FOR R/O TO TASE HIM. SUSPECT THEN ATTEMPTED TO WALK TOWARDS R/O AND R/O TASED SUSPECT ( CARTRIDGE # T08-1762898). R/O TOLD SUSPECT TO STAY ON THE GROUND WHILE SGT ROBERTS AND L. CPL CUMMINGS ATTEMPTED TO HANDCUFF HIM. L. CPL. CUMMINGS TRIED TO GRAB SUSPECTS HAND TO HANDCUFF HIM, AND SUSPECT PULLED HIS ARM AWAY. L. CPL. CUMMINGS GRABBED SUSPECTS ARM AGAIN AND HANDCUFFED HIM, CUFFS WERE DOUBLE-LOCKED AND</p>						
JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		
P	TYPE (GROUP)	03-Motor Vehicle -				TOTAL VALUE
R	Burned					
O	Count/Forged					
P	Desc./Damaged	2000.00				2000.00
E	Recovered					
S	Seized					
F	Stolen					
F	Unknown					
SUBJECT IDENTIFIED		SUBJECT LOCATED		<input type="checkbox"/> ACTIVE	<input type="checkbox"/> ADM. 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 type="checkbox"/> EX-CLEAR UNDER 18
						<input type="checkbox"/> EX-CLEAR 18 AND OVER
EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY						
REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER		DATE
J.C. BRACEY		08/04/2009	222	ASST CHIEF BOBBY MCLEAN		08/04/2009
TONY J ROBERTS		08/04/2009	210	FOLLOW-UP INVESTIGATION OFFICER		202
				<input type="checkbox"/> YES <input type="checkbox"/> NO		

Rec.on Appeal 763

AGENCY I.D.  
SC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER

2009-08045

NCIC

INQ. X  
ENTD.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM	
1. 220 - BURGLARY II		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	20		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Org. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.	
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)					ZIP CODE	WEAPON TYPE	
708 WEST CALHOUN STREET, DILLON SC					29536		
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK		LOCATION NO.
08/04/2009	1900		08/04/2009	2000	DISP. DATE	DISP. TIME	DEPART. TIME
					08/04/2009	1906	1915
							2020
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE
ROBINSON, STANLEY E		OF		<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	B	M	51
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.	
708 WEST CALHOUN STREET		DILLON		SC	29536	04	
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE
ROBINSON, STANLEY E		OF		<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	B	M	51
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.			
5-9	285	BLK	BRO				
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.	
708 WEST CALHOUN STREET		DILLON		SC	29536	04	
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -							
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.							
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown							
SUBJECT	SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.	DATE OF BIRTH
	BROWN, BASHIR HAMEED		B	M	20	N	
	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						
	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	
710 WEST DARGAN STREET		DILLON	SC	29536	04		
JAIL	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST
	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED		08/04/2009	1900	08/04/2009
				1		1925	

ON THE ABOVE DATE, BETWEEN THE ABOVE TIMES, THE ABOVE VICTIM #1 CAME TO THE CRIME SCENE AT 710 WEST DARGAN STREET, SEE REFERENCE DPD CASE #2009-08043, TO REPORT THAT THE ABOVE SUBJECT #1, WHO IS ALSO THE SUBJECT #1 IN THAT REFERENCED CASE #, CAME TO HIS RESIDENCE AT THE ABOVE INCIDENT LOCATION, BEFORE THE POLICE GOT THERE AND KICKED HIS BACK DOOR IN ON HIM WHILE HE WAS STANDING THERE. ONCE THE SUBJECT #1 KICKED THE DOOR IN, THE VICTIM #1, WHO IS HIS UNCLE, CONFRONTED THE SUBJECT #1 ABOUT BREAKING INTO HIS HOUSE, AND THE SUBJECT #1 THEN TURNED AND RAN BACK OUTSIDE AND AROUND THE HOUSE TOWARDS CALHOUN STREET. THE VICTIM #1 RAN THROUGH THE HOUSE AND OUT THE FRONT DOOR AND MET THE SUBJECT #1 BY THE ROAD AND CONFRONTED HIM FOR BREAKING INTO HIS HOUSE. THE SUBJECT #1 BEGAN CURSING AND APPROACHING THE VICTIM #1 IN AN AGGRESSIVE MANNER, AND THE VICTIM #1 TOLD THE SUBJECT #1 THAT HE WAS GOING TO KICK HIS BUTT FOR BREAKING INTO HIS HOUSE AND DISRESPECTING HIM AND HIS PROPERTY. THE SUBJECT #1 WAS BLEEDING ALL OVER FROM THE ACTIONS THAT OCCURRED AT THE PREVIOUS INCIDENT. THE VICTIM #1 STATED THAT THE SUBJECT #1 RAN BACK ACROSS CALHOUN STREET TO A PATH THAT EXISTS BEHIND AN EMPTY LOT TOWARDS DARGAN STREET. THE VICTIM #1 FOLLOWED THE SUBJECT #1, AND THAT'S WHEN THE SUBJECT #1 RAN INTO THE POLICE, AND WAS APPREHENDED A SHORT TIME LATER.

P TYPE (GROUP)		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		TOTAL VALUE
R	Burned					
O	Count/Forged					
P	Dest/Damaged					
E	Recovered					
R	Seized					
T	Stolen					
Y	Unknown					
SUBJECT IDENTIFIED		SUBJECT LOCATED		<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED UNDER 18 <input checked="" type="checkbox"/> ARRESTED 18 AND OVER
						<input type="checkbox"/> EX-CLEAR UNDER 18 <input type="checkbox"/> EX-CLEAR 18 AND OVER
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY						
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER
SST JASON TURNER	08/04/2009	208	ASST CHIEF BOBBY MCLEAN		08/04/2009	202
			FOLLOW-UP INVESTIGATION OFFICER			
			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO SGT JASON TURNER		08/04/2009	208

Rec.on Appeal 762

AGENCY I.D.  
SC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER

2,009-08046

NCIC

NO. ENTD.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. BUR - BURGLARY 1ST J008447 / GRAND LARCENY J008448		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	20		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input checked="" type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2. 90J - TRESPASS OF REAL PROPERTY (27572EV)		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		
3. 90N - RESISTING ARREST (5067-P)		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	13		
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)					ZIP CODE	WEAPON TYPE
708 EAST JEFFERSON STREET, DILLON SC					29536	
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
08/04/2009	2245		08/04/2009	2302	DISP. DATE	DISP. TIME
				08/04/2009	2300	2302
					TIME ARRIVED	DEPART. TIME
					2317	
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
DAVIS, STEVEN BRADLEY		#1 ST	#2 ST	<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	W	M
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
1908 SHOEMAKER RD.		DILLON		SC	29536	02
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
COWARD, ROBBIE		#1	#2	<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	W	M
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
6-4	220	BRO	BRO			
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
708 E. JEFFERSON ST.		DILLON		SC	29536	02
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.	DATE OF BIRTH
INMAN, ERNEST III		B	M	17	N	
FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		HEIGHT	WEIGHT	HAIR	EYES	
		5-8	165	BLK	BRO	
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
709 TOWNSEND ST.		DILLON		SC	29536	02
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. ARRESTED NEAR OFFENSE SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST		
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE: TOTAL # ARRESTED 1		08/04/2009 2245		08/04/2009 2317		

ON THE ABOVE DATE AND TIME R/O WAS DISPATCHED TO THE INTERSECTION AT OLD MARION ROAD AND EAST CLEVELAND STREET. DISPATCH STATED THE COMPLAINANT HAD FOUND HIS FATHERS GOLF CART THAT HAD BEEN STOLEN FROM HIS RESIDENCE. THE COMPLAINANT STATED WHEN HE APPROACHED THE SUSPECTS, SUSPECT #1 PUNCHED HIM IN THE FACE. THE COMPLAINANT STATED THAT THE TWO SUSPECTS THEN JUMPED OFF THE GOLF CART AND RAN. R/O LOCATED SUSPECT #1 COMING FROM BEHIND A RESIDENCE ON THE 1200 BLOCK OF EAST CLEVELAND STREET. THE SUSPECT TOOK OFF RUNNING WHEN R/O TOLD HIM TO GET FACE DOWN AND NOT TO MOVE. R/O CHASED THE SUSPECT THROUGH THREE DIFFERENT YARDS. WHEN THE SUSPECT JUMPED A FENCE IN ONE OF THE YARDS R/O WAS CLOSE ENOUGH TO TASER (CARTRIDGE #T07-1534392) THE SUSPECT. THE TASER DID NOT AFFECT THE SUSPECT. R/O THEN CHASED THE SUSPECT THROUGH ANOTHER YARD AND ACROSS ANOTHER FENCE. R/O CAUGHT THE SUSPECT AND PLACED HIM UNDER ARREST. THE SUSPECT WAS HANDCUFFED (DOUBLE LOCKED), CHECKED FOR TIGHTNESS, ADVISED OF HIS MIRANDA RIGHTS, AND TRANSPORTED TO DCCDC BY SGT. COOK. THE OTHER SUSPECT DOUBLED BACK AND LEFT ON THE GOLF CART AGAIN. SUSPECT #2 AND THE GOLF CART WAS NOT LOCATED. THE SUSPECTS TOOK THE GOLF CART FROM THE CARPORT AT THE RESIDENCE. THE VALUE OF THE GOLF CART IS \$6500.00. SUSPECT #1 WOULD NOT GIVE ANY INFORMATION ABOUT SUSPECT #2.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY SC0170100		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY DILLON COUNTY S.O.	
P TYPE (GROUP)	24-Motor Vehicle -	TOTAL VALUE	
R Burned			
O Count/Forged			
P Dest/Damaged			
E Recovered	6500.00	6500.00	
R Seized			
T Stolen	6500.00	6500.00	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY			
REPORTING OFFICER(S)		DATE	UNIT NUMBER
RAY MCPHATTER		08/04/2009	221
APPROVING OFFICER		DATE	UNIT NUMBER
ASST CHIEF BOBBY MCLEAN		08/04/2009	202
FOLLOW-UP INVESTIGATION OFFICER			
<input type="checkbox"/> YES <input type="checkbox"/> NO			

Rec.on Appeal 761

AGENCY I.D.  
SC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2,009-08053

INC. ENTD.

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 13A - CRIMINAL DOMESTIC VIOLENCE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Reg. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Peace Off.
2.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			

EVENT

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER) 700 GADDY CT. LOT 27, DILLON SC ZIP CODE 29536 WEAPON TYPE 40

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK			LOCATION NO.
08/05/2009	1830		08/05/2009	1840	DISP. DATE	DISP. TIME	TIME ARRIVED	DISPART. TIME
					08/05/2009	1841	1843	1910

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH.	DAYTIME PHONE	EVENING PHONE
MCLAUGHLIN, SEMMONA N	#1 BG #2 #3	<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	B	F	28	N		

ADDRESS 700 GADDY COURT LOT # 27 CITY DILLON STATE SC ZIP CODE 29536 LOCATION NO. 01

VICTIM'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH.	DAYTIME PHONE	EVENING PHONE
MCLAUGHLIN, SEMMONA N	#1 AQ #2 VO #3	<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	B	F	28	N		

HEIGHT 5-6 WEIGHT 115 HAIR BLK EYES BRO FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

ADDRESS 700 GADDY COURT LOT # 27 CITY DILLON STATE SC ZIP CODE 29536 LOCATION NO. 01

VISIBLE INJURY (VICT. 1)  YES  NO EXPLAIN - Apparent Minor Injur

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

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

<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)	RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
<input type="checkbox"/> RUNAWAY	BROWN, RODRIGUEZ DECORTEZ	B	M	32	N		5-8	170	BLK	BRO

FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. TATTOO ON RIGHT ARM

ADDRESS 701 GADDY CT. LOT27 CITY DILLON STATE SC ZIP CODE 29536 LOCATION NO. 04

JAIL SUBJECT (NO. 1) USING: ALCOHOL:  YES  NO  UNK. ARRESTED NEAR OFFENSE SCENE  YES  NO DATE/TIME OF OFFENSE 08/05/2009 1830 DATE/TIME OF ARREST

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

ON THE ABOVE DATE AND TIME THE REPORTING OFFICER WAS DISPATCHED TO THE ABOVE INCIDENT LOCATION IN REFERENCE TO A DOMESTIC DISPUTE. ONCE ON SCENE THE REPORTING OFFICER SPOKE WITH BOTH PARTIES. THE PARTIES HAD GOTTEN INTO AN ARGUMENT THAT TURNED VIOLENT. THE VICTIM #1 RECEIVED A CUT ON HER NECK AND ALSO ON HER ARM. THE VICTIM#2 RECEIVED A CUT UNDER HIS ARM AND ALSO ON HIS ARM. SUSPECT #2 ALSO THREW A CHAIR AND HIT THE VICTIMS CAR. DAMAGE TO CAR WAS ESTIMATED AT ONE THOUSAND DOLLARS. VICTIM #1 JUST WANTED THE SUSPECT #1 TO LEAVE THE RESIDENCE. VICTIM #1 STATED THAT SUSPECT #1 DIDN'T LIVE AT THE RESIDENCE. SUSPECT #1 LEFT THE RESIDENCE. PHOTO'S WERE TAKEN. VICTIM #1 AND SUSPECT #1 HAD LIVED TOGETHER AND HAVE KIDS TOGETHER.

ARRATIVE

	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY	JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	TOTAL VALUE
P TYPE (GROUP)			
R Burned			
O Count/Forged			
P Deal/Damaged			
E Recovered			
R Seized			
T Stolen			
Y Unknown			

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

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

REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
Sgt RYAN BERRY	08/05/2009	211	ASST CHIEF BOBBY MCLEAN	08/05/2009	202

FOLLOW-UP INVESTIGATION OFFICER  YES  NO

Rec.on Appeal 760

SC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2009-08059

INC. ENTD.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 753 - TELEPHONE CALLS - OBSCENE, HARASSING		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
1010 MCKENZIE RD APT A-4, DILLON SC				29536		
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
08/06/2009	0310		08/06/2009	0320	DISP. DATE	DISP. TIME
					08/06/2009	0327
					TIME ARRIVED	DEPART. TIME
					0330	0350
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
JEMISON, PATRICIA		PA		<input checked="" type="checkbox"/> S	O	U
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
1010 MCKENZIE ROAD APT A-4		DILLON		SC	29536	04
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
JEMISON, PATRICIA		PA		<input checked="" type="checkbox"/> S	O	U
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
5-5	140	BRO	BLU			
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
1010 MCKENZIE ROAD APT A-4		DILLON		SC	29536	04
VISIBLE INJURY (VCT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN --						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)			RACE	SEX	AGE
<input type="checkbox"/> RUNAWAY	JEMISON, JOHN RICHARD			B	M	38
<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.			ETH.	DATE OF BIRTH	HEIGHT (WEIGHT)
<input type="checkbox"/> WARRANT				N		5-9 148
<input type="checkbox"/> ARREST	ADDRESS			CITY	STATE	ZIP CODE
<input type="checkbox"/> JAIL				FL		00
<input type="checkbox"/> SUMMONS	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			DATE/TIME OF OFFENSE	DATE/TIME OF ARREST	
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:				TOTAL # ARRESTED	08/06/2009	0310
				0		

ON THE ABOVE DATE AND TIME, THE R/O RESPONDED TO THE ABOVE LOCATION IN REFERENCE TO HARASSING PHONE CALLS. THE VICTIM STATES THAT HER SON (SUBJECT) CALLED HER AND MADE THREATS OF COMING TO THE VICTIMS RESIDENCE AND SETTING FIRE TO THE VICTIMS VEHICLE. THE SUBJECT ALSO MADE THREATS OF DOING BODILY INJURY TO THE VICTIM. VICTIM STATES THAT LISTENING TO THE SUBJECTS VOICE, THE SUBJECT WAS EITHER INTOXICATED OR ON A MIND ALTERING DRUG. VICTIM STATES THAT SHE KNOWS THE SUBJECT LIVES IN FLORIDA, BUT IS UNCERTAIN WHERE IN FLORIDA. VICTIM DOES NOT WISH TO PRESS CHARGES, BUT WOULD LIKE THIS INCIDENT DOCUMENTED.

TYPE (GROUP)		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
Burned					TOTAL VALUE
Count/Forged					
Dest./Damaged					
Recovered					
Seized					
Stolen					
Unknown					
SUBJECT IDENTIFIED		SUBJECT LOCATED		<input type="checkbox"/> ACTIVE <input checked="" type="checkbox"/> ADM. CLOSED	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> ARRESTED 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE:		1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY			
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
PL ERIC POSTON	08/06/2009	214	ASST CHIEF BOBBY MCLEAN	08/06/2009	202
		FOLLOW-UP INVESTIGATION OFFICER			
		<input type="checkbox"/> YES <input type="checkbox"/> NO			

Rec.on Appeal 759

REPORT NO.  
30170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2,009-08065

NO EXT

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM							
1. 13B - ASSAULT & BATTERY		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	13		<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.							
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO										
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO										
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE								
300 BLOCK OF SOUTH 4TH AVE, DILLON SC				29536	40								
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK		LOCATION NO.						
08/06/2009	2155		08/06/2009	2200	DISP. DATE	DISP. TIME	DEPART. TIME						
				08/06/2009	2205	2205	2220						
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE			
EAGLE, DANIEL JAMES		#1	AQ	#2					(843) 774-5229				
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.							
508 WEST CALHOUN ST		DILLON		SC	29536	04							
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE			
EAGLE, DANIEL JAMES		#1	AQ	#2					(843) 774-5229				
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.									
6-0	145	BLK	BRO										
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.							
508 WEST CALHOUN ST		DILLON		SC	29536	04							
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -													
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.													
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown													
<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)				RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
<input type="checkbox"/> RUNAWAY	BROWN, ALVIN MICHAEL				B	M	21	N		6-2	180	BLK	BRO
<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.												
<input type="checkbox"/> WARRANT	ADDRESS				CITY		STATE	ZIP CODE	LOCATION NO.				
<input type="checkbox"/> ARREST	406 SOUTH 11TH AVENUE				DILLON		SC	29536	04				
<input type="checkbox"/> JAIL	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.				ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST				
<input type="checkbox"/> SUMMONS	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:				TOTAL # ARRESTED 0		08/06/2009 2155						

ON THE ABOVE DATE AND TIME, THE R/O WAS ON PATROL ON HWY 301 SOUTH AND WAS FLAGGED DOWN BY THE VICTIM. THE VICTIM STATES THAT HE WAS WALKING ALONG THE 300 BLOCK OF SOUTH 4TH AVE WHEN THE VICTIM WAS APPROACHED BY THE SUBJECT. VICTIM STATES THE SUBJECT PUNCHED HIM ON THE LEFT SIDE OF THE FACE FOR NO REASON THEN RAN. VICTIM STATES THAT HE WILL SECURE A WARRANT.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY					
TYPE (GROUP)							TOTAL VALUE		
Burned									
Count/Forged									
Dest/Damaged									
Recovered									
Seized									
Stolen									
Unknown									
SUBJECT IDENTIFIED		SUBJECT LOCATED		<input checked="" type="checkbox"/> ACTIVE	<input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18		<input type="checkbox"/> EX-CLEAR UNDER 18	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY									
REPORTING OFFICER(S)			DATE	UNIT NUMBER	APPROVING OFFICER			DATE	UNIT NUMBER
OFFICER POSTON			08/06/2009	214	ASST CHIEF BOBBY MCLEAN			08/06/2009	202
FOLLOW-UP INVESTIGATION OFFICER									
<input type="checkbox"/> YES <input type="checkbox"/> NO									

Rec.on Appeal 758

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
POC - PMD OF CRACK COCAINE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	13		<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input checked="" type="checkbox"/> Soc. Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
EC - POSS. OF GAMBLING DEVICE 27680EV	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	13		
REP - POSS. OF POWDER COCAINE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	13		

OFFICE LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER) ZIP CODE WEAPON TYPE  
 04TH MACARTHUR AVE & EAST MAIN ST, DILLON SC 29536

OFFENSE DATE 24 HR. CLOCK TO DATE 24 HR. CLOCK DISPATCH DATE/TIME 24 HR. CLOCK LOCATION NO.  
 08/06/2009 2225 08/06/2009 2225 08/06/2009 04

OFFENDERS NAME (LAST, FIRST, MIDDLE) RELATIONSHIP TO SUBJECT RESIDENT RACE SEX AGE ETH DAYTIME PHONE (843) 774-0051 H EVENING PHONE H B  
 STON, GORDON ERIC #1 ST #2 ST #3 JSOUWM40N

ADDRESS CITY STATE ZIP CODE LOCATION NO.  
 WEST MAIN STREET DILLON SC 29536 04

OFFENSE NAME (LAST, FIRST, MIDDLE) RELATIONSHIP TO SUBJECT RESIDENT RACE SEX AGE ETH DAYTIME PHONE H B EVENING PHONE H B  
 CITY/PUBLIC #1 #2 #3 JSOU

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

CITY STATE ZIP CODE LOCATION NO.  
 PESS

IS INJURY (NOT. 1)  YES  NO EXPLAIN -

TIME AND USING: ALCOHOL:  YES  NO  UNK. DRUGS:  YES  NO  UNK.  
 VEHICLE:  ONE-MAN VEH.  DETECTIVE/SPLASMT.  OTHER  ALONE  ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown

SUBJECT NAME (LAST, FIRST, MIDDLE) RACE SEX AGE ETH DATE OF BIRTH HEIGHT WEIGHT HAIR EYES  
 INMAN, ALONZO B M 44 N [REDACTED] 6-2 300 BLK BRO

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

ADDRESS CITY STATE ZIP CODE LOCATION NO.  
 2921 S. MACARTHUR AVE DILLON SC 29536 04

SUBJECT (NO. 1) USING: ALCOHOL:  YES  NO  UNK. ARRESTED NEAR OFFENSE SCENE  YES  NO DATE/TIME OF OFFENSE DATE/TIME OF ARREST  
 DRUGS:  YES  NO  UNK. TYPE: TOTAL # ARRESTED 1 08/06/2009 2225 08/06/2009 2225

NO TURN SIGNAL 27679EV  
 AT THE ABOVE DATE AND TIME, THE R/O WAS IN THE PARKING LOT OF THE FAMILY DOLLAR AND WAS APPROACHED BY A PARTY THAT REFUSED TO REMAIN ANONYMOUS. THE PARTY STATED THAT A GREY IN COLOR CADILLAC BEARING NC TAG XSZ6145 WAS PARKED IN FRONT OF THE MANNING POOL HALL ON EAST HAMPTON ST AND THAT THE DRIVER OF THE VEHICLE HAD A LARGE AMOUNT OF CRACK COCAINE AND POSSIBLY A HAND GUN IN THE VEHICLE. WHEN THE R/O LOCATED THE VEHICLE, THE VEHICLE WAS BACKING UP ONTO EAST HAMPTON ST, THEN MADE A RIGHT TURN ONTO SOUTH MACARTHUR AVE. THE VEHICLE THEN MADE A LEFT TURN ONTO MAIN ST WITHOUT GIVING A TURN SIGNAL. THE R/O THEN CONDUCTED A TRAFFIC STOP ON THE VEHICLE. WHEN THE R/O APPROACHED THE VEHICLE, SUBJECT #2 WAS THE DRIVER AND SUBJECT #1 WAS SEATED IN THE FRONT PASSENGER SEAT. THE R/O ASKED SUBJECT #2 TO STEP OUT THE VEHICLE. ONCE SUBJECT #2 WAS OUT THE VEHICLE, THE R/O ADVISED SUBJECT #2 THE REASON FOR THE TRAFFIC STOP. SUBJECT #2 IMMEDIATELY STATED THERE WERE NO WEAPONS IN THE VEHICLE AND SUBJECT #2 TOLD THE R/O TO SEE FOR HIMSELF. THE R/O THEN CONDUCTED A PAT DOWN FOR WEAPONS WHILE SPEAKING WITH SUBJECT #2. SUBJECT #2 HAD A LARGE BULGE IN THE LEFT PANTS POCKET WHICH TURNED OUT TO BE A LARGE AMOUNT OF CASH AND SEVERAL GAMBLING BOARD TICKETS. SUBJECT #1 WAS THEN ASKED TO STEP OUT THE VEHICLE AND A PAT DOWN FOR WEAPONS WAS ALSO CONDUCTED. THE R/O FELT TWO VALVES IN THE LEFT PANTS POCKET OF SUBJECT #1. ONE VALVE WAS BLACK IN COLOR FILLED WITH A WHITE ROCK LIKE SUBSTANCE BELIEVED TO BE CRACK COCAINE AND RICE. THE OTHER VALVE WAS WHITE IN COLOR AND WAS ALSO FILLED WITH A WHITE ROCK LIKE SUBSTANCE BELIEVED TO BE CRACK COCAINE. THE WHITE VALVE ALSO CONTAINED A PLASTIC WRAPPER THAT HAD A WHITE POWDER SUBSTANCE BELIEVED TO BE COCAINE. SUBJECT #1 WAS THEN PLACED UNDER ARREST, CUFFS WERE DOUBLE LOCKED AND CHECKED FOR TIGHTNESS. SUBJECT #1 WAS THEN GIVEN MIRANDA RIGHTS. PFC MACIEL ARRIVED TO ASSIST THE R/O, AND OFFICERS DID NOT

GROUP	10-Drugs/Narcotic	14-Gambling	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY	JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	TOTAL VALUE
Property					
Damage					
Vehicle		5.00			5.00
Other					

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

REPORTING OFFICER(S) DATE UNIT NUMBER APPROVING OFFICER DATE UNIT NUMBER  
 ERIC POSTON 08/06/2009 214 ASST CHIEF BOBBY MCLEAN 08/06/2009 202  
 FOLLOW-UP INVESTIGATION OFFICER  YES  NO

Rec.on Appeal 757

AGENCY I.D.  
SC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER

2009-08073

NCIC

INO. ENTO.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. NRP - VIOLATION OF ORDER OF PROTECTION		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	11		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Org. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
DSS, 1211 HWY 34 W, DILLON SC				29536		
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
08/07/2009	1030		08/07/2009	1100	DISP. DATE	DISP. TIME
				08/07/2009		1113
						1113
						DEPART. TIME
						1200
						LOCATION NO.
						04
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
MCGILL, LORETHEA LASHAWN		#1	#2	J	O	U
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
1121 TENEILE ST		DILLON		SC	29536	CTY
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
MCGILL, LORETHEA LASHAWN		#1	#2	J	O	U
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
5-4	200	BLK	BRO			
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
1121 TENEILE ST		DILLON		SC	29536	CTY
VISIBLE INJURY (MCT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT	SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.
	ALFORD, JAMES L		B	M	32	N
	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					
	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.
1121 TENEILE ST		DILLON		SC	29536	CTY
#1	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE	
	DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED 0		08/07/2009 1030	
NARRATIVE	ON THE ABOVE DATE AND TIME, THE VICTIM, ACCOMPANIED BY A VICTIM'S ADVOCATE REPRESENTATIVE, CAME TO THE POLICE DEPT TO REPORT THAT THE SUSPECT WAS IN VIOLATION OF A MUTUAL ORDER OF PROTECTION ISSUED BY FAMILY COURT JUDGE. THESE PARTIES WERE IN FAMILY COURT AND THE MUTUAL ORDER HAD BEEN ADDRESSED BY THE JUDGE JUST MINUTES PRIOR TO THE SUSPECT VIOLATING THE ORDER THE JUDGE HAD PUT INTO PLACE. AFTER EXITING THE COURT BUILDING, THE SUSPECT BEGAN TO FOLLOW THE VICTIM WANTING TO KNOW WHERE HIS \$400.00 WAS. THE VICTIM DID NOT RESPOND AND GOT INTO HER VEHICLE, DRIVING TO DSS. THE SUSPECT FOLLOWED HER THERE, ONCE AGAIN WANTING TO KNOW WHERE HIS \$400.00 WAS, AND ASKING THE VICTIM WHO HAD BEEN ASSIGNED AS HER CASE WORKER. THE SUSPECT HAD FOLLOWED THE VICTIM INSIDE DSS. THE VICTIM RESPONDED THAT SHE DID NOT KNOW, TURNED AROUND, EXITED THE BUILDING, AND LEFT. THE VICTIM RETURNED TO THE COURT HOUSE AND THEN CAME TO THE POLICE DEPT. THE VICTIM SEEKS TO PROSECUTE.					

		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P	TYPE (GROUP)				TOTAL VALUE
R	Burned				
O	Count/Forged				
P	Dist/Damaged				
E	Recovered				
R	Seized				
T	Stolen				
Y	Unknown				
A	SUBJECT IDENTIFIED	SUBJECT LOCATED	<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18	<input type="checkbox"/> EX-CLEAR UNDER 18
C	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR 18 AND OVER
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY					
REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER	DATE
CRYSTAL G NORRIS		08/07/2009	215	ASST CHIEF BOBBY MCLEAN	08/07/2009
				FOLLOW-UP INVESTIGATION OFFICER	UNIT NUMBER
				<input type="checkbox"/> YES <input type="checkbox"/> NO	202

Rec.on Appeal 756

AGENCY I.D.  
C0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2009-08075

INQ. | ENTD.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 13B - ASSAULT - SIMPLE		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	13		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
100 BLOCK OF EAST HAMPTON STREET, DILLON SC				29536	40	
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
08/07/2009	1945		08/07/2009	1955	DISP. DATE	DISP. TIME
					2003	2025
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)				RESIDENT	RACE	SEX
MCNAIR, CYNTHIA MARIE				<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	B	F
ADDRESS				AGE	ETH	DAYTIME PHONE
317 RADFORD BOULEVARD				46	N	
CITY				STATE	ZIP CODE	LOCATION NO.
DILLON				SC	29536	01
VICTIM'S NAME (LAST, FIRST, MIDDLE)				RESIDENT	RACE	SEX
MCNAIR, CYNTHIA MARIE				<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	B	F
ADDRESS				AGE	ETH	DAYTIME PHONE
317 RADFORD BOULEVARD				46	N	
CITY				STATE	ZIP CODE	LOCATION NO.
DILLON				SC	29536	01
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
5-4	140	BLK	BRO			
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN --						
VICTIM (NO. 1) USING: ALCOHOL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT NAME (LAST, FIRST, MIDDLE)						
HAMILTON, DAVID LEE						
RACE SEX AGE ETH. DATE OF BIRTH HEIGHT WEIGHT HAIR EYES						
B M 36 N [REDACTED] 5-10 160 BLK BRO						
FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						
ADDRESS						
2012 GARCIA LANE						
CITY						
DILLON						
STATE						
SC						
ZIP CODE						
29536						
LOCATION NO.						
CTY						
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE: TOTAL # ARRESTED 0 DATE/TIME OF OFFENSE 08/07/2009 1945						

ON THE ABOVE DATE DILLON PD WAS DISPATCHED TO THE ABOVE LOCATION. UPON ARRIVAL A WITNESS BY THE NAME OF LUTHER STATED THAT THE VICTIM WAS HITTING THE SUSPECT ON THE HEAD WITH HER HAND. WHEN THE SUSPECT BENT OVER TO PICK UP A BAG THE VICTIM GRABBED THE SUSPECT BY THE NECK. WHEN THE SUSPECT STOOD UP THE VICTIM FLIPPED OVER ONTO HER BACK. WHEN POLICE ARRIVED THE VICTIM WAS HOLDING HER HEAD. THE VICTIM WAS TAKEN TO THE HOSPITAL BY AMBULANCE. VICTIM ALSO ASSAULTED THE SUSPECT. VICTIM IS ALSO SUSPECT #2 AND SUSPECT #1 IS ALSO VICTIM #2.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		TOTAL VALUE
P TYPE (GROUP)				
R Burned				
O Count/Forged				
P Desl/Damaged				
R Recovered				
T Seized				
Y Stolen				
SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SUBJECT LOCATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED
				<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18
				<input type="checkbox"/> ARRESTED 18 AND OVER <input checked="" type="checkbox"/> EX-CLEAR 18 AND OVER
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input checked="" type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> A/VENUE - NO CUSTODY				
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE
DETECT J ROBERTS	08/07/2009	210	ASST CHIEF BOBBY MCLEAN	08/07/2009
FOLLOW-UP INVESTIGATION OFFICER				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				

Rec.on Appeal 755

GENCY I.D.  
C0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER

2009-08084

NCIC

INQ.	ENTD.
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INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 13A - ASSAULT WITH A MOTOR VEHICLE/ POINTING A FIREARM	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	13		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc. Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER) ZIP CODE WEAPON TYPE  
 500 BLOCK OF SOUTH 8TH AVE., DILLON SC 29536 35

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK				LOCATION NO.
08/08/2009	2100		08/08/2009	2110	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME	03
					08/08/2009	2113	2137	2205	

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE) RELATIONSHIP TO SUBJECT RESIDENT RACE SEX AGE ETH DAYTIME PHONE (843) 841-2595 H EVENING PHONE

BLOUNT, ANDREA LEQUINN ST ST D S O U B M 23 N

ADDRESS CITY STATE ZIP CODE LOCATION NO.  
 1001 EAST DARGAN STREET DILLON SC 29536 04

VICTIM'S NAME (LAST, FIRST, MIDDLE) RELATIONSHIP TO SUBJECT RESIDENT RACE SEX AGE ETH DAYTIME PHONE (843) 841-2595 H EVENING PHONE

BLOUNT, ANDREA LEQUINN ST ST A Q D S O U B M 23 N

HEIGHT WEIGHT HAIR EYES FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.  
 5-7 150 BLK BRO

ADDRESS CITY STATE ZIP CODE LOCATION NO.  
 507 WEST CALHOUN STREET DILLON SC 29536 04

VISIBLE INJURY (VICT. 1)  YES  NO EXPLAIN -

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

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

SUBJECT NAME (LAST, FIRST, MIDDLE) RACE SEX AGE ETH. DATE OF BIRTH HEIGHT WEIGHT HAIR EYES

SUSPECT LOCKLEAR, JERRY FLEMMING I M 41 N [REDACTED] 6-0 270 BLK BRO

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

WANTED

WARRANT

ARREST ADDRESS CITY STATE ZIP CODE LOCATION NO.  
 4540 HIGHWAY #57 NORTH LITTLE ROCK SC 29567 CTY

JAIL SUBJECT (NO. 1) USING: ALCOHOL:  YES  NO  UNK. ARRESTED NEAR OFFENSE SCENE  YES  NO DATE/TIME OF OFFENSE DATE/TIME OF ARREST  
 DRUGS:  YES  NO  UNK. TYPE: TOTAL # ARRESTED 08/08/2009 2100  
 0

ON THE ABOVE DATE WHILE HEADING TO A CALL, VICTIM STOPPED OFFICER ROBERTS AND STATED THAT SOMEONE WAS FOLLOWING HIM WITH A GUN. A FEW SECONDS LATER, A MALE PARTY STOPPED AND STATED THAT THE VICTIM HAD STOLEN HIS MOTHERS VAN. R/O MEET WITH THE PARTIES AT THE PD. VICTIM STATED THAT SUSPECT #1 SISTER GAVE HIM \$5 DOLLARS TO GO TO THE STORE TO GET SOME BEER, BUT HE WENT TO A FRIENDS RESIDENCE ON SOUTH 8TH AVENUE INSTEAD. VICTIM STATES THAT ALL OF A SUDDEN TWO MALE PARTIES PULLED UP TO HIM AND THE DRIVER TOLD HIM THAT HE WANTED HIS MOTHERS CAR. VICTIM STATED THAT SUSPECT #1 THEN PULLED OUT A GUN. VICTIM STATES THAT HE SPED OFF DOWN 8TH AVENUE. VICTIM STATES THAT WHEN HE TURNED ONTO 10TH, THEN ONTO MAIN STREET, THEN STOP AT THE LIGHT AT MAIN AND 301. SUSPECT #2 TRIED TO GET INTO THE VAN. VICTIM STATED THAT WHEN THE LIGHT TURNED GREEN, HE PULLED OFF. WHEN HE CROSSED OVER 301, THATS WERE HE STOPPED AND TOLD THE R/O SOMEONE WAS FOLLOWING HIM WITH A GUN. VICTIM #2 STATED THAT HIS SISTER HAD CALLED HIM AND STATED THAT SUSPECT #3 HAD TAKEN HER MOTHERS VAN AND DROVE OFF WITH IT. WHEN VICTIM #2 TRIED TO STOP SUSPECT #3, THE SUSPECT KEPT DRIVING. VICTIM #2 THEN STATES THAT SUSPECT #3 STRUCK HIS VEHICLE WITH THE VAN HE WAS DRIVING. VICTIM #2 THEN STATES THAT WHILE FOLLOWING SUSPECT #3, HE CAME ACROSS OFFICER ROBERTS AND TOLD HIM THAT THE SUSPECT HAD TAKEN HIS MOTHERS VAN WITHOUT HER PERMISSION. OFFICER ROBERTS ASKED OFFICER CUMMINGS TO LOOK IN SUSPECTS #1 VEHICLE FOR A GUN. OFFICER CUMMINGS STATED THE ONLY GUN IN THE VEHICLE WAS A SHOTGUN, AND IT WAS IN THE BACK OF THE VEHICLE, AND IT WAS IN A CASE. VICTIM #1 STATED THAT HE DIDNT WANT TO PRESS ANY CHARGES AGAINST THE SUSPECTS.

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

SUBJECT IDENTIFIED  SUBJECT LOCATED  ACTIVE  ADM. CLOSED  ARRESTED UNDER 18  EX-CLEAR UNDER 18

YES  NO  YES  NO  UNFOUNDED  ARRESTED 18 AND OVER  EX-CLEAR 18 AND OVER

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

REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
BOBBY J. ROBERTS	08/08/2009	210	ASST CHIEF BOBBY MCLEAN	08/08/2009	202
			FOLLOWUP INVESTIGATION OFFICER		
			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

Rec.on Appeal 754

App'x 756

AGENCY I.D.  
C0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2009-08092

INCIDENT TYPE	COMPLETE FORCED ENTRY	PREMISE TYPE	BURGLAR
300 - POSS. OF GAMBLING DEVICES 271527	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	03

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER) 215 E HAMPTON ST, DILLON SC

ZIP CODE 29536

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	LOCATION NO
08/10/2009			08/10/2009		08/10/2009	03

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE (843) 774-0051	EVENING PHONE
POSTON, GORDON ERIC		J S O U	W	M	40	N		

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO
401 WEST MAIN STREET	DILLON	SC	29536	04

VICTIM'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE
SOCIETY/PUBLIC		J S O U						

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

VISIBLE INJURY (VICT. 1)  YES  NO EXPLAIN -

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

TWO-MAN VEH.  ONE-MAN VEH.  DETECTIVE/SPLASMT.  OTHER  ALONE  ASSISTED

J - This Jurisdiction S - State O - Out of State U - Unknown

<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)	RACE	SEX	AGE	ETH	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
<input type="checkbox"/> RUNAWAY	MCRAE, BOBBY JR	B	M	46	N		5-6	183	BLK	BRO

<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				
<input type="checkbox"/> WARRANT					
<input type="checkbox"/> ARREST	ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
<input type="checkbox"/> JAIL	1513 MCNEIL STREET	DILLON	SC	29536	CTY

<input checked="" type="checkbox"/> SUMMONS	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK	ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE/TIME OF OFFENSE	DATE/TIME OF ARREST
	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK TYPE:	TOTAL # ARRESTED	08/10/2009	

ON THE ABOVE INCIDENT DATE AND TIME, OFFICER POSTON AND OFFICER MACIEL WERE PATROLLING THE AREA OF EAST HAMPTON ST, 200 BLOCK, AND OBSERVED A LIQUOR BOTTLE OUTSIDE BESIDE THE BUILDING OF 213 AND 215 EAST HAMPTON ST. OFFICERS APPROACHED THE SUBJECTS OUTSIDE NEAR THE LIQUOR AND TWO SUBJECTS QUICKLY WALKED AWAY INSIDE THE BUSINESS OF 215 EAST HAMPTON ST, RANDY'S POOL HALL. SGT POSTON POURED THE OPENED BOTTLE OF LIQUOR OUT THEN WENT TO INVESTIGATE FURTHER TO SEE IF THE SUBJECTS WHICH WENT INSIDE THE BUSINESS HAD DISCARDED ANYTHING ALONG THE WAY. SGT POSTON WENT TO GO INSIDE RANDY'S POOL HALL AND THE FRONT DOOR WAS LOCKED. UPON KNOCKING ON THE DOOR, SUBJECT OPENED THE DOOR AND INFORMED OFFICER THEY WERE CLOSED. OFFICER OBSERVED SEVERAL PEOPLE INSIDE THE BUSINESS. SGT POSTON CALLED CODE ENFORCEMENT, BENNY GENWRIGHT, TO INQUIRE IF THE BUSINESS HAD A BUSINESS LICENSE. CODE ENFORCEMENT OFFICER STATED HE WOULD COME TO THE SCENE AND CHECK TO SEE IF THE LICENSE WAS POSTED. UPON WAITING ON CODE ENFORCEMENT TO ARRIVE, OFFICER OBSERVED SEVERAL PEOPLE GOING IN AND OUT OF THE BUSINESS. OFFICER THEN OBSERVED THE SUBJECT ATTEMPTING TO LEAVE AND LOCKED THE DOOR. SGT POSTON ADVISED HIM CODE ENFORCEMENT WAS ON THE WAY. SUBJECT STATED HE WOULD BE RIGHT BACK. CODE ENFORCEMENT ARRIVED AND SUBJECT ALSO ARRIVED BACK. SUBJECT UNLOCKED THE DOOR AND CODE ENFORCEMENT CHECKED THE BUSINESS LICENSE WHICH WAS POSTED. SGT POSTON OBSERVED SEVERAL GAMBLING TICKETS, IN PLAIN VIEW, IN THE TRASH CAN OF THE BUSINESS. OFFICER ALSO OBSERVED A POST-IT NOTE ON THE COUNTER THAT HAD "MON" LOTTERY NUMBERS. SUBJECT STATED HE DID MANAGE THE BUSINESS. OFFICER ISSUED A CITATION TO THE SUBJECT FOR POSSESSION OF GAMBLING DEVICES.

P	TYPE (GROUP)	14-Gambling	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		TOTAL VALUE
R	Burned						
O	Count/Forged						
P	Dist/Damaged						
E	Recovered						
R	Seized	5.00					5.00
T	Stolen						
Y	Unknown						

<input checked="" type="checkbox"/> SUBJECT IDENTIFIED	<input checked="" type="checkbox"/> SUBJECT LOCATED	<input checked="" type="checkbox"/> ACTIVE	<input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18	<input type="checkbox"/> EX-CLEAR UNDER 18
<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR 18 AND OVER
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY					
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
CPL ERIC POSTON	08/10/2009	214	ASST CHIEF BOBBY MCLEAN	08/10/2009	202
FOLLOW-UP INVESTIGATION OFFICER <input type="checkbox"/> YES <input type="checkbox"/> NO					

Rec.on Appeal 753

AGENCY I.D.  
00170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-08093

NO. OF PAGES

INCIDENT TYPE		COMPLETED	PROCESSED	REMOVED	INDEXED	FILED
1. 26A - OBTAINING CONTROLLED SUBSTANCE BY FORGERY		YES	NO	YES	NO	YES
2.		YES	NO	YES	NO	YES
3.		YES	NO	YES	NO	YES
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)					ZIP CODE	REPORT TYPE
1210 HWY 301 NORTH WALGREENS PHARMACY, DILLON SC					29536	
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
08/11/2009	0800		08/11/2009	1612	DSP DATE	DSP TIME
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
NORRIS, CASEY F		#1	#2	#3	J	S
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
1210 HWY 301 NORTH		DILLON		SC	29536	02
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
WALGREENS		#1	#2	#3	J	S
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
1210 HIGHWAY 301 NORTH		DILLON		SC	29536	02
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/PLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)			RACE	SEX	AGE
<input type="checkbox"/> RUNAWAY	GARDNER, RONNIE M			W	F	36
<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					
<input type="checkbox"/> WARRANT	ADDRESS			CITY	STATE	ZIP CODE
<input type="checkbox"/> ARREST	266 JOHNSON RD			LATTA	SC	29536
<input type="checkbox"/> JAIL	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.			ARRESTED NEAR OFFENSE SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DATE/TIME OF OFFENSE
<input type="checkbox"/> SUMMONS	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:			TOTAL # ARRESTED	1	DATE/TIME OF ARREST
					08/11/2009	0800
					08/11/2009	1910

ON THE ABOVE DISPATCH DATE AND TIME, OFFICERS RESPONDED TO THE WALGREEN'S PHARMACY IN REFERENCE TO A PRESCRIPTION FORGERY. CONTACT WAS MADE WITH THE SUBJECT BY SGT POSTON AS SHE WAS ATTEMPTING TO LEAVE THE PHARMACY DRIVE THRU. COMPLAINANT STATED A PRESCRIPTION WAS CALLED INTO THE PHARMACY ON TODAY'S DATE FOR LORCET BY DR. TATUM'S OFFICE (OBGYN) PRESCRIBED TO RONALD GARDNER JR (THE SUSPECT'S HUSBAND). COMPLAINANT STATED THE SUBJECT CAME THROUGH THE DRIVE-THRU AND GAVE THE TELLER A PRESCRIPTION, AND ASKED TO PICK UP A PRESCRIPTION WHICH WAS CALLED IN FOR RONALD GARDNER. TELLER STATED SHE CONFIRMED THE NAME AND THE SUBJECT STATED YES. SUBJECT WAS TOLD THE PRICE FOR THE PRESCRIPTION (LORCET) \$65.19 AND THE SUBJECT WROTE OUT A CHECK FOR THAT AMOUNT. COMPLAINANT STATED SHE CHECKED WITH THE DOCTOR'S OFFICE AND DISCOVERED THE PRESCRIPTION WAS NOT CALLED IN BY THE OFFICE. OFFICER J HAMILTON WAS NOTIFIED AND ARRIVED ON SCENE. SUBJECT WAS ARRESTED AND HANDCUFFED, DOUBLE CHECKED FOR TIGHTNESS, AND TRANSPORTED TO THE DCDC.

TYPE (GROUP)		10-Drugs/Narcotic		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
Burned							TOTAL VALUE
Count/Forged							
Destroyed/Damaged							
Recovered							
Seized							
Stolen	65.00						65.00
Unknown							
SUBJECT IDENTIFIED		SUBJECT LOCATED		<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. 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: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY							
REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER
PFC SARA JEAN MACIEL		08/11/2009	224	ASST CHIEF BOBBY MCLEAN		08/11/2009	202
FOLLOW-UP INVESTIGATION OFFICER							
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							

Rec.on Appeal 752

3ENCLD  
20170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-09094

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1 13B - ASSAULT - SIMPLE 27785EV		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		<input type="checkbox"/> Domestic <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst <input type="checkbox"/> Government <input type="checkbox"/> Religious Org <input type="checkbox"/> Soc. Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
409 WEST CALHOUN ST, DILLON SC				29536	99	
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
08/10/2009	1445		08/10/2009	1455	DISP. DATE	DISP. TIME
				08/10/2009	1455	1459
					DEPART. TIME	1420
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)				RESIDENT	RACE	SEX
POSTON, GORDON ERIC				<input type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	W	M
ADDRESS				AGE	ETH	DAYTIME PHONE
401 WEST MAIN STREET				40	N	(843) 774-0051 H
CITY				STATE	ZIP CODE	LOCATION NO.
DILLON				SC	29536	04
VICTIM'S NAME (LAST, FIRST, MIDDLE)				RESIDENT	RACE	SEX
INMAN, LINETTE				<input type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	B	F
ADDRESS				AGE	ETH	DAYTIME PHONE
409 WEST CALHOUN ST				31	N	(843) 774-9216 H
CITY				STATE	ZIP CODE	LOCATION NO.
DILLON				SC	29536	04
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN --						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED						
J - This Jurisdiction S - State O - Out of State U - Unknown						
3 J 3 J 1 # 1	SUBJECT NAME (LAST, FIRST, MIDDLE)					
	INMAN, FRANKLIN LEE					
	RACE SEX AGE ETH. DATE OF BIRTH HEIGHT WEIGHT HAIR EYES					
	B M 37 N [REDACTED] 5-10 170 BLK BRO					
	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					
ADDRESS						
1234 TIMBERLAND DR						
CITY STATE ZIP CODE LOCATION NO.						
HAMER SC 29547 CTY						
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. ARRESTED NEAR OFFENSE SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						
DATE/TIME OF OFFENSE DATE/TIME OF ARREST						
08/10/2009 1445 08/10/2009 1500						
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE: TOTAL # ARRESTED 1						

ON THE ABOVE DATE AND TIME, THE R/O RESPONDED TO THE ABOVE LOCATION IN REFERENCE TO A DOMESTIC DISPUTE. UPON ARRIVAL, THE SUBJECT AND VICTIM WERE IN THE FRONT YARD ARGUING. THE SUBJECT YELLED AT THE VICTIM AND STATED (BITCH, I WILL FUCKING KICK YOUR ASS). THE R/O IMMEDIATELY PLACED THE SUBJECT UNDER ARREST, CUFFS WERE DOUBLE LOCKED AND CHECKED FOR TIGHTNESS. THE SUBJECT WAS THEN TRANSPORTED TO DCDC AND CHARGED WITH SIMPLE ASSAULT.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P TYPE (GROUP)			TOTAL VALUE
R Burned			
O Count/Forged			
P Dest/Damaged			
E Recovered			
R Seized			
T Stolen			
Y Unknown			
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"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18	
<input type="checkbox"/> UNFOUNDED		<input checked="" type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY			
REPORTING OFFICER(S)		DATE	UNIT NUMBER
CPL ERIC POSTON		08/10/2009	214
APPROVING OFFICER		DATE	UNIT NUMBER
ASST CHIEF BOBBY MCLEAN		08/10/2009	202
FOLLOW-UP INVESTIGATION OFFICER			
<input type="checkbox"/> YES <input type="checkbox"/> NO			

Rec.on Appeal 751

AGENCY I.D.  
SC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2,009 - 08096

INQ. ENTD.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. CDV - CDV 1ST 27787EV		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
702 HWY 301 SOUTH APT-3, DILLON SC				29536	40	
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
08/10/2009	1730		08/10/2009	1754	DISP. DATE	DISP. TIME
				TIME ARRIVED		DEPART. TIME
				1756		1830
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
POSTON, GORDON ERIC		ST		<input checked="" type="checkbox"/> J	S	O
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
401 WEST MAIN STREET		DILLON		SC	29536	04
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
ALLEN, CHRISTOPHER DOUGLAS		BG		<input checked="" type="checkbox"/> J	S	O
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
1252 W. MAIN ST.		DILLON		SC	29536	CTY
VISIBLE INJURY (VICT. 1) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN - Apparent Minor Injur						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.
	NORRIS, CHRISTINA ELIZABETH		W	F	27	N
	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					
	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.
1252 W. MAIN ST.		DILLON	SC	29536	01	
ARREST	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DATE/TIME OF OFFENSE	
	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED 1		08/10/2009 1730	
DATE/TIME OF ARREST		08/10/2009		1810		
<p>ON THE ABOVE DATE AND TIME, THE R/O RESPONDED TO THE ABOVE LOCATION IN REFERENCE TO A DOMESTIC DISPUTE. UPON ARRIVAL, BOTH THE SUBJECT AND THE VICTIM WERE IN THE YARD ARGUING. THE VICTIM STATES THAT HE AND THE SUBJECT WERE ARGUING IN THE APARTMENT WHEN THE SUBJECT STRUCK THE VICTIM ABOUT THE FACE. THE VICTIM HAS A SCRATCH UNDER THE RIGHT EYE AND A SMALL CUT ABOVE THE LEFT EYE. VICTIM STATES THE SUBJECT THEN BECAME BELLIGERENT, RAN OUTSIDE AND STARTED HITTING HER HEAD ON THEIR VEHICLE. AFTER GETTING THE SUBJECT TO CALM DOWN, BOTH THE SUBJECT AND THE VICTIM AGREES THAT THE SUBJECT NEEDS HELP OR SOME TYPE OF COUNSELING. BASED ON THE VICTIMS INJURIES, THE R/O DETERMINED THE SUBJECT TO BE THE PRIMARY AGGRESSOR. THE SUBJECT WAS PLACED UNDER ARREST, CUFFS WERE DOUBLE LOCKED AND CHECKED FOR TIGHTNESS. THE SUBJECT WAS THEN TRANSPORTED TO DCDC. THE SUBJECT AND VICTIM SHARE THREE CHILDREN TOGETHER. THE SUBJECT IS CHARGED WITH CDV 1ST. PHOTOS WERE TAKEN OF THE VICTIMS INJURIES.</p>						

		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
PROPERTY	TYPE (GROUP)				TOTAL VALUE
	Burned				
	Count/Forged				
	Dest/Damaged				
	Recovered				
	Seized				
Stolen					
Unknown					
ADDITIONAL	SUBJECT IDENTIFIED	SUBJECT LOCATED	<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18	<input type="checkbox"/> EX-CLEAR UNDER 18
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED	<input checked="" type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR 18 AND OVER
REASON FOR EXCEPTIONAL CLEARANCE:	1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION		3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION		5. <input type="checkbox"/> JUVENILE - NO CUSTODY
	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE
CPL ERIC POSTON		08/10/2009	214	ASST CHIEF BOBBY MCLEAN	08/10/2009
				FOLLOW-UP INVESTIGATION OFFICER	UNIT NUMBER
				<input type="checkbox"/> YES <input type="checkbox"/> NO	202

Rec.on Appeal 750

AGENCY I.D.  
:C0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2009-08098

NCIC  
INC. ENTD.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 90J - TRESPASSING AFTER NOTICE		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	07		<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input checked="" type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
201 HWY. 301 S. KANGAROO, DILLON SC				29536		
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
08/10/2009	2048		08/10/2009	2053	DISP. DATE	DISP. TIME
				08/10/2009	2053	2054
					TIME ARRIVED	DEPART. TIME
						2125
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
POSTON, GORDON ERIC		#1 ST	#2	<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	W	M
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
401 WEST MAIN STREET		DILLON		SC	29536	04
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
SOCIETY/PUBLIC		#1	#2	<input checked="" type="checkbox"/> J <input type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U		
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)			RACE	SEX	AGE
<input checked="" type="checkbox"/>	BURRELL, TONY CHUCK			B	M	47
WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					
<input type="checkbox"/>						
WARRANT	ADDRESS		CITY		STATE	ZIP CODE
<input checked="" type="checkbox"/>	604 WEST WASHINGTON STREET		DILLON		SC	29536
JAIL	DATE/TIME OF OFFENSE		DATE/TIME OF ARREST			
<input checked="" type="checkbox"/>	08/10/2009 2048		08/10/2009 2135			
SUMMONS	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK		ARRESTED NEAR OFFENSE SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/>						
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE: TOTAL # ARRESTED 1						

ON THE ABOVE DATE AND TIME SGT. POSTON CALLED R/O ON THE CELL PHONE AND INFORMED R/O THAT THE SUSPECT HAD BEEN TOLD NUMEROUS TIMES AND HAD ALSO BEEN SERVED WITH TRESPASSING PAPERS STATING THAT THE SUSPECT WAS NOT ALLOWED BACK ON THE PREMISES OF THE INCIDENT LOCATION. SGT. POSTON INFORMED R/O THAT THE SUSPECT WAS ON THE PREMISES OF THE INCIDENT LOCATION. UPON ARRIVING, R/O NOTICED THE SUSPECT INSIDE THE INCIDENT LOCATION. R/O PLACED THE SUSPECT UNDER ARREST. THE SUSPECT WAS HANDCUFFED, DOUBLE-LOCKED, AND TRANSPORTED TO DCCD. THE CUFFS WERE CHECKED BY THE R/O FOR TIGHTNESS. THE SUSPECT WAS CHARGED WITH TRESPASSING AFTER NOTICE. TICKET #27706EV

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P TYPE (GROUP)			TOTAL VALUE
R Burned			
O Counl/Forged			
P Dest/Damaged			
E Recovered			
R Seized			
T Stolen			
Y Unknown			
SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SUBJECT LOCATED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18	
<input type="checkbox"/> UNFOUNDED		<input checked="" type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY			
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER
PFC WILLIE BERRY	08/10/2009	219	ASST CHIEF BOBBY MCLEAN
P. ERIC POSTON	08/10/2009	214	FOLLOWUP INVESTIGATION OFFICER
			<input type="checkbox"/> YES <input type="checkbox"/> NO

Rec.on Appeal 749

ENCL 10.  
00170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-08100

INC. ENCL.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 90J - TRESPASSING AFTER NOTICE		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	18 08		<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input checked="" type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
APC LIQUIDATORS 300 EAST MAIN STREET, DILLON SC				295356		
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
08/10/2009	2000		08/10/2009	2100	DISP. DATE	DISP. TIME
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
JOHNSON, CHARLIE DAVID		#1	AQ	#2	J S O U	W M
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
300 EAST MAIN STREET		DILLON		SC	29536	03
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
SOCIETY/PUBLIC		#1		#2	J S O U	
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
		DILLON		SC	29536	03
VISIBLE INJURY (VCT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN --						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)			RACE	SEX	AGE
<input type="checkbox"/> RUNAWAY	SKIPPER, DANNY LAMAR			W	M	55
<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.			ETH.	DATE OF BIRTH	HEIGHT
<input type="checkbox"/> WARRANT				N		6-2
<input type="checkbox"/> ARREST	ADDRESS			WEIGHT	HAIR	EYES
<input type="checkbox"/> JAIL	HOMELESS			165	BRO	GRN
<input type="checkbox"/> SUMMONS	CITY			STATE	ZIP CODE	LOCATION NO.
			DILLON	SC	29536	03
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.			ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE	
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:			TOTAL # ARRESTED		DATE/TIME OF ARREST	
			0		08/10/2009 2000	

ON THE ABOVE DATE AND TIME THE REPORTING OFFICER WAS DISPATCHED TO THE ABOVE LOCATION IN REFERENCE TO A TRESPASSER. ONCE ON SCENE THE COMP. STATED THAT THE ABOVE SUSPECT WAS IN THE PARKING LOT OF HIS BUSINESS LOOKING IN CARS. THE COMP. HAS ALREADY GIVEN THE SUSPECT A NO TRESPASSING LETTER. THE COMP. WISHES TO PRESS CHARGES ON THE SUSPECT.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
TYPE (GROUP)			TOTAL VALUE
Burned			
Count/Forged			
Deas/Damaged			
Recovered			
Seized			
Stolen			
Unknown			
SUBJECT IDENTIFIED	SUBJECT LOCATED	<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY			
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER
SGT RYAN BERRY	08/10/2009	211	ASST CHIEF BOBBY MCLEAN
		DATE	
		08/10/2009	
		UNIT NUMBER	
		202	
FOLLOW-UP INVESTIGATION OFFICER			
<input type="checkbox"/> YES <input type="checkbox"/> NO			

Rec.on Appeal 748

AGENCY I.D.  
00170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-08104

INCIDENT TYPE		COMPLETED	FORCE USED	PREMISE TYPE	ENCLAS	TYPE WORK
BRO-TRESPASS OF REAL PROPERTY # 2009		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	28		<input type="checkbox"/> Burglary <input type="checkbox"/> Carjacking <input type="checkbox"/> Child Abuse <input type="checkbox"/> Child Neglect <input type="checkbox"/> Child Support <input type="checkbox"/> Child Welfare <input type="checkbox"/> Child Abuse <input type="checkbox"/> Child Neglect <input type="checkbox"/> Child Support <input type="checkbox"/> Child Welfare <input type="checkbox"/> Child Abuse <input type="checkbox"/> Child Neglect <input type="checkbox"/> Child Support <input type="checkbox"/> Child Welfare
EMP-EMERGENCY PROTECTIVE CUSTODY		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	28		<input type="checkbox"/> Child Abuse <input type="checkbox"/> Child Neglect <input type="checkbox"/> Child Support <input type="checkbox"/> Child Welfare <input type="checkbox"/> Child Abuse <input type="checkbox"/> Child Neglect <input type="checkbox"/> Child Support <input type="checkbox"/> Child Welfare
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)					ZIP CODE	WEAPON TYPE
CEDAR TERRACE APT. C-20 1010 MCKENZIE RD., DILLON SC					29536	
INCIDENT DATE	24 HR CLOCK	TO	DATE	24 HR CLOCK	DISPATCH DATE/TIME 24 HR CLOCK	
08/11/2009	1208		08/11/2009	1301	DISPATCH DATE	DISPATCH TIME
				08/11/2009	1208	1213
				DEPART. TIME		1301
LOCATION NO						
01						
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)						
WHITTINGTON, DENISE						
RELATIONSHIP TO SUBJECT						
ST						
RESIDENT RACE SEX AGE ETH DAYTIME PHONE (843) 774-8284 H EVENING PHONE H						
J S O U B F 49 N B						
ADDRESS						
1211 HIGHWAY 34 WEST DSS						
CITY DILLON STATE SC ZIP CODE 29536 LOCATION NO. 04						
VICTIM'S NAME (LAST, FIRST, MIDDLE)						
SOCIETY/PUBLIC						
RESIDENT RACE SEX AGE ETH DAYTIME PHONE H EVENING PHONE H						
J S O U B						
HEIGHT WEIGHT HAIR EYES FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						
ADDRESS CITY STATE ZIP CODE LOCATION NO.						
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT						
<input checked="" type="checkbox"/> SUSPECT						
SUBJECT NAME (LAST, FIRST, MIDDLE)						
PAIGE, MELVIN K						
RACE SEX AGE ETH DATE OF BIRTH HEIGHT WEIGHT HAIR EYES						
B M 29 N [REDACTED] 6-5 295 BLK BRO						
FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						
ADDRESS CITY STATE ZIP CODE LOCATION NO.						
1010 MCKENZIE RD APT D-21 CEDAR TERRAC DILLON SC 29536 04						
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO DATE/TIME OF OFFENSE DATE/TIME OF ARREST						
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE: TOTAL # ARRESTED 1 08/11/2009 1208 08/11/2009 1230						
ON THE ABOVE DATE AND TIME, THE R/O MEET WITH THE COMPLAINANT AT THE ABOVE INCIDENT LOCATION IN REFERENCE TO CHILD CUSTODY ISSUES. THE COMPLAINANT STATES THAT SUBJECT #2 TESTED POSITIVE FOR MARIJUANA PRIOR TO HAVING HER NEW BORN BABY (VICTIM #1). WHILE THE R/O, COMPLAINANT, AND SGT POSTON WAS SPEAKING WITH SUBJECT #2, SGT POSTON ASKED SUBJECT #2 IF SHE HAS SEEN SUBJECT #1 AND SUBJECT #2 STATED NO. SGT POSTON IS AWARE THAT SUBJECT #1 HAS A TRESPASSING NOTICE AGAINST HIM FOR THE PROPERTY OF CEDAR TERRANCE. SGT POSTON OBSERVED SUBJECT #2 GATHER THINGS FOR THE BABY, THEN GO TO THE BEDROOM BUT COULD NOT OPEN THE DOOR DUE TO THE FACT THE DOOR WAS LOCKED. SGT POSTON ASKED SUBJECT #2 WHO WAS IN THE BEDROOM. SUBJECT #2 STATED THAT SUBJECT #1 WAS IN THE BEDROOM. SGT POSTON CALLED FOR SUBJECT #1 TO COME OUT AND SUBJECT #1 DID EXIT THE BEDROOM. THE R/O PLACED SUBJECT #1 UNDER ARREST, CUFFS WERE DOUBLE LOCKED AND CHECKED FOR TIGHTNESS. THE R/O THEN TRANSPORTED SUBJECT #1 TO DCDC AND CHARGED HIM ACCORDINGLY. AT THIS TIME OFFICERS DETERMINED THAT VICTIM #1 SHOULD BE PLACED INTO EMERGENCY PROTECTIVE CUSTODY. THE COMPLAINANT STATES THAT VICTIM #1 WILL REMAIN IN CUSTODY UNTIL FURTHER INVESTIGATION. THE COMPLAINANT WORKS FOR DEPARTMENT OF SOCIAL SERVICES.						

		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
TOTAL VALUE					
P	TYPE (GROUP)				
R	Burned				
O	Count/Forged				
P	Dist/Damaged				
E	Recovered				
R	Seized				
T	Stolen				
Y	Unknown				
A	SUBJECT IDENTIFIED	SUBJECT LOCATED	ACTIVE	ADM. CLOSED	ARRESTED UNDER 18
D	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ADM. CLOSED	<input checked="" type="checkbox"/> ARRESTED 18 AND OVER
M	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input checked="" type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY				
I	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE
N	PFC RONALD GRAHAM	08/11/2009	220	ASST CHIEF BOBBY MCLEAN	08/11/2009
I				FOLLOW UP INVESTIGATION OFFICER	
S				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
T	CPL ERIC POSTON	08/11/2009	214		

Rec.on Appeal 747

AGENCY I.D.  
SC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2009-08112

NCIC  
IWO. ENT.D.

E V E N T	INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM <input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relg. Orgn. <input checked="" type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.					
	1. 80E - PUBLIC DRUNK / TICKET #27612-EV		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	07							
	2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO								
I N C I D E N T	INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)					ZIP CODE	WEAPON TYPE					
	826 RADFORD BLVD. SUNOCO PARKING LOT, DILLON SC					29536						
	INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK DISP. DATE GSP. TIME TIME ARRIVED	LOCATION NO.					
08/11/2009	2225		08/11/2009	2229	08/11/2009 2227 2229	2235	1A					
V I C T I M	COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE (843) 774-3101	EVENING PHONE	
	OWENS, JOYCE			ST			J S O U	W	F	50	N	
	ADDRESS 826 RADFORD BLVD SUNOCO			CITY DILLON	STATE SC	ZIP CODE 29536	LOCATION NO. 1A					
#	VICTIM'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE (843) 774-0051	EVENING PHONE	
	SOCIETY/PUBLIC						J S O U					
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.							
ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.						
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -												
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.												
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown												
S U B J E C T	SUBJECT NAME (LAST, FIRST, MIDDLE)			RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
	NORTON, CARSON JR			W	M	43	N		5-11	300	BLK	BRO
	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.											
#	ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.					
	3650 MEADOW VIEW RD.			LUMBERTON	NC	28358						
	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK.			ARRESTED NEAR OFFENSE SCENE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE/TIME OF OFFENSE	DATE/TIME OF ARREST					
N A R R A T I V E	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK.			TOTAL # ARRESTED	1	08/11/2009	2225	08/11/2009	2235			
	ON THE ABOVE DATE AND TIME DISPATCH GAVE A CALL OUT, ABOUT A FIGHT IN THE PARKING LOT AT THE SUNOCO. WHEN THE R/O GOT THERE RP. GRIMSLEY OF THE DCSO WAS ALREADY AT THE ABOVE LOCATION. SUSPECT # 1 MR.NORTON WAS SITTING ON THE GROUND AND WAS YELLING AND CURSING AT OFFICER GRIMSLEY. R/O WENT OVER TO SUSPECT #2 MR.JACKIE HANEY AND ASKED WHAT HAD HAPPEN. SUSPECT #2 TOLD THE R/O THAT SUSPECT #1 WANTED TO GO HOME AND THEY WERE ON THE WAY TAKING HIM HOME, TO LUMBERTON NC. SUSPECT #1 HAD BEEN DRINKING AND GOT MAD AND STARTED HITTING SUSPECT#2 WHILE HE WAS DRIVING. SUSPECT #2 CAME OFF OF I-95 TO THE SUNOCO AND TRIED TO GET SUSPECT #1 TO CLAM.DOWN. SUSPECT #1 AGAIN STARTED HITTING HIM AND BROKE HIS WINDSHIELD WITH HIS FIST AND GOT OUT OF THE VEHICLE, PICK UP A STICK AND HIT SUSPECT #2 ON THE SHOULDER WITH IT. R/O THEN WENT OVER TO SUSPECT#2'S GIRLFRIEND AND SHE TOLD THE R/O THE SAME THING.THE R/O ARRESTED SUSPECT #1 FOR PUBLIC DRUNK, SUSPECT#2 TOLD THE R/O THAT HE DIDNT WANT TO PRESS ANY CHARGES ON HIM. THAT THEY WERE FRIENDS AND HE HAD NEVER DID ANYTHING LIKE THIS BEFORE. R/O CUFFED SUSPECT #1 AND TRANSPORTED HIM TO THE COUNTY JAIL, CUFFS WERE DOUBLE LOCKED AND CHECKED FOR TIGHTNESS. THE SUSPECT HAD SIX CUPS OF WATER WHILE HE WAS BEING BOOKED IN AT THE JAIL. THE SUSPECT LOOKED AT THE R/O AND STARTED YELLING AND CURSING AT HIM, PASSED OUT AND FELL TO THE FLOOR. THE R/O TOLD THE BOOKING OFFICER TO CALL EMS. THE SUSPECT CAME TO AFTER ABOUT 1 MINUTE AND SIT UP AND STARTED CURSING THE R/O AGAIN.THE SUSPECT TOLD THE EMS WORKERS TO GIVE HIM A SHOT THAT HE HAD A SUGAR PROBLEM BUT DIDNT WANT TO GO TO THE HOSPITAL. THE SUSPECT WAS TRANSPORTED AND HIS SUGAR WAS 541 WHERE NORMAL IS 85-105. THE ALCOHOL WAS 144 AND SHOULD HAVE BEEN ONLY IN THE 10 RANGE.THE DOCTOR TOLD THE R/O WITH THE BLOOD SUGAR RATE AND THE ALCOHOL RATE THAT THE SUSPECT DIDNT KNOW OR REMEMBER WHAT HE HAD DONE. AFTER ABOUT 5 HOURS SUSPECT#1 WAS STILL DRUNK AND WAS TAKEN BACK TO THE COUNTY JAIL.											
	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY											
JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY												
P R O P E R T Y	TOTAL VALUE											
A D M I N I S T	SUBJECT IDENTIFIED		SUBJECT LOCATED		<input type="checkbox"/> ACTIVE	<input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18	<input type="checkbox"/> EX-CLEAR UNDER 18				
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input checked="" type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR 15 AND OVER				
	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY											
R E P O R T I N G	REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER			DATE	UNIT NUMBER			
	CPL LOUIS BARFIELD		08/11/2009	217	ASST CHIEF BOBBY MCLEAN			08/11/2009	202			
	SGT RYAN BERRY		08/11/2009	211	FOLLOW-UP INVESTIGATION OFFICER							
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO												

Rec.on Appeal 746

GENCY I.D.  
CO170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2009-08118

NCIC  
INQ. ENTO.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 26A - BREACH OF TRUST		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	05		<input checked="" type="checkbox"/> Individual Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc. Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
211 HWY. 301 S., DILLON SC				29536		
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
08/12/2009	0345		08/12/2009	0348	DISP. DATE	DISP. TIME
				08/12/2009	0352	0356
					DEPART. TIME	0415
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT	RESIDENT	RACE
MCLELLAN, GREGORY JAMES				AQ	<input checked="" type="checkbox"/> S	<input type="checkbox"/> O
					<input type="checkbox"/> U	<input type="checkbox"/> B
					<input type="checkbox"/> M	<input type="checkbox"/> N
ADDRESS				CITY	STATE	ZIP CODE
1315 EAST HAMPTON STREET				DILLON	SC	29536
						LOCATION NO.
						03
VICTIM'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT	RESIDENT	RACE
MCLELLAN, GREGORY JAMES					<input checked="" type="checkbox"/> S	<input type="checkbox"/> O
					<input type="checkbox"/> U	<input type="checkbox"/> B
					<input type="checkbox"/> M	<input type="checkbox"/> N
ADDRESS				CITY	STATE	ZIP CODE
1315 EAST HAMPTON STREET				DILLON	SC	29536
						LOCATION NO.
						03
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
6-0	278	BLK	BRO			
ADDRESS						
1315 EAST HAMPTON STREET						
CITY						
DILLON						
STATE						
SC						
ZIP CODE						
29536						
LOCATION NO.						
03						
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN --						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED						
J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT NAME (LAST, FIRST, MIDDLE)						
WALLACE, CHRISTINA LEE						
RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT
W	F	23	N		5-7	180
FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						
NONE						
ADDRESS						
1417 THOMPSON DRIVE						
CITY						
DILLON						
STATE						
SC						
ZIP CODE						
29536						
LOCATION NO.						
CTY						
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE: TOTAL # ARRESTED 0						
DATE/TIME OF OFFENSE						
08/12/2009 0345						
DATE/TIME OF ARREST						

P TYPE (GROUP)		20-Money		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY SC0170100		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		TOTAL VALUE
R	Burned							
O	Count/Forged							
P	Dist/Damaged							
E	Recovered							
R	Sized							
T	Stolen		10.00					10.00
Y	Unknown							
A	SUBJECT IDENTIFIED		SUBJECT LOCATED		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18	
D	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER	
M	REASON FOR EXCEPTIONAL CLEARANCE:		1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION		3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION		5. <input type="checkbox"/> JUVENILE - NO CUSTODY	
R	REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER
I	PFC WILLIE BERRY		08/12/2009	219	ASST CHIEF BOBBY MCLEAN		08/12/2009	202
S					FOLLOW-UP INVESTIGATION OFFICER			
T					<input type="checkbox"/> YES <input type="checkbox"/> NO			

Rec.on Appeal 745

GENCY I.D.  
C0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER

2009-08129

NCIC

NO. ENTD.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 13C - ASSAULT - INTIMIDATION		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	13		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc. Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
CORNER OF 301 SOUTH AND EAST HAMPTON STREET, DILLON SC				29536		
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
08/13/2009	1700		08/13/2009	1705	DISP. DATE	DISP. TIME
				08/13/2009	1722	1725
					1800	1800
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
WALLACE, CHRISTINA LEE		AQ		J	W	F
ADDRESS		CITY	STATE	AGE	ETH.	DAYTIME PHONE
1417 THOMPSON DRIVE		DILLON	SC	23	N	(843) 774-0271
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
WALLACE, CHRISTINA LEE		AQ		J	W	F
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR SCARS TATOOS. GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
5-7	180	BRO	HAZ			
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	
1417 THOMPSON DRIVE		DILLON	SC	29536	CTY	
VISIBLE INJURY (MCT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
VICTIM (NO. 1) USING: ALCOHOL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED   J - This Jurisdiction S - State O - Out of State U - Unknown						
<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST MIDDLE)			RACE	SEX	AGE
<input type="checkbox"/> RUNAWAY	MCLELLAN, GREGORY JAMES			B	M	36
<input type="checkbox"/> WANTED	FACIAL HAIR SCARS TATOOS. GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					
<input type="checkbox"/> WARRANT	TATTOOS & SCARS ALL OVER BODY					
<input type="checkbox"/> ARREST	ADDRESS			CITY	STATE	ZIP CODE
<input type="checkbox"/> JAIL	1315 EAST HAMPTON STREET			DILLON	SC	29536
<input type="checkbox"/> SURVIVORS	SUBJECT (NO. 1) USING ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE	
		DRUGS <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK TYPE:		TOTAL # ARRESTED	DATE/TIME OF ARREST	
				0	08/13/2009 1700	

ON THE ABOVE DATE AND TIME, R/O WAS DISPATCHED TO DILLON PD IN REFERENCE TO AN ASSAULT BY INTIMIDATION AT THE ABOVE INCIDENT LOCATION. UPON ARRIVAL, VICTIM STATED SHE WAS RIDING IN BRIAN WEBSTERS' RED IN COLOR DODGE RAM PICKUP WHEN THEY PULLED UP TO THE STOP SIGN AT 301 SOUTH AND EAST HAMPTON STREET. VICTIM STATED WHEN THEY STOPPED, SUSPECT STUCK HIS HAND IN THE VEHICLE AND STUCK A LIQUER BOTTLE TO THE SIDE OF THE VICTIMS HEAD. VICTIM STATED SUSPECT TOLD HER HE SWORE ON HIS SONS LIFE THAT SHE WOULD DIE BEFORE SEPTEMBER, AND ALSO TOLD HER HE WAS GOING TO SHOOT HER RIGHT BEHIND HER RIGHT EAR. MR. WEBSTER STATED HE SAW AND HEARD THE WHOLE THING. VICTIM STATED SHE WOULD SEEK A WARRANT FOR ASSAULT.

P TYPE (GROUP)		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		TOTAL VALUE	
Burned							
Count/Forged							
Dest/Damaged							
Recovered							
Seized							
Stolen							
Unknown							
SUBJECT IDENTIFIED		SUBJECT LOCATED		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY							
REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER
PFC J C BRACEY		08/13/2009	222	ASST CHIEF BOBBY MCLEAN		08/13/2009	202
FOLLOWUP INVESTIGATION OFFICER							
<input type="checkbox"/> YES <input type="checkbox"/> NO							

Rec.on Appeal 744

AGENCY NO.  
3C0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2,009-08132

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM								
1. 90C - DISORDERLY CONDUCT (0568-P 9-2-1)		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input checked="" type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.								
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO											
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO											
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)					ZIP CODE	WEAPON TYPE								
1001 EAST DARGAN STREET, DILLON SC					29536									
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK		LOCATION NO.							
08/13/2009	1904		08/13/2009	1954	DISP. DATE	DISP. TIME	DEPART. TIME							
					08/13/2009	1904	1954	2030	03					
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE			
BLOUNT, ESSIE			GP		<input checked="" type="checkbox"/> J	S	O	U	B	F	65	N	(843) 774-5009	
ADDRESS			CITY		STATE	ZIP CODE	LOCATION NO.							
1001 EAST DARGAN STREET			DILLON		SC	29536	03							
VICTIM'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE			
SOCIETY/PUBLIC					<input checked="" type="checkbox"/> J	S	O	U						
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.										
ADDRESS			CITY		STATE	ZIP CODE	LOCATION NO.							
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN --														
#1 VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.														
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED   J - This Jurisdiction S - State O - Out of State U - Unknown														
SUBJECT	<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)				RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
	<input type="checkbox"/> RUNAWAY	BLOUNT, ANDREA LEQUINN				B	M	23	N		5-7	150	BLK	BRO
	<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.												
	<input type="checkbox"/> WARRANT	SCAR ON LEFT SIDE OF CHEEK												
ARREST	<input checked="" type="checkbox"/> ARREST	ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.					
	<input type="checkbox"/> JAIL	1001 EAST DARGAN STREET				DILLON	SC	29536	04					
#1	<input type="checkbox"/> SUMMONS	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.				ARRESTED NEAR OFFENSE SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST				
	<input type="checkbox"/> SUMMONS	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:				TOTAL # ARRESTED		08/13/2009 1904		08/13/2009 2015				
NARRATIVE	ON THE ABOVE DATE AND TIME R/O WAS DISPATCHED TO THE ABOVE LOCATION IN REFERENCE TO A DOMESTIC PROBLEM. UPON ARRIVAL THE COMPLAINANT STATED THE SUSPECT HAD BEEN DRINKING ALCOHOL AND WAS TRYING TO ASSAULT HER DAUGHTER. WHILE R/O AND OTHER CITY OFFICERS WERE TRYING TO TALK TO THE SUSPECT HE KEPT GETTING UNRULY AND USING ALOT OF FOUL LANGUAGE. THE SUSPECT WAS ADVISED HE NEED TO CALM DOWN. THE SUSPECT KEPT GETTING WORSE. THE SUSPECT WAS PLACED UNDER ARREST FOR DISORDERLY CONDUCT. THE SUSPECT WAS HANDCUFFED (DOUBLE LOCKED), CHECKED FOR TIGHTNESS, ADVISED OF HIS MIRANDA RIGHTS, AND TRANSPORTED TO DCCC.													

		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY			JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		
PROPERTY	TYPE (GROUP)				TOTAL VALUE		
	Burned						
	Count/Forged						
	Dist/Damaged						
	Recovered						
	Seized						
	Stolen						
ADDITIONAL	SUBJECT IDENTIFIED	SUBJECT LOCATED		<input type="checkbox"/> ACTIVE	<input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18	<input type="checkbox"/> EX-CLEAR UNDER 18
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input checked="" type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR 18 AND OVER
REASON FOR EXCEPTIONAL CLEARANCE:	1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY						
	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER
	PFC RAY MCPHATTER	08/13/2009	221	ASST CHIEF BOBBY MCLEAN		08/13/2009	202
FOLLOW-UP INVESTIGATION OFFICER	<input type="checkbox"/> YES <input type="checkbox"/> NO						

GENEX LD.  
00170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER

2009-08134

NCIC

INC. ENTD.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM	
1. BEM - B&E OF MOTOR VEHICLE / LARCENY		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	18 21		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.	
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE		
101 LOCKEMEY HWY, DILLON SC				29536			
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK		LOCATION NO.
08/13/2009	2100		08/13/2009	2105	DISP. DATE	DISP. TIME	DEPART. TIME
					08/13/2009	2123	2123
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE
HARPER, LINDZEY		#1	#2	J	S	O	U
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.	
1906 DOE TRAIL DR		DILLON		SC	29536	CTY	
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE
HARPER, LINDZEY		#1	#2	J	S	O	U
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.			
5-6	129	BLN	BLU				
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.	
1906 DOE TRAIL DR		DILLON		SC	29536	CTY	
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN --							
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.							
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown							
SUBJECT		SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.
<input checked="" type="checkbox"/> SUSPECT		BROWN, JEROME CHRISTOPHER		B	M	18	N
<input type="checkbox"/> RUNAWAY		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					
<input type="checkbox"/> WANTED							
<input type="checkbox"/> WARRANT		ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.
<input type="checkbox"/> ARREST		603 ABSON ST		DILLON	SC	29536	CTY
<input type="checkbox"/> JAIL		SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE/TIME OF OFFENSE	DATE/TIME OF ARREST
<input type="checkbox"/> SUMMONS		DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED	0	08/13/2009	2100

ON THE ABOVE DATE AND TIME THE REPORTING OFFICER WAS DISPATCHED TO THE ABOVE INCIDENT LOCATION IN REFERENCE TO A VEHICLE BREAK IN. UPON OFFICERS ARRIVAL THE VICTIM STATED THAT WHILE SHE WAS INSIDE THE INCIDENT LOCATION TWO BLACK MALES OPENED THE DRIVERS DOOR AND STOLE HER POCKETBOOK AND THEN RAN OFF. TAKEN WAS A WHITE POCKETBOOK CONTAINING A BILFOLD WITH \$8 IN CASH, DRIVERS LICENSE, SOCIAL SECURITY CARD AND A PAYCHECK FROM THE WELLNESS CENTER FOR \$36. THE VEHICLE IS A BLUE 1999 PLYMOUTH NEON WHICH WAS LEFT UNLOCKED BY THE VICTIM. THE POCKETBOOK WAS FOUND ON THE 1300 BLOCK OF E HAMPTON STREET EMPTY. SUSPECT #1 WAS CAUGHT AND DETAINED THEN TRANSPORTED TO THE PD AND RELEASED AFTER SIGNING MIRANDA PAPERS. SUSPECT #1 IS JEROME BROWN WHO IDENTIFIED SUSPECT #2 AS BELSHAIR PEEBLES. INVESTIGATOR JASON TURNER WAS NOTIFIED AND RESPONDED TO THE INCIDENT AND INTERVIEWED SUSPECT #1.

P TYPE (GROUP)		20-Money	22-Nonnegotiable	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
R	Burned						TOTAL VALUE
O	Court/Forged						
P	Dest/Damaged						
E	Recovered						
R	Seized						
T	Stolen	8.00					8.00
Y	Unknown						
SUBJECT IDENTIFIED		SUBJECT LOCATED		<input checked="" type="checkbox"/> ACTIVE	<input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18	<input type="checkbox"/> EX-CLEAR UNDER 18
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR 18 AND OVER
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY							
REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER
OFC ROBERT COOK		08/13/2009	223	ASST CHIEF BOBBY MCLEAN		08/13/2009	202
FOLLOW-UP INVESTIGATION OFFICER							
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							

Rec.on Appeal 742

176100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER

2,009-08137

NCIC

INO. ENTO.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM <input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc. Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
1. 13A - ASSAULT AND BATTERY		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		
2. 13B - ASSAULT - SIMPLE		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		
3. NRP - INDECENT LANGUAGE		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)					ZIP CODE	WEAPON TYPE
1010 MCKENZIE RD. APT. B-13, DILLON SC					29536	40 40
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
08/14/2009	1140		08/14/2009	1150	DISP. DATE	DISP. TIME
					08/14/2009	1152
					TIME ARRIVED	DEPART. TIME
					1157	1230
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
SIMS, TYRA N		#1	BG	#2	#3	<input checked="" type="checkbox"/> SOU
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	
1010 MCKENZIE ROAD APT B-13		DILLON	SC	29536	04	
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
SIMS, TYRA N		#1	BG	#2	#3	<input checked="" type="checkbox"/> SOU
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
5-5	195	BLK	BRO			
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	
1010 MCKENZIE ROAD APT B-13		DILLON	SC	29536	04	
VISIBLE INJURY (VICT. 1) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN - Apparent Minor Injur						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT	<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE
	<input type="checkbox"/> RUNAWAY	CRAWFORD, WILLIE C.		B	M	32
	<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				
WARRANT	<input type="checkbox"/> WARRANT	ADDRESS		CITY	STATE	ZIP CODE
	<input checked="" type="checkbox"/> ARREST	610 SOUTH 3RD AVE		DILLON	SC	29536
#1	<input checked="" type="checkbox"/> JAIL	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE/TIME OF OFFENSE
	<input type="checkbox"/> SUMMONS	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED	1	08/14/2009
DATE/TIME OF ARREST						
08/14/2009 1215						
<p>ON THE ABOVE DATE AND TIME R/O WAS DISPATCHED TO THE ABOVE LOCATION IN REFERENCE TO A DOMESTIC DISPUTE. UPON ARRIVING, VICTIM #1 STATED THAT THE SUSPECT CAME TO HER RESIDENCE TO LEAVE HIS CHILD WITH HER. THE SUSPECT ASKED VICTIM #1 TO USE HER CELL PHONE. VICTIM #1 STATED THAT THE SUSPECT TOOK HER PHONE AND LEFT. WHEN THE SUSPECT RETURNED, THE SUSPECT AND VICTIM #1 STARTED ARGUING. THE SUSPECT GRABBED VICTIM #1 AROUND THE VICTIM'S BREAST AREA AND BEGAN TO SQUEEZE VICTIM #1 LEAVING MARKS ON VICTIM #1'S BREAST. THE SUSPECT THEN TRIED TO HIT VICTIM #2 WITH HIS FIST. VICTIM #2 IS VICTIM #1'S CHILD. R/O PLACED THE SUSPECT UNDER ARREST. THE SUSPECT WAS HANDCUFFED, DOUBLE-LOCKED, AND TRANSPORTED TO DDC. THE SUSPECT CONTINUOUSLY USED FOUL LANGUAGE. THE SUSPECT SAID "FUCK THESE MAYBERRY FUCKING POLICE." THE SUSPECT WAS CHARGED WITH ASSAULT AND BATTERY, TICKET #27707EV, ASSAULT, TICKET # 27708EV, AND INDECENT LANGUAGE, TICKET #0469-P.</p>						

		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P	TYPE (GROUP)				TOTAL VALUE
R	Burned				
O	Count/Forged				
P	Dest./Damaged				
E	Recovered				
R	Seized				
T	Stolen				
Y	Unknown				
A	SUBJECT IDENTIFIED	SUBJECT LOCATED	<input type="checkbox"/> ACTIVE	<input type="checkbox"/> ADM. 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
M	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY				
	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE
I	PFC WILLIE BERRY	08/14/2009	219	ASST CHIEF BOBBY MCLEAN	08/14/2009
	FOLLOW-UP INVESTIGATION OFFICER				
S	<input type="checkbox"/> YES <input type="checkbox"/> NO				

Rec.on Appeal 741

App'x 743

SP-10  
00170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER

2009-08139

NCIC

INQ. EXT

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 13A - ASSAULT - AGGRAVATED		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Organ. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2. 290 - VANDALISM OF PROPERTY		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	13		
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
202 SOUTH 4TH AVE., DILLON SC				29536	13	
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
08/14/2009	1530		08/14/2009	1531	DISP. DATE	DISP. TIME
				08/14/2009	1533	1536
					DEPART. TIME	1558
				LOCATION NO.		
				03		
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
LLOYD, SHAMIKA		#1 AQ	#2	<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	B	F
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	
14TH AND CLEVELAND ST		DILLON	SC	29536	02	
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
LLOYD, SHAMIKA		#1 AQ	#2	<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	B	F
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
5-10	150	BLK	BRO			
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	
14TH AND CLEVELAND ST		DILLON	SC	29536	02	
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
VICTIM (NO. 1) USING ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT	<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE
	<input type="checkbox"/> RUNAWAY	LUNDY, TOISAN SHADORA		B	F	23
	<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				
	<input type="checkbox"/> WARRANT	TATTOO ON BOTH ARMS, & BACK				
	<input type="checkbox"/> ARREST	ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
<input type="checkbox"/> JAIL	202 SOUTH 4TH AVE.		DILLON	SC	29536	03
<input type="checkbox"/> SUMMONS	SUBJECT (NO. 1) USING ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. TYPE:		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE/TIME OF OFFENSE	DATE/TIME OF ARREST	
		TOTAL # ARRESTED 0		08/14/2009	1530	

ON THE ABOVE DATE AND TIME R/O WAS GIVEN A CALL TO SPEAK WITH COMPLAINANT MS. LLOYD ABOUT THE SUSPECT MS. LUNDAY. COMPLAINANT STATED THAT SHE AND HER 2 SMALL CHILDREN WERE PASSING THE SUSPECTS HOUSE AND THE SUSPECT SHOT AT HER WITH A BB GUN, HITTING THE RIGHT FRONT FENDER. THERE WERE VERY LITTLE DAMAGE TO THE VEHICLE, A SMALL CHIP IN THE PAINT. THE COMPLAINANT TOLD THE R/O THAT THE BB COULD HAVE HIT ONE OF THE KIDS AND TAKEN AN EYE OUT. R/O SAW FOUR PEOPLE STANDING OUT IN FRONT OF THE HOUSE AND THE SUSPECT STANDING IN THE DOOR WAY, TALKING ON A CELL PHONE. THE R/O DIDN'T KNOW THE SUSPECT AT THIS TIME AND ASKED TO SPEAK TO MS. LUNDAY AND THE FOUR IN THE YARD ALL LOOKED AT THE SUSPECT STANDING IN THE DOOR WAY. R/O STEP UP AND ASKED, WAS SHE TOSIAN LUNDAY AND THE SUSPECT KEPT TALKING ON THE CELL PHONE. THE R/O ASKED AGAIN ARE YOU MS. LUNDAY AND THE SUSPECT LOOKED OVER HER SHOULDER AND TALKING ON THE CELL PHONE AS IF MS. LUNDAY WAS INSIDE AND THEN STEPPED BACKWARDS INTO THE HOUSE AND CLOSED THE DOOR. ONE OF THE FOUR IN THE YARD SPOKE UP AND SAID, THAT WAS HER YOU WERE TALKING TO. THE R/O KNOCK ON THE DOOR A FEW TIMES AND THE SUSPECT CAME BACK OUT. THE R/O ASKED THE SUSPECT ABOUT THE INCIDENT, AND SHE TOLD THE R/O THAT IT DIDN'T HAPPEN. THE SUSPECT TOLD R/O THAT THE COMPLAINANT HAD BEEN CALLING HER CELL PHONE, HARASSING HER. THE SUSPECT TOLD THE R/O THAT THE COMPLAINANT HAD CALLED HER AT LEAST 16 TIMES. THE R/O CHECKED HER CELL PHONE AND SAW 5 CALLS BUT THERE WAS NO PHONE NUMBER ON THE CALLS. VICTIM #2 IS THE OWNER OF THE VEHICLE.

		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P	TYPE (GROUP)	03-Motor Vehicle -			TOTAL VALUE
R	Burned				
O	Count/Forged				
P	Dest/Damaged	10.00			10.00
E	Recovered				
R	Seized				
T	Stolen				
Y	Unknown				
A	SUBJECT IDENTIFIED	SUBJECT LOCATED	<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18	<input type="checkbox"/> EX-CLEAR UNDER 18
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR 18 AND OVER
M	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY				
	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE
I	CPL LOUIS BARFIELD	08/14/2009	217	ASST CHIEF BOBBY MCLEAN	08/14/2009
	FOLLOW-UP INVESTIGATION OFFICER				
S	<input type="checkbox"/> YES <input type="checkbox"/> NO				

Rec.on Appeal 740

GENY I.D.  
20170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-08145

ING. ENT.

E V E N T	INCIDENT TYPE				COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM <input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input checked="" type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.			
	1. OCV - OPEN CONTAINER 27795EV				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	13					
	2.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO						
I N C I D E N T	INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)						ZIP CODE	WEAPON TYPE				
	EAST MAIN ST, DILLON SC						29536					
	INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	DISPATCH TIME	TIME ARRIVED	DEPART. TIME			
08/14/2009	2245		08/14/2009	2245	08/14/2009				LOCATION NO. 02			
V I C T I M	COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE (843) 774-0051	EVENING PHONE
	POSTON, GORDON ERIC			ST			J S O U	W	M	40	N	
	ADDRESS 401 WEST MAIN STREET			CITY DILLON		STATE SC	ZIP CODE 29536	LOCATION NO. 04				
V I C T I M	VICTIM'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE
	SOCIETY/PUBLIC						J S O U					
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.							
ADDRESS			CITY		STATE	ZIP CODE	LOCATION NO.					
#	VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN --											
	VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.											
	<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPL.ASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown											
S U B J E C T	SUBJECT NAME (LAST, FIRST, MIDDLE)			RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
	MCLELLAN, JAMES EDWARD			W	M	35	N		5-10	160	GRY	BRO
	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.											
#	ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.					
	721 WOLF BRANCH CIRCLE			DILLON	SC	29536	CTY					
	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.			ARRESTED NEAR OFFENSE SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST				
N A R R A T I V E	SUMMONS			DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED						
				1		08/14/2009 2245		08/14/2009 2245				
	ON THE ABOVE DATE AND TIME, THE R/O WAS ON PATROL ON EAST MAIN ST NEAR HWY 301, WHEN THE R/O WAS FLAGGED DOWN BY A FEMALE PARTY. THE FEMALE PARTY STATED THAT ANOTHER FEMALE PARTY STRUCK HER AND BROKE HER GLASSES. THE FEMALE PARTY ALSO STATED THE OTHER FEMALE WAS RIDING WITH THE SUBJECT IN A ORANGE IN COLOR MITSUBUSHI AND THAT THE VEHICLE WAS PROBABLY LEAVING MOM AND POPS ON EAST MAIN ST. THE R/O ADVISED THE FEMALE PARTY TO STAY PUT WHILE THE R/O LOCATED THE VEHICLE. THE R/O LOCATED THE VEHICLE AT THE RED LIGHT OF EAST MAIN ST AND LOCKENY HWY. THE R/O THEN CONDUCTED A TRAFFIC STOP (SC TAG BAX968). THE ABOVE SUBJECT WAS THE DRIVER, WHILE SPEAKING WITH THE SUBJECT, THE R/O COULD SMELL AN ODOR OF AN ALCOHOLIC BEVERAGE COMING FROM THE VEHICLE. THE SUBJECT STATED HE DID PUT AN OPEN CAN OF BEER UNDER THE DRIVERS SEAT JUST BEFORE BEING PULLED BY THE R/O. THE SUBJECT WAS THEN ASKED TO STEP OUT THE VEHICLE AND THE R/O DID LOCATE THE OPEN CAN OF BEER. THE SUBJECT WAS PLACED UNDER ARREST, CUFFS WERE DOUBLE LOCKED AND CHECKED FOR TIGHTNESS. THERE WERE NO OTHER SUBJECTS IN THE VEHICLE. A FAMILY MEMBER OF THE SUBJECT WAS NOTIFIED AND TOOK POSSESSION OF THE VEHICLE. THE SUBJECT WAS THEN TRANSPORTED TO DCDC AND CHARGED ACCORDINGLY. THE R/O AND OFFICERS SEARCHED THE AREA, BUT DID NOT LOCATE THE FEMALE COMPLAINANT.											

P R O P E R T Y	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		TOTAL VALUE	
	TYPE (GROUP)					
A D M I N I S T	Subject Identified	Subject Located	Active	ADM. CLOSED	ARRESTED UNDER 18	EX-CLEAR UNDER 18
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED		<input checked="" type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR 18 AND OVER
	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY					
	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER		UNIT NUMBER
	CPL ERIC POSTON	08/14/2009	214	ASST CHIEF BOBBY MCLEAN		202
FOLLOW-UP INVESTIGATION OFFICER <input type="checkbox"/> YES <input type="checkbox"/> NO						

Rec.on Appeal 739

AGENCY I.D.  
CO170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

LADE NUMBER  
2009-08153

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 35A - DRUG VIOLATION		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	18 25		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2. 520 - CARRYING A CONCEALED WEAPON SUSPECT#2 CITY ORD. 1002-P		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	18 25		
3. 753 - HARASSMENT SUSPECT#1		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	18 25		
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)					ZIP CODE	WEAPON TYPE
CARWASH WEST MAIN STREET, DILLON SC					29536	30
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
08/15/2009	1145		08/15/2009	1150	DISP. DATE	DISP. TIME
				08/15/2009	1155	1155
					1155	1240
						DEPART. TIME
LOCATION NO. 01						
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT		RESIDENT	RACE
LESTER, QUISHEKA MONIQUE			AQ		<input checked="" type="checkbox"/> S	<input type="checkbox"/> O
					<input type="checkbox"/> U	<input type="checkbox"/> B
					SEX	AGE
					F	19
					ETH	N
					DAYTIME PHONE	EVENING PHONE
					(843) 774-5562	
ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.
414 SOUTH LONGSTREET ROAD APT E-6			DILLON	SC	29536	04
VICTIM'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT		RESIDENT	RACE
LESTER, QUISHEKA MONIQUE					<input checked="" type="checkbox"/> S	<input type="checkbox"/> O
					<input type="checkbox"/> U	<input type="checkbox"/> B
					SEX	AGE
					F	19
					ETH	N
					DAYTIME PHONE	EVENING PHONE
					(843) 774-5562	
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
5-5	110	BLK	BRO			
ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.
414 SOUTH LONGSTREET ROAD APT E-6			DILLON	SC	29536	04
VISIBLE INJURY (MCT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN --						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/PLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.	DATE OF BIRTH
PETERSON, SHARON Y		B	F	26	N	
FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	
410 SOUTH 3RD AVE.		DILLON	SC	29536	04	
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE	DATE/TIME OF ARREST	
				08/15/2009	1145	
DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED				
		1				

ON THE ABOVE DATE AND TIME 911 RECEIVED A CALL FROM AN ANONYMOUS CALLER STATING THAT A BLUE CHEVY CAVALIER WHICH WAS PARKED AT THE WEST MAIN CARWASH HAD A GUN AND DRUGS INSIDE THE VEHICLE. ONCE ON SCENE OFFICERS QUESTIONED THE ABOVE SUSPECT#2, #3 AND SEVERAL OTHER PARTIES THAT WERE AROUND THE VEHICLE. THE CALLER ALSO STATED THAT THE BLACK MALE WITH A GREY TEE-SHIRT ON ALSO HAD ILLEGAL ITEMS ON HIS PERSON. PFC W. BERRY PERFORMED A TERRY FRISK ON THE MALE PARTY WHO WAS BRANDON ROSHAD BILDON. MR. BILDON DIDNT HAVE ANY WEAPONS ON HIS PERSON. THE R/O ASKED THE SUSPECT#3 COULD HE (R/O) SEARCH THE VEHICLE BECAUSE SHE WAS THE OWNER. THE SUSPECT#3 WAS ADVISED OF THE CALL WE RECEIVED FROM 911. THE SUSPECT#3 STATED THAT WE COULDN'T SEARCH THE VEHICLE WITHOUT A SEARCH WARRANT. THE R/O CONTACTED JUDGE D. CARTER IN REFERENCE TO GETTING A SEARCH WARRANT. JUDGE CARTER ISSUED A SEARCH WARRANT. OFFICERS EXECUTED THE SEARCH WARRANT AND FOUND A PAIR OF BRASS KNUCKLES AND SEVERAL WHITE CAPSULE PILLS BELONGING TO SUSPECT#2. SUSPECT#2 WAS WROTE A CITY ORDINANCE SUMMONS FOR CARRYING THE CONCEALED WEAPON. THE WEAPON WAS SEIZED. THE PILLS WERE SEIZED AND WILL BE SENT TO SLED. THE SUSPECT#3 STATED THAT THE ABOVE SUSPECT#1 MADE THE CALL TO 911. THE SUSPECT#3 HAS BEEN HAVING PROBLEMS WITH THE SUSPECT#1 HARASSING SUSPECT#3. THE SUSPECT#3 AND SUSPECT#1 WORK TOGETHER AT BURGER KING. THE R/O SPOKE WITH THE SUSPECT#1 AND SHE STATED THAT SHE SEEN THE PARTIES AT THE CARWASH BUT DIDNT CALL 911. THE VEHICLE THAT WAS SEARCHED WAS A BLUE 2004 CHEVY CAVALIER.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P	TYPE (GROUP)	10-Drugs/Narcotic	TOTAL VALUE
R	Burned		
O	Courts/Forged		
P	Dist/Damaged		
E	Recovered		
R	Seized		
T	Stolen		
Y	Unknown		
SUBJECT IDENTIFIED		SUBJECT LOCATED	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> ACTIVE <input checked="" type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18 <input checked="" type="checkbox"/> EX-CLEAR UNDER 18	
<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY			
REPORTING OFFICER(S)		DATE	UNIT NUMBER
SGT RYAN BERRY		08/15/2009	211
APPROVING OFFICER		DATE	UNIT NUMBER
ASST CHIEF BOBBY MCLEAN		08/15/2009	202
FOLLOW-UP INVESTIGATION OFFICER			
<input type="checkbox"/> YES <input type="checkbox"/> NO			

Rec.on Appeal 738

00170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-08154

INC. ENTD.

INCIDENT TYPE				COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM								
1. NRP - DISPUTE				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	24		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.								
2.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO											
3.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO											
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)						ZIP CODE	WEAPON TYPE									
WALMART 805 ENTERPRISE RD, DILLON SC						29536										
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HRL. CLOCK			LOCATION NO.								
08/15/2009	1545		08/15/2009	1550	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME								
					08/15/2009	1554	1556	1615								
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH.	DAYTIME PHONE	EVENING PHONE				
WHITE, SHARRIE TERRI				#1 ST	#2	#3	J	S	O	U	B	F	18	N	(843) 433-5830	
ADDRESS				CITY		STATE	ZIP CODE	LOCATION NO.								
314 LINCOLN PL				MULLINS		SC	29574	1A								
VICTIM'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH.	DAYTIME PHONE	EVENING PHONE				
WHITE, SHARRIE TERRI				#1	#2	#3	J	S	O	U	B	F	18	N	(843) 433-5830	
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.												
5-1	132	BLK	BRO													
ADDRESS				CITY		STATE	ZIP CODE	LOCATION NO.								
314 LINCOLN PL				MULLINS		SC	29574	1A								
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN --																
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.																
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown																
<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)					RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES		
<input type="checkbox"/> RUNAWAY	BRUCE, BETSY N					W	F	35	N		5-6	130	RED	GRN		
<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.															
<input type="checkbox"/> WARRANT	ADDRESS					CITY		STATE	ZIP CODE	LOCATION NO.						
<input type="checkbox"/> ARREST	2026 HIGHWAY 9 WEST					DILLON		SC	29536	CTY						
<input type="checkbox"/> JAIL	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.					ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			DATE/TIME OF OFFENSE		DATE/TIME OF ARREST					
<input type="checkbox"/> SUMMONS	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:					TOTAL # ARRESTED 0			08/15/2009 1545							

ON THE ABOVE DATE AND TIME OFFICERS RESPONDED TO A CALL AT THE SMART STOP LOCATED INSIDE THE WALMART STORE ON ENTERPRISE ROAD IN REFERENCE TO AN IRATE CUSTOMER. ONCE ON SCENE THE R/O GATHERED INFO FROM THE VICTIM WHO STATED THAT SHE CUT THE LITTLE BOYS HAIR THE WAY THE MOTHER ASKED BUT HALFWAY THRU THE HAIRCUT THE MOTHER CHANGED HER MIND ON HOW SHE WANTED IT TO BE CUT. VICTIM FINISHED CUTTING THE CHILD'S HAIR. THE SUSPECT THEN BECAME LOUD ABOUT THE WAY THE HAIRCUT LOOKED. THE SUSPECT TOLD THE VICTIM THAT SHE WANTS HIM TO BE ABLE TO GET UP IN THE MORNINGS AND JUST HAVE TO COMB THRU HIS HAIR BECAUSE HE WILL BE STARTING SCHOOL. VICTIM STATED THAT SHE TOLD THE SUSPECT THAT THE HAIRCUT WAS FREE SINCE SHE DIDN'T LIKE IT BUT SHE INSISTED THAT SHE WOULD PAY FOR IT. THE SUSPECT ASKED TO SPEAK WITH THE MANAGER WHO WAS NOT AT THE STORE AT THE TIME. THE VICTIM STATED TO THE R/O THAT THE SUSPECT WENT OUT IN FRONT OF THE STORE AN STARTING GETTING LOUD AS TO DRAW ATTENTION SO SHE CALLED THE POLICE. THE SUSPECT INFO WAS GATHERED BY THE R/O WHO TOLD HER THAT A REPORT WOULD BE FILED. THE SUSPECT WAS TOLD NOT TO RETURN TO THE STORE.

TYPE (GROUP)				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY			
Burned											TOTAL VALUE
Count/Forged											
Dest./Damaged											
Recovered											
Seized											
Stolen											
Unknown											
SUBJECT IDENTIFIED		SUBJECT LOCATED		<input type="checkbox"/> ACTIVE <input checked="" type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18		<input type="checkbox"/> EX-CLEAR UNDER 18			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR 18 AND OVER			
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY											
REPORTING OFFICER(S)			DATE	UNIT NUMBER	APPROVING OFFICER			DATE	UNIT NUMBER		
SGT RYAN BERRY			08/15/2009	211	ASST CHIEF BOBBY MCLEAN			08/15/2009	202		
FOLLOW-UP INVESTIGATION OFFICER <input type="checkbox"/> YES <input type="checkbox"/> NO											

Rec.on Appeal 737

App'x 739

**DILLON POLICE DEPARTMENT**  
**INCIDENT REPORT**

2009-08155

	INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1.	ZH - PETIT LARCENY	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	19		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)		ZIP CODE		WEAPON TYPE		
1109 EAST MAIN STREET, DILLON SC		29536				
INCIDENT DATE		24 HR. CLOCK		DATE		24 HR. CLOCK
08/15/2009		1145		08/15/2009		1200
DISPATCH DATE		DISPATCH TIME		TIME ARRIVED		DEPART. TIME
08/15/2009		1838		1842		1900
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT		RACE SEX AGE ETH DAYTIME PHONE EVENING PHONE
HORTON, ROBERT MCLAURIN		AQ		S O U W M		64 N (843) 774-8496 H B
ADDRESS		CITY		STATE		ZIP CODE LOCATION NO.
1109 EAST MAIN STREET		DILLON		SC		29536 02
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT		RACE SEX AGE ETH DAYTIME PHONE EVENING PHONE
HORTON, ROBERT MCLAURIN		AQ		S O U W M		64 N (843) 774-8496 H B
HEIGHT		WEIGHT		HAIR		EYES FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
5-10		144		GRY		HAZ
ADDRESS		CITY		STATE		ZIP CODE LOCATION NO.
1109 EAST MAIN STREET		DILLON		SC		29536 02
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN --						
VICTIM (NO. 1) USING: ALCOHOL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT	<input checked="" type="checkbox"/> SUSPECT		SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE SEX AGE ETH DATE OF BIRTH HEIGHT WEIGHT HAIR EYES	
	<input type="checkbox"/> RUNAWAY		MCMILLIAN, SHARON TERESA		B F 36 N [REDACTED] 5-10 200 BLK BRO	
	<input type="checkbox"/> WANTED		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.			
	<input type="checkbox"/> WARRANT		ADDRESS		CITY STATE ZIP CODE LOCATION NO.	
<input type="checkbox"/> ARREST		305 WEST CALHOUN STREET		DILLON SC 29536 04		
<input type="checkbox"/> JAIL		SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO DATE/TIME OF OFFENSE DATE/TIME OF ARREST		0 08/15/2009 1145
<input type="checkbox"/> SUBMIONS		TOTAL # ARRESTED				0

ON THE ABOVE DATE AND TIME THE R/O RECEIVED A CALL AT THE PD IN REFERENCE TO STOLEN MERCHANDISE FROM THE VICTIM. THE R/O WENT AND GATHERED THE INFORMATION FROM THE VICTIM WHO STATED THAT SUSPECT STOLE FROM HIM A SAMSUNG CELLPHONE, \$57 CASH, AND A WASHINGTON MUTUAL CREDIT CARD. THESE ITEMS WERE TAKEN FROM THE VICTIM AT NOBLES STORAGE BUILDINGS LOCATED ON 301 NORTH RAILROAD AVENUE AT OR AROUND 11:45 AM. THE R/O TOLD THE VICTIM THAT A REPORT WOULD BE FILED.

		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P	TYPE (GROUP)	20-Money	09-Credit/Debit	77-Other	TOTAL VALUE
R	Burned				
O	Count./Forged				
P	Dest./Damaged				
E	Recovered				
R	Seized				
T	Stolen	57.00		160.00	207.00
Y	Unknown				
A	SUBJECT IDENTIFIED		SUBJECT LOCATED		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED <input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18
D	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED <input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER
M	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> A/VENUE - NO CUSTODY				
INVEST	REPORTING OFFICER(S)		DATE		UNIT NUMBER
	SGT RYAN BERRY		08/15/2009		211
		APPROVING OFFICER		DATE	
		ASST CHIEF BOBBY MCLEAN		08/15/2009	
		FOLLOW-UP INVESTIGATION OFFICER		UNIT NUMBER	
		<input type="checkbox"/> YES <input type="checkbox"/> NO		202	

Rec.on Appeal 736

20270100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2,009 - 08156

INQ. ENTD.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 13A - ASSAULT & BATTERY HAN		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	13		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
SOUTH 1ST AVE AND WEST CALHOUN ST, DILLON SC				29536	30	
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
08/15/2009	2020		08/15/2009	2030	DISP. DATE	DISP. TIME
				08/15/2009		2031
						2115
						04
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
JONES, DARRYL L		#1 AQ	#2	<input checked="" type="checkbox"/> S	O	B
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
605 SOUTH 1ST AVE		DILLON		SC	29536	04
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
JONES, DARRYL L		#1 AQ	#2	<input checked="" type="checkbox"/> S	O	B
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
605 SOUTH 1ST AVE		DILLON		SC	29536	04
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
5-6	140	BLK	BRO			
VISIBLE INJURY (VICT. 1) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN -- Severe Laceration						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPL.ASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.	DATE OF BIRTH
JONES, ALFONSO		B	M	58	N	
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	
911 EAST STREET		DILLON	SC	29536	04	
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		ARRESTED NEAR OFFENSE SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DATE/TIME OF OFFENSE	DATE/TIME OF ARREST	
		TOTAL # ARRESTED 1		08/15/2009	2020	08/15/2009 2255

ON THE ABOVE DATE AND TIME, THE R/O RESPONDED TO THE ABOVE LOCATION IN REFERENCE TO ASSAULT. UPON ARRIVAL, THE SUBJECT WAS NOT ON SCENE AND THE VICTIM WAS BLEEDING HEAVILY FROM THE BACK OF THE HEAD. THE VICTIM STATES THAT HE AND THE SUBJECT WERE ARGUING OVER MONEY AND THE SUBJECT STRUCK HIM ON THE HEAD WITH A BEER BOTTLE. WHILE THE R/O WAS GATHERING INFORMATION AND THE BEER BOTTLE FROM THE SCENE, SGT BERRY INFORMED THE R/O THAT THE SUBJECT WAS AT THE POLICE DEPARTMENT. EMS ARRIVED ON SCENE AND TRANSPORTED THE VICTIM TO THE HOSPITAL, WHERE IT WAS LATER LEARNED THAT THE VICTIM RECEIVED APPROX FOUR STITCHES. THE SUBJECT WAS PLACED UNDER ARREST, CUFFS WERE DOUBLE LOCKED AND CHECKED FOR TIGHTNESS. THE SUBJECT WAS THEN TRANSPORTED TO DCCD. THE R/O WILL SECURE A WARRANT FOR ABHAN.

P TYPE (GROUP)		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
Burned					TOTAL VALUE
Count/Forged					
Dest/Damaged					
Recovered					
Seized					
Stolen					
Unknown					
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"/> ADM. CLOSED	
				<input type="checkbox"/> UNFOUNDED <input type="checkbox"/> ARRESTED UNDER 18	
				<input checked="" type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR UNDER 18	
				<input type="checkbox"/> EX-CLEAR 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY					
REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER	DATE
CPL ERIC POSTON		08/15/2009	214	ASST CHIEF BOBBY MCLEAN	08/15/2009
				FOLLOW-UP INVESTIGATION OFFICER	UNIT NUMBER
				<input type="checkbox"/> YES <input type="checkbox"/> NO	202

Rec.on Appeal 735

FD-170  
0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2,009-08157

INQ. ENTD.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. CDV - CDV - SIMPLE ASSAULT 3RD		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2. NRP - PUBLIC DRUNKNESS # 1056P		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	13		
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
700 GADDYS CT LOT 10, DILLON SC				29536	40	
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	LOCATION NO.	
08/16/2009	0145		08/16/2009	0200	01	
DISPATCH DATE/TIME		DISPATCH TIME		TIME ARRIVED		DEPART. TIME
08/16/2009		0200		0202		0245
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX
TANKSLEY, ALEXIS NICOLE			BG	<input checked="" type="checkbox"/> SOU	B	F
AGE	ETH	DAYTIME PHONE	EVENING PHONE			
26	N	(843) 774-2421 H				
ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.
700 GADDYS TRAILER LOT 10			DILLON	SC	29536	01
VICTIM'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX
TANKSLEY, ALEXIS NICOLE			BG	<input checked="" type="checkbox"/> SOU	B	F
AGE	ETH	DAYTIME PHONE	EVENING PHONE			
26	N	(843) 774-2421 H				
HEIGHT			WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
5-6			220	BLK	BRO	
ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.
700 GADDYS TRAILER LOT 10			DILLON	SC	29536	01
VISIBLE INJURY (VICT. 1) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN - Apparent Minor Injur						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)			RACE	SEX	AGE
<input type="checkbox"/> RUNAWAY	MCLAUGHLIN, CHAVIDD VONZELL			B	M	33
<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					
<input type="checkbox"/> WARRANT	ADDRESS			CITY	STATE	ZIP CODE
<input checked="" type="checkbox"/> ARREST	1279 DON COURT			DILLON	SC	29536
<input type="checkbox"/> JAIL	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.			ARRESTED NEAR OFFENSE SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE/TIME OF OFFENSE	DATE/TIME OF ARREST
<input type="checkbox"/> SUMMONS	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:			TOTAL # ARRESTED	08/16/2009	0220
				1	0145	08/16/2009

ON THE ABOVE DATE AND TIME, THE R/O RESPONDED TO THE ABOVE LOCATION IN REFERENCE TO ASSAULT. UPON ARRIVAL, THE SUBJECT WAS NOT ON SCENE. THE VICTIM STATES THAT THE SUBJECT CAME OVER TO TALK AND THAT HE HAD BEEN DRINKING AN ALCOHOLIC BEVERAGE. VICTIM STATES THAT THE SUBJECT THEN BECAME LOUD AND DISORDERLY AND STRUCK THE VICTIM ON THE LEFT CHEEK WITH FIST. VICTIMS LEFT CHEEK IS SLIGHTLY SWOLLEN AND RED. WHILE THE R/O WAS TAKING THE VICTIMS INFORMATION, THE SUBJECT WAS WALKING FROM NORTH 11TH AVE DOWN GADDYS CT. THE SUBJECT WALKED RIGHT UP TO WHERE THE VICTIM AND THE R/O WAS. THE R/O OBSERVED THAT THE SUBJECT WAS HEAVILY INTOXICATED. THE SUBJECT WAS PLACED UNDER ARREST, CUFFS WERE DOUBLE LOCKED AND CHECKED FOR TIGHTNESS. THE SUBJECT WAS THEN TRANSPORTED TO DCDC AND CHARGED WITH PUBLIC DRUNK. THE SUBJECT AND THE VICTIM DO HAVE A CHILD IN COMMON. ACCORDING TO THE SUBJECTS CRIMINAL HISTORY, THIS WILL MAKE 3RD OFFENSE FOR CRIMINAL DOMESTIC VIOLENCE. THE R/O WILL SECURE A WARRANT.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
TYPE (GROUP)		TOTAL VALUE	
Burned			
Count/Forged			
Dest./Damaged			
Recovered			
Seized			
Stolen			
Unknown			
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"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18	
<input type="checkbox"/> UNFOUNDED		<input checked="" type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY			
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER
CPL ERIC POSTON	08/16/2009	214	ASST CHIEF BOBBY MCLEAN
			DATE
			08/16/2009
			UNIT NUMBER
			202
FOLLOW-UP INVESTIGATION OFFICER <input type="checkbox"/> YES <input type="checkbox"/> NO			

Rec.on Appeal 734

0171D  
C0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2,009-08159

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. POC - POSS OF CRACK COCAINE		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	13		<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orga. <input checked="" type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
EAST ST, DILLON SC				29536		
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
08/16/2009	0325		08/16/2009	0330	DISP. DATE	DISP. TIME
				08/16/2009	0330	0331
					TIME ARRIVED	DEPART. TIME
					0415	04
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
JONES, ALFONSO		#1 ST	#2 ST	<input checked="" type="checkbox"/> SO	B	M
ADDRESS		CITY	STATE	AGE	ETH	DAYTIME PHONE
911 EAST STREET		DILLON	SC	58	N	
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
SOCIETY/PUBLIC		#1	#2	<input checked="" type="checkbox"/> SO	B	M
ADDRESS		CITY	STATE	AGE	ETH	DAYTIME PHONE
		DILLON	SC			
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	
		DILLON	SC	29536	04	
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.	DATE OF BIRTH
<input checked="" type="checkbox"/> SUSPECT JACOBS, BOBBY LEE		W	M	35	N	
<input type="checkbox"/> RUNAWAY		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				
<input type="checkbox"/> WANTED						
<input type="checkbox"/> WARRANT						
<input checked="" type="checkbox"/> ARREST		ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
<input checked="" type="checkbox"/> JAIL		2935 LEAH DRIVE	DILLON	SC	29536	CTY
<input type="checkbox"/> SUMMONS		SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. ARRESTED NEAR OFFENSE SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DATE/TIME OF OFFENSE	DATE/TIME OF ARREST	
		DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		08/16/2009 0325	08/16/2009 0400	
		TOTAL # ARRESTED 2				

ON THE ABOVE DATE AND TIME, THE COMPLAINANT CALLED DISPATCH AND ADVISED FOR THE R/O TO GO TO THE COMPLAINANTS RESIDENCE AT 911 EAST ST AND SECURE THE COMPLAINANTS HOME WHILE HE WAS INCARCERATED. WHEN THE R/O ARRIVED AT THE RESIDENCE SUBJECT #1 AND SUBJECT #2 WERE IN THE LIVING ROOM AND THE FRONT DOOR WAS OPEN. THE R/O ADVISED THE SUBJECTS THAT THEY HAD TO LEAVE AND THE R/O HAD TO LOCK THE DOOR. SUBJECT #2 STATED THAT HE LOANED HIS VEHICLE OUT, AND THAT HE WAS WAITING FOR HIS VEHICLE. SUBJECT #2 HAD HIS GREY IN COLOR TRUCK (SC TAG CJS757) PARKED IN THE COMPLAINANTS YARD. SUBJECT #2 ADVISED THE R/O THAT HE WAS INTOXICATED AND WAS IN NO SHAPE TO DRIVE. SUBJECT #1 STATED THAT HE WOULD DRIVE FOR SUBJECT #2. SUBJECT #1 THEN GOT INTO THE DRIVERS SEAT AND SUBJECT #2 GOT INTO THE PASSENGER SEAT. THE SUBJECTS THEN PULLED ONTO THE ROAD WAY, BUT STILL DID NOT LEAVE. THE R/O ADVISED THE SUBJECTS AGAIN THAT THE COMPLAINANT WANTED HIS HOME SECURED AND THAT NO ONE SHOULD BE ON THE PROPERTY. SUBJECT #1 STATED AGAIN THAT HE WAS WAITING ON THE RETURN OF HIS VEHICLE. AT THIS TIME THE R/O HAD BOTH SUBJECTS TO EXIT THE VEHICLE TO FIND OUT WHY WAS IT SO HARD FOR THEM TO LEAVE. WHEN SUBJECT #1 EXITED THE VEHICLE, THE R/O NOTICED IN PLAIN VIEW SEVERAL WHITE ROCK LIKE SUBSTANCE BELIEVED TO BE CRACK COCAINE LYING ON THE DRIVERS SEAT. SUBJECT #1 AND SUBJECT #2 BOTH STATED THE SUBSTANCE WERE NOT THEIRS. THE R/O THEN PLACED BOTH SUBJECTS UNDER ARREST. CUFFS WERE DOUBLE LOCKED AND CHECKED FOR TIGHTNESS. THE R/O ADVISED BOTH SUBJECTS OF MIRANDA RIGHTS THEN TRANSPORTED THE SUBJECTS TO DDC. THE R/O WILL SECURE WARRANTS FOR POSSESSION CRACK COCAINE. CT LESTER FROM ROTATION TOWED THE VEHICLE.

P TYPE (GROUP)		10-Drugs/Narcotic		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		
R	Blamed						TOTAL VALUE	
O	Count/Forged							
P	Dest/Damaged							
E	Recovered							
R	Selzed							
T	Stolen							
Y	Unknown							
A	SUBJECT IDENTIFIED		SUBJECT LOCATED		<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18	
D	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input checked="" type="checkbox"/> ARRESTED 18 AND OVER	
M	REASON FOR EXCEPTIONAL CLEARANCE:		1. <input type="checkbox"/> OFFENDER DEATH		2. <input type="checkbox"/> NO PROSECUTION		3. <input type="checkbox"/> EXTRADITION DENIED	
I	REPORTING OFFICER(S)		DATE		APPROVING OFFICER		DATE	
N	CPL ERIC POSTON		08/16/2009		ASST CHIEF BOBBY MCLEAN		08/16/2009	
S			UNIT NUMBER		FOLLOW-UP INVESTIGATION OFFICER		UNIT NUMBER	
T			214		<input type="checkbox"/> YES <input type="checkbox"/> NO		202	

Rec on Appeal 733

SP-1.D.  
CO:70100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2009-08162

NCIC  
INQ. ENTO.

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1 CDV - CDV - SIMPLE ASSAULT J008476	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	02		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Reg. Orgn. <input type="checkbox"/> Soc. Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER) 400 HWY. 301 N. FIRST CITIZENS BANK, DILLON SC ZIP CODE 29536 WEAPON TYPE 40

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME	24 HR. CLOCK	TIME ARRIVED	DEPART. TIME	LOCATION NO.
08/16/2009	1830		08/16/2009	1835	08/16/2009	1839	1840	1910	02

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE (843) 487-8097	EVENING PHONE
STRICKLAND, STACY HAYES	SE	<input checked="" type="checkbox"/> J <input type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	W	F	29	N		

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
2051 ARRIE RD.	DILLON	SC	29536	CTY

VICTIM'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE (843) 487-8097	EVENING PHONE
STRICKLAND, STACY HAYES	SE	<input checked="" type="checkbox"/> J <input type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	W	F	29	N		

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
5-7	135	BRO	BRO	

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
2051 ARRIE RD.	DILLON	SC	29536	CTY

VISIBLE INJURY (VICT. 1)  YES  NO EXPLAIN -

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

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

<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)	RACE	SEX	AGE	ETH	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
<input type="checkbox"/> RUNAWAY	STRICKLAND, BRIAN ANDREW	W	M	27	N		5-6	174	BRO	BRO

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

WARRANT TATTOO ON RIGHT ARM

<input checked="" type="checkbox"/> ARREST	ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
<input type="checkbox"/> JAIL	2047 ARRIE ROAD	DILLON	SC	29536	CTY

<input type="checkbox"/> SUMMONS	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.	ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE/TIME OF OFFENSE	DATE/TIME OF ARREST
	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:	TOTAL # ARRESTED 1	08/16/2009 1830	08/24/2009 1700

ON THE ABOVE DATE AND TIME R/O WAS DISPATCHED TO THE ABOVE LOCATION IN REFERENCE TO A DOMESTIC DISPUTE. UPON ARRIVING, THE VICTIM STATED THAT SHE WAS AT THE ATM MACHINE TRYING TO GET SOME MONEY WHEN HER HUSBAND APPROACHED HER AND BEGAN ARGUING. THE SUSPECT ASKED THE VICTIM SEVERAL TIMES WHERE WERE YOU LAST NIGHT. AS THE VICTIM GOT BACK IN HER VEHICLE, THE SUSPECT ATTEMPTED TO PULL THE VICTIM OUT OF THE VEHICLE WINDOW. THE VICTIM ROLLED THE WINDOW UP SO THE SUSPECT COULD NOT INJURE HER. THE SUSPECT THEN LEFT THE SCENE.

NARRATIVE

P TYPE (GROUP)		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		TOTAL VALUE
R Burned						
O Count/Forged						
P Des/Damaged						
E Recovered						
R Seized						
T Stolen						
Y Unknown						
A D M I N I S T R A T I V E	SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SUBJECT LOCATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> ACTIVE <input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18 <input checked="" type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR UNDER 18 <input type="checkbox"/> EX-CLEAR 18 AND OVER
REASON FOR EXCEPTIONAL CLEARANCE:	1. <input type="checkbox"/> OFFENDER DEATH	2. <input type="checkbox"/> NO PROSECUTION	3. <input type="checkbox"/> EXTRADITION DENIED	4. <input type="checkbox"/> VICTIM DECLINES COOPERATION	5. <input type="checkbox"/> AVEHLE - NO CUSTODY	
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER	
PFC WILLIE BERRY	08/16/2009	219	ASST CHIEF BOBBY MCLEAN	08/16/2009	202	
FOLLOW-UP INVESTIGATION OFFICER						
<input type="checkbox"/> YES <input type="checkbox"/> NO						

Rec.on Appeal 732

SECRET ID  
170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER

2009-08165

NCIC

ING. ENTG.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM								
1. ZSH - GRAND LARCENY-TV		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	08		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.								
2. 250 - FORGERY		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	08										
3. IDT - IDENTITY THEFT		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	08										
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)					ZIP CODE	WEAPON TYPE								
U-FIRST RENTALS- 209 RADFORD BLVD., DILLON SC					29536									
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK									
07/27/2009	0800		07/27/2009	1800	DISP. DATE	DISP. TIME								
					08/17/2009	1100								
					TIME ARRIVED	DEPART. TIME								
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE			
ALFORD, ROBERT ODELL		#1	AQ	#2		S	O	U	B	M	31	N	(843) 774-7919	
ADDRESS		CITY			STATE	ZIP CODE	LOCATION NO.							
1302 N PINE STREET		DILLON			SC	29536	1A							
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE			
ALFORD, ROBERT ODELL		#1		#2		S	O	U	B	M	31	N	(843) 774-7919	
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.										
6-4	135	BRO	BRO											
ADDRESS		CITY			STATE	ZIP CODE	LOCATION NO.							
1302 NORTH PINE STREET		DILLON			SC	29536	1A							
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -														
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.														
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPL.ASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown														
SUBJECT	<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)			RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES	
	<input type="checkbox"/> RUNAWAY	DICKERSON, ERIC LESHOUN			B	M	29	N		6-3	175	BLK	BRO	
	<input checked="" type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.												
	<input type="checkbox"/> WARRANT	TATTOOS ON STOMACH, BACK, & BOTH ARMS												
<input type="checkbox"/> ARREST	ADDRESS		CITY			STATE	ZIP CODE	LOCATION NO.						
<input type="checkbox"/> JAIL	404 NORTH PINE STREET		DILLON			SC	29536	01						
#1	<input type="checkbox"/> SUMMONS	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.			ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			DATE/TIME OF OFFENSE		DATE/TIME OF ARREST				
		DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:			TOTAL # ARRESTED			07/27/2009 0800		0800				
NARRATIVE	ON THE REPORTING DATE THE VICTIM CAME TO THE POLICE DEPT. STATING THAT U-FIRST RENTALS HAD CONTACTED HIM LOOKING FOR A 32" TV THAT WAS SOLD TO HIM BECAUSE THERE WASN'T ANY PAYMENTS BEING MADE ON IT. THE VICTIM STATED THAT HE DIDN'T BUY A TV AND THAT HIS SISTER WITNESS THE SUSPECT RECEIVING THE TV WHEN IT WAS DELIVERED TO HIS RESIDENCE. THE SUSPECT WAITED FOR THE DELIVERY IN HIS CAR BY THE VICTIM RESIDENCE. THE R/O TALKED WITH THE EMPLOYEES AT THE INCIDENT LOCATION AND ALSO LET THEM LOOK AT A PHOTO OF THE VICTIM AND SUSPECT. USING NO IDENTIFICATION. JEREMY DAVIS IS THE ONE WHO WROTE OUT THE CONTRACT AND HE PICKED THE SUSPECT AS THE ONE THAT SIGN THE CONTRACT USING THE VICTIM NAME. TONDA COONCE & JOHNATHAN WILKS ARE THE TWO THAT MADE THE DELIVERY AND THEY ALSO PICKED THE SUSPECT AS THE ONE THAT RECEIVED THE TV. THE SUSPECT WILL BE CHARGED WITH THE CHARGES ABOVE. THE COST OF THE TV IS \$1,628.12.													

		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY			JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		
P	TYPE (GROUP)	26-Radios/TVs/V/C			77-Other	TOTAL VALUE	
R	Burned						
O	Count/Forged				1.00	1.00	
P	Dest./Damaged						
E	Recovered						
R	Seized						
T	Stolen	1628.00			1628.00	3256.00	
Y	Unknown						
AD	SUBJECT IDENTIFIED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SUBJECT LOCATED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18	<input type="checkbox"/> EX-CLEAR UNDER 18
				<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR 18 AND OVER	
MIN	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY						
	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER
I	SGT JAMES HAYES	08/17/2009	212	ASST CHIEF BOBBY MCLEAN		08/17/2009	202
				FOLLOWUP INVESTIGATION OFFICER			
S				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO SGT JAMES HAYES		08/17/2009	212

Rec.on Appeal 731

**INCIDENT REPORT**      2009-08166      INC. ENTD.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
CDV - CDV - SIMPLE ASSAULT		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Org. <input type="checkbox"/> Soc/Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)						WEAPON TYPE
700 NORTH 5TH AVE., DILLON SC						40
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	LOCATION NO.
08/17/2009	0200		08/17/2009	0200	DISP. DATE: 08/17/2009    DISP. TIME: 1443    TIME ARRIVED: 1446    DEPART. TIME: 1500	01
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
MAYS, LORRAINE CHAREL		BG		<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	B	F
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	
700 N. 5TH AVE		DILLON	SC	29536	01	
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
MAYS, LORRAINE CHAREL		BG		<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	B	F
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
5-7	160	XXX	BRO			
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	
700 N. 5TH AVE		DILLON	SC	29536	01	
VISIBLE INJURY (VICT. 1) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN - Apparent Minor Injur						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.    DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED    J - This Jurisdiction    S - State    O - Out of State    U - Unknown						
<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.
<input type="checkbox"/> RUNAWAY	WHITE, THURMON L		B	M	31	N
<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					
<input type="checkbox"/> WARRANT	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.
<input type="checkbox"/> ARREST	700 N. 5TH AVE.		DILLON	SC	29536	01
<input type="checkbox"/> JAIL	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE	DATE/TIME OF ARREST
<input type="checkbox"/> SUMMONS	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED		08/17/2009	0200

ON THE ABOVE DATE AND TIME R/O WAS DISPATCHED TO THE INCIDENT LOCATION. UPON ARRIVAL THE VICTIM STATED THE SUSPECT HAD HIT HER IN THE FACE AND HEAD. THE SUSPECT HAD A KNOT ON HER FOREHEAD AND HER RIGHT EYE WAS SWOLLEN. THE VICTIM ALSO HAD A SMALL LACERATION TO THE RIGHT EYE AREA. THE TWO PARTIES HAVE BEEN LIVING TOGETHER FOR ABOUT ONE YEAR. THE SUSPECT ALSO BROKE THE VICTIM'S PHONE (\$100.00). THE VICTIM WAS ADVISED TO SEE THE JUDGE ABOUT THE INCIDENT. A VICTIM'S FORM WAS FILLED OUT.

TYPE (GROUP)		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
Burned					TOTAL VALUE
Count/Forged					
Dest/Damaged					
Recovered					
Seized					
Stolen					
Unknown					
SUBJECT IDENTIFIED		SUBJECT LOCATED		<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18	
				<input type="checkbox"/> ARRESTED 18 AND OVER <input checked="" type="checkbox"/> EX-CLEAR 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH    2. <input type="checkbox"/> NO PROSECUTION    3. <input type="checkbox"/> EXTRADITION DENIED    4. <input checked="" type="checkbox"/> VICTIM DECLINES COOPERATION    5. <input type="checkbox"/> JUVENILE - NO CUSTODY					
REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER	
PFC RAY MCPHATTER		08/17/2009	221	ASST CHIEF BOBBY MCLEAN	
				DATE	
				08/17/2009	
				UNIT NUMBER	
				202	
FOLLOW-UP INVESTIGATION OFFICER					
<input type="checkbox"/> YES <input type="checkbox"/> NO					

Rec.on Appeal 730

19100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER

2009-08170

NCIC

INC. ENTD.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
299 - VANDALISM OF PROPERTY		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc. Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
90J - TRESPASS OF REAL PROPERTY		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		
320 CENTER ST, DILLON SC		ZIP CODE		WEAPON TYPE		
320 CENTER ST, DILLON SC		29536				
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
08/17/2009	2100		08/17/2009	2108	DISP. DATE	DISP. TIME
				08/17/2009		2106
						2113
						2200
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
WOODS, DEMETRIA		#1 SB	#2	J	O	U
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
320 CENTER ST		DILLON		SC	29536	04
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
WOODS, DEMETRIA		#1 SB	#2	J	O	U
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
5-4	170	BLK	BRO			
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
320 CENTER ST		DILLON		SC	29536	04
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.	DATE OF BIRTH
<input checked="" type="checkbox"/> SUSPECT <input type="checkbox"/> RUNAWAY <input type="checkbox"/> WANTED <input type="checkbox"/> WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/> JAIL <input type="checkbox"/> SUMMONS		B	F	28	N	██████████
MCLAUGHLIN, NICHOLE		HEIGHT WEIGHT HAIR EYES				
5-6		170		185		BLK BRO
FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
505 E HOWARD ST		DILLON		SC	29536	
SUBJECT (NO. 1) USING: ALCOHOL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST		
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE: TOTAL # ARRESTED 1		08/17/2009 2100		08/17/2009 2200		

ON THE ABOVE DATE AND TIME OFFICERS RESPONDED TO A CALL AT THE INCIDENT LOCATION IN REFERENCE TO A FIGHT. UPON ARRIVAL, R/O SPOKE WITH THE COMPLAINANT WHO STATED THAT THE SUSPECT HAD COME INTO THE RESIDENCE, AND WHILE THERE BEGAN USING PROFANITY, UNDRESSING AND DANCING IN FRONT OF A MIRROR. THE COMPLAINANT STATED HER CHILDREN WERE IN THE HOUSE, AND WHEN SHE TOLD THE SUSPECT TO PUT HER CLOTHES ON AND LEAVE, THE SUSPECT BECAME AGGRESSIVE, PUSHING AND BREAKING THE COMPLAINANT'S BELONGINGS. THE SUSPECT DAMAGED APPROX \$200.00 WORTH OF THE COMPLAINANT'S WHAT-NOTS AND HOME INTERIOR. OFFICERS LATER, APPROX 20 MINUTES, HAD TO RETURN TO THE RESIDENCE BECAUSE THE SUSPECT SHOWED BACK UP AFTER BEING TRANSPORTED TO HER HOME AND TOLD BY LAW ENFORCEMENT TO STAY AWAY FROM THE RESIDENCE. SUSPECT HAD ONCE AGAIN STARTED THROWING THINGS AROUND, THIS TIME THROWING THEM INTO THE STREET. SUSPECT WAS ARRESTED FOR TRESPASSING AFTER NOTICE, AND TRANSPORTED TO DCCD. HAND-CUFFS WERE DOUBLE-LOCKED AND CHECKED FOR TIGHTNESS. IN REGARDS TO THE VANDALISM, THE COMPLAINANT DID NOT WISH T PRESS CHARGES.

P TYPE (GROUP)		16-Household		TOTAL VALUE	
R Burned					
O Count/Forged					
P Dest/Damaged		200.00		200.00	
E Recovered					
R Seized					
T Stolen					
Y Unknown					
SUBJECT IDENTIFIED		SUBJECT LOCATED		ACTIVE ADM. CLOSED	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18	
				<input checked="" type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY					
REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER	DATE
CPL CRYSTAL G NORRIS		08/17/2009	215	ASST CHIEF BOBBY MCLEAN	08/17/2009
CPL CHRIS CUMMINGS		08/17/2009	222	FOLLOW-UP INVESTIGATION OFFICER	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

Rec.on Appeal 729

**DILLON POLICE DEPARTMENT  
INCIDENT REPORT**

2,009 - 08174

INO. ENFD.  
X

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
22 - ARMED ROBBERY		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Trade, Orgn. <input checked="" type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
23 - KIDNAPING / ABDUCTION		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		
24 - BURGLARY I		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	20		
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
947 WEST CALHOUN EXT, DILLON SC				29536	12-S 12-S 12-S	
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
08/17/2009	1800		08/18/2009	0633	DISP. DATE	DISP. TIME
				08/18/2009		0633
				0637		0735
						LOCATION NO.
						01
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
LEE, JIMMY RICHARD		#1 OF	#2	<input checked="" type="checkbox"/> YES	J	S O U
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
537 VAN DYKE ROAD		DILLON		SC	29536	CTY
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
STUTTS, MARY ALICE		#1 ST	#2 ST	<input checked="" type="checkbox"/> YES	S	O U
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
947 WEST CALHOUN STREET EXT		DILLON		SC	29536	04
VISIBLE INJURY (VICT. 1) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN - Severe Laceration						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED						
J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.	DATE OF BIRTH
INMAN, LORENZO JERMAINE		B	M	18	N	
FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						
SCAR ON RIGHT LEG						
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
1219 SOUTH MCARTHUR AVENUE		DILLON		SC	29536	03
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED		08/17/2009		1800
		3		08/18/2009		1400

ON THE ABOVE DATE AND TIME, THE COMPLAINANT CAME TO THE VICTIM'S RESIDENCE AFTER MAKING SEVERAL UNSUCCESSFUL ATTEMPTS TO CONTACT THE VICTIM VIA PHONE. THIS WAS AT APPROXIMATELY 0530 HRS. WHEN THE COMPLAINANT COULD NOT MAKE CONTACT WITH THE VICTIM, HE CAME TO HER RESIDENCE, FINDING THE SIDE DOOR OPEN, THE VICTIM MISSING, AND HER CAR GONE. VICTIM'S VEHICLE IS A 1999, WHITE IN COLOR TOYOTA CAMRY, BEARING SC TAG # ESX139, VI# 4T1BG22K9XU899292, REGISTERED TO THE VICTIM. THE COMPLAINANT FOUND A WOODEN RACK, THE VICTIM KEPT HER KEYS ON, LYING ON A TABLE NEAR THE DOOR. A SHOE BELONGING TO THE VICTIM WAS FOUND IN THE BACK YARD. VICTIM WILL BE ENTERED INTO NCIC.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY DILLON PD		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
TYPE (GROUP)	16-Household	03-Motor Vehicle -	77-Other
Burned			
Count/Forged			
Dist/Damaged			
Recovered			
Saved			
Stolen	10.00	4500.00	2.00
Unknown			4512.00
SUBJECT IDENTIFIED		SUBJECT LOCATED	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input checked="" type="checkbox"/> ARRESTED UNDER 18	
<input type="checkbox"/> UNFOUNDED		<input checked="" type="checkbox"/> ARRESTED 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY			
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER
CPL CRYSTAL G NORRIS	08/18/2009	215	ASST CHIEF BOBBY MCLEAN
LCPL CHRIS CUMMINGS	08/18/2009	218	FOLLOW-UP INVESTIGATION OFFICER
			<input type="checkbox"/> YES <input type="checkbox"/> NO

Rec.on Appeal 728

08/2009

# CHARGES DETAIL REPORT

Page : 2

DILLON COUNTY DETENTION CENTER

Booking # 2009080159		Name INMAN, LORENZO JERMAINE		File Number : 24898	Resp. Agency DPD	Booking Date/Time 08/18/2009 14:24		Incident #
Arresting Officer COOK,BERT			Booking Officer TASHA BOATWRIGHT			Birth Date [REDACTED]		Arrest Type Misdemeanor
Charge Code 001	Statute 56-5-750	Description FAILURE TO STOP FOR BLUE LIGHT			Charge # 004	# Counts 1	Charging Agency DPD	Case No.
Charge Date 08/18/2009	Charging Officer BARFIELD,L	Charge Disposition Open	Disposition Date //	Severity F	UCR Code	Court GS	Prior Booking Link	
Warrant # 27626 EV	Warrant Date 08/18/2009	Issuing Agency DPD		<input type="checkbox"/> Out of County Warrant		<input checked="" type="checkbox"/> Valid for State Reporting		
Arraignment Date/Time //	Arraigned By		Plea			Court Date/Time //		
Fine \$ 0.00	Bail \$ 0.00	Bond \$ 0.00	Bond #	Received From		Bond Date : //		
County			Judge	Prosecutor	Defense	<input type="checkbox"/> Bound Over Bound Date : // Agency : DPD		
Sentence Length ( ) Consecutive 0 Yrs. 0 Days ( ) Concurrent		<input type="checkbox"/> Supplemental Charge	Additional Comments :					
Charge Code 40	Statute 17-25-30	Description RESISTING ARREST W/DANGEROUS WEAPON			Charge # 005	# Counts 1	Charging Agency DPD	Case No.
Charge Date 08/18/2009	Charging Officer BARFIELD, L	Charge Disposition Open	Disposition Date //	Severity M-B	UCR Code	Court GS	Prior Booking Link	
Warrant # 27629 EV	Warrant Date 08/18/2009	Issuing Agency DPD		<input type="checkbox"/> Out of County Warrant		<input checked="" type="checkbox"/> Valid for State Reporting		
Arraignment Date/Time //	Arraigned By		Plea			Court Date/Time //		
Fine \$ 0.00	Bail \$ 0.00	Bond \$ 0.00	Bond #	Received From		Bond Date : //		
County			Judge	Prosecutor	Defense	<input type="checkbox"/> Bound Over Bound Date : // Agency : DPD		
Sentence Length ( ) Consecutive 0 Yrs. 0 Days ( ) Concurrent		<input type="checkbox"/> Supplemental Charge	Additional Comments :					
Charge Code 13	Statute 16-11-311	Description BURGLARY - 1ST DEGREE			Charge # 006	# Counts 1	Charging Agency DPD	Case No. J008482
Charge Date 08/18/2009	Charging Officer TURNER, JASON SGT	Charge Disposition Open	Disposition Date //	Severity F	UCR Code	Court GS	Prior Booking Link	
Warrant # J008482	Warrant Date 08/17/2009	Issuing Agency DPD		<input type="checkbox"/> Out of County Warrant		<input checked="" type="checkbox"/> Valid for State Reporting		
Arraignment Date/Time //	Arraigned By		Plea			Court Date/Time //		
Fine \$ 0.00	Bail \$ 0.00	Bond \$ 0.00	Bond #	Received From		Bond Date : //		
County DILLON			Judge	Prosecutor TX062015A	Defense	<input type="checkbox"/> Bound Over Bound Date : // Agency : DPD		
Sentence Length ( ) Consecutive 0 Yrs. 0 Days ( ) Concurrent		<input type="checkbox"/> Supplemental Charge	Additional Comments :					

Rec.on Appeal 727

App'x 729

# CHARGES DETAIL REPORT

## DILLON COUNTY DETENTION CENTER

Booking # 2009080159	Name INMAN, LORENZO JERMAINE	File Number : 24898	Resp. Agency DPD	Booking Date/Time 08/18/2009 14:24	Incident #
Arresting Officer COOK, BERT		Booking Officer TASHA BOATWRIGHT		Birth Date [REDACTED]	Arrest Type Misdemeanor
Charge Code 0549	Statute 16-23-0490	Description POSS. OF FIREARM DURING VIOLENT CRIME	Charge #   # Counts 007   1	Charging Agency DCSO	Case No. J-708311
Charge Date 08/18/2009	Charging Officer ROGERS, ALAN	Charge Disposition Open	Disposition Date //	Severity F	UCR Code   Court   Prior Booking Link   GS
Warrant # J-708311	Warrant Date 08/19/2009	Issuing Agency DCSO		<input type="checkbox"/> Out of County Warrant <input checked="" type="checkbox"/> Valid for State Reporting	
Arraignment Date/Time //	Arrested By	Plea		Court Date/Time //	
Fine \$ 0.00	Bail \$ 0.00	Bond \$ 0.00	Bond #	Received From	Bond Date : // Clear Date : //
County DILLON	Judge	Prosecutor TX062015A	Defense	<input type="checkbox"/> Bound Over Bound Date : // Agency : DPD	
Sentence Length ( ) Consecutive 0 Yrs. 0 Days ( ) Concurrent		<input type="checkbox"/> Supplemental Charge	Additional Comments :		
Charge Code 34	Statute 16-3-10	Description MURDER (COMMON LAW)	Charge #   # Counts 008   1	Charging Agency DCSO	Case No. J-708310
Charge Date 08/18/2009	Charging Officer ROGERS, ALLAN	Charge Disposition Open	Disposition Date //	Severity F-A	UCR Code   Court   Prior Booking Link   GS
Warrant # J-708310	Warrant Date 08/19/2009	Issuing Agency DCSO		<input type="checkbox"/> Out of County Warrant <input checked="" type="checkbox"/> Valid for State Reporting	
Arraignment Date/Time //	Arrested By	Plea		Court Date/Time //	
Fine \$ 0.00	Bail \$ 0.00	Bond \$ 0.00	Bond #	Received From	Bond Date : // Clear Date : //
County DILLON	Judge	Prosecutor TX062015A	Defense	<input type="checkbox"/> Bound Over Bound Date : // Agency : DPD	
Sentence Length ( ) Consecutive 0 Yrs. 0 Days ( ) Concurrent		<input type="checkbox"/> Supplemental Charge	Additional Comments :		
Charge Code G9187	Statute 16-23-0490	Description POSS OF FIREARM DURING COMM OF A	Charge #   # Counts 009   1	Charging Agency DPD	Case No. J008486
Charge Date 08/18/2009	Charging Officer TURNER, JASON SGT	Charge Disposition Open	Disposition Date //	Severity F	UCR Code   Court   Prior Booking Link   GS
Warrant # J008486	Warrant Date 08/17/2009	Issuing Agency DPD		<input type="checkbox"/> Out of County Warrant <input checked="" type="checkbox"/> Valid for State Reporting	
Arraignment Date/Time //	Arrested By	Plea		Court Date/Time //	
Fine \$ 0.00	Bail \$ 0.00	Bond \$ 0.00	Bond #	Received From	Bond Date : // Clear Date : //
County DILLON	Judge	Prosecutor TX062015A	Defense	<input type="checkbox"/> Bound Over Bound Date : // Agency : DPD	
Sentence Length ( ) Consecutive 0 Yrs. 0 Days ( ) Concurrent		<input type="checkbox"/> Supplemental Charge	Additional Comments :		

Rec.on Appeal 726

8/20/2009

# CHARGES DETAIL REPORT

Page : 4

DILLON COUNTY DETENTION CENTER

Booking # 2009080159	Name INMAN, LORENZO JERMAINE	File Number : 24898	Resp. Agency DPD	Booking Date/Time 08/18/2009, 14:24	Incident #		
Arresting Officer COOK, BERT		Booking Officer TASHA BOATWRIGHT		Birth Date [REDACTED]	Arrest Type Misdemeanor		
Charge Code 30	Statute 16-13-20	Description GRAND LARCENY	Charge # 010	# Counts 1	Charging Agency DPD	Case No.	
Charge Date 08/18/2009	Charging Officer TURNER, JASON SGT	Charge Disposition Open	Disposition Date //	Severity F	UCR Code	Court GS	Prior Booking Link
Warrant # J008485	Warrant Date 08/17/2009	Issuing Agency DPD	<input type="checkbox"/> Out of County Warrant		<input checked="" type="checkbox"/> Valid for State Reporting		
Arraignment Date/Time //	Arraigned By	Plea	Court Date/Time //				
Fine \$ 0.00	Bail \$ 0.00	Bond \$ 0.00	Bond #	Received From		Bond Date : //	
County			Judge	Prosecutor	Defense	<input type="checkbox"/> Bound Over Bond Date : //	
Sentence Length 0 Yrs. 0 Days		( ) Consecutive ( ) Concurrent	<input type="checkbox"/> Supplemental Charge	Additional Comments :			
Charge Code 31	Statute 16-3-910	Description KIDNAPPING	Charge # 011	# Counts 1	Charging Agency DPD	Case No.	
Charge Date 08/18/2009	Charging Officer TURNER, JASON SGT	Charge Disposition Open	Disposition Date //	Severity F-B	UCR Code	Court GS	Prior Booking Link
Warrant # J008484	Warrant Date 08/17/2009	Issuing Agency DPD	<input type="checkbox"/> Out of County Warrant		<input checked="" type="checkbox"/> Valid for State Reporting		
Arraignment Date/Time //	Arraigned By	Plea	Court Date/Time //				
Fine \$ 0.00	Bail \$ 0.00	Bond \$ 0.00	Bond #	Received From		Bond Date : //	
County			Judge	Prosecutor	Defense	<input type="checkbox"/> Bound Over Bond Date : //	
Sentence Length 0 Yrs. 0 Days		( ) Consecutive ( ) Concurrent	<input type="checkbox"/> Supplemental Charge	Additional Comments :			
Charge Code 4	Statute 16-11-330	Description ARMED ROBBERY	Charge # 012	# Counts 1	Charging Agency DPD	Case No.	
Charge Date 08/18/2009	Charging Officer TURNER, JASON SGT	Charge Disposition Open	Disposition Date //	Severity F	UCR Code	Court GS	Prior Booking Link
Warrant # J008483	Warrant Date 08/17/2009	Issuing Agency DPD	<input type="checkbox"/> Out of County Warrant		<input checked="" type="checkbox"/> Valid for State Reporting		
Arraignment Date/Time //	Arraigned By	Plea	Court Date/Time //				
Fine \$ 0.00	Bail \$ 0.00	Bond \$ 0.00	Bond #	Received From		Bond Date : //	
County			Judge	Prosecutor	Defense	<input type="checkbox"/> Bound Over Bond Date : //	
Sentence Length 0 Yrs. 0 Days		( ) Consecutive ( ) Concurrent	<input type="checkbox"/> Supplemental Charge	Additional Comments :			

Rec.on Appeal 725

App'x 727

**INCIDENT REPORT** 2009-08179

<b>INCIDENT TYPE</b>	<b>COMPLETED</b>	<b>FORCED ENTRY</b>	<b>PERMISSION</b>	<b>OTHER</b>
ISA - ASSAULT - AGGRAVATED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

**INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)** 511 EAST HOWARD STREET, DILLON SC **ZIP CODE** 29536 **WEAPON TYPE** 40

<b>INCIDENT DATE</b>	<b>24 HR. CLOCK</b>	<b>TO</b>	<b>DATE</b>	<b>24 HR. CLOCK</b>	<b>DISPATCH DATE/TIME 24 HR. CLOCK</b>			<b>LOCATION NO</b>
08/18/2009	2350		08/18/2009	2356	<b>DISP. DATE</b>	<b>DISP. TIME</b>	<b>TIME ARRIVED</b>	<b>DEPART TIME</b>
					08/18/2009	2358	0000	0040

<b>COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)</b>	<b>RELATIONSHIP TO SUBJECT</b>	<b>RESIDENT</b>	<b>RACE</b>	<b>SEX</b>	<b>AGE</b>	<b>ETH</b>	<b>DAYTIME PHONE</b>	<b>EVENING PHONE</b>
LAWRENCE, VIOLA MONIQUE	#1 BG	<input checked="" type="checkbox"/> YES	J	F	28	N	(843) 774-8311	

<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>LOCATION NO.</b>
511 E HOWARD ST	DILLON	SC	29536	03

<b>VICTIM'S NAME (LAST, FIRST, MIDDLE)</b>	<b>RELATIONSHIP TO SUBJECT</b>	<b>RESIDENT</b>	<b>RACE</b>	<b>SEX</b>	<b>AGE</b>	<b>ETH</b>	<b>DAYTIME PHONE</b>	<b>EVENING PHONE</b>
LAWRENCE, VIOLA MONIQUE	#1 BG	<input checked="" type="checkbox"/> YES	J	F	28	N	(843) 774-8311	

<b>HEIGHT</b>	<b>WEIGHT</b>	<b>HAIR</b>	<b>EYES</b>	<b>FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.</b>				
5-0	123	BLK	BRO					

<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>LOCATION NO.</b>
511 E HOWARD ST	DILLON	SC	29536	03

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

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

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

<input checked="" type="checkbox"/> SUSPECT	<b>SUBJECT NAME (LAST, FIRST, MIDDLE)</b>	<b>RACE</b>	<b>SEX</b>	<b>AGE</b>	<b>ETH.</b>	<b>DATE OF BIRTH</b>	<b>HEIGHT</b>	<b>WEIGHT</b>	<b>HAIR</b>	<b>EYES</b>
<input type="checkbox"/> RUNAWAY	BARDEN, STEVEN LEE	B	M	38	N		6-0	200	BLK	BRO

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

<input type="checkbox"/> ARREST	<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>LOCATION NO.</b>
<input type="checkbox"/> JAIL	164 CHURCH LANE RD	WHITEVILLE	NC	28472	OS

<input type="checkbox"/> SUMMONS	<b>SUBJECT (NO. 1) USING: ALCOHOL:</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK.	<b>ARRESTED NEAR OFFENSE SCENE</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<b>DATE/TIME OF OFFENSE</b>	<b>DATE/TIME OF ARREST</b>
	<b>DRUGS:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:	<b>TOTAL # ARRESTED</b> 0	08/18/2009	2350

ON THE ABOVE DATE DILLON PD WAS DISPATCHED TO THE ABOVE LOCATION. UPON ARRIVAL, R/O FOUND THE VICTIM AND THE SUSPECT OUTSIDE ARGUING, AND THE SUSPECTS CLOTHES THROWN OUT IN THE YARD. VICTIM STATED THAT THE INCIDENT STARTED ABOUT AN ARGUMENT. WHEN THE VICTIM ASKED THE SUSPECT FOR \$13 DOLLARS, THE VICTIM STATES THAT THE SUSPECT GOT MAD AND BEGAN TO THROW HER AROUND IN THE RESIDENCE CAUSING THE VICTIM TO BREAK OUT TWO KITCHEN WINDOWS. SUSPECT STATED THAT THE VICTIM HAD TAKEN \$25 DOLLARS OUT OF HIS WALLET. THE SUSPECT DID ADMIT TO TUSLING WITH THE VICTIM BECAUSE HE WANTED HIS MONEY BACK. BOTH VICTIM AND THE SUSPECT WERE DRINKING. THE VICTIM WAS TAKEN TO THE HOSPITAL FOR A SPRUNG ANKLE SHE HAD REINJURED. VICTIM STATED THAT SHE NEEDED A REPORT FOR THE BROKEN WINDOWS.

N  
A  
R  
R  
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V  
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<b>P</b>	<b>TYPE (GROUP)</b>									<b>TOTAL VALUE</b>
<b>R</b>	Burned									
<b>O</b>	Count/Forged									
<b>P</b>	Dest./Damaged									
<b>E</b>	Recovered									
<b>R</b>	Seized									
<b>T</b>	Stolen									
<b>Y</b>	Unknown									

<b>AD</b>	<b>SUBJECT IDENTIFIED</b>	<b>SUBJECT LOCATED</b>	<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18	<input type="checkbox"/> EX-CLEAR UNDER 18	
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR 18 AND OVER	
<b>M</b>	<b>REASON FOR EXCEPTIONAL CLEARANCE:</b> 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY					
<b>I</b>	<b>REPORTING OFFICER(S)</b>	<b>DATE</b>	<b>UNIT NUMBER</b>	<b>APPROVING OFFICER</b>	<b>DATE</b>	<b>UNIT NUMBER</b>
<b>N</b>	SGT TONY J ROBERTS	08/19/2009	210	ASST CHIEF BOBBY MCLEAN	08/19/2009	202
<b>I</b>	<b>FOLLOW-UP INVESTIGATION OFFICER</b>					
<b>S</b>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					

Rec.on Appeal 724

00170100

INCIDENT REPORT

2009-08185

INO. ENTG.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM	
1. SOE - PUBLIC DRUNK 1057P		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	13		<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input checked="" type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.	
2. NRP - OPEN DISPLAY 1058P		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	13			
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE		
HWY 301 SOUTH AND EAST HAMPTON ST, DILLON SC				29536			
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK		
08/19/2009	1400		08/19/2009	1400	DISP. DATE	DISP. TIME	TIME ARRIVED
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)				RESIDENT	RACE	SEX	AGE
POSTON, GORDON ERIC				<input checked="" type="checkbox"/> J	S O U	W	M
ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.
401 WEST MAIN STREET				DILLON	SC	29536	04
VICTIM'S NAME (LAST, FIRST, MIDDLE)				RESIDENT	RACE	SEX	AGE
SOCIETY/PUBLIC				<input checked="" type="checkbox"/> J	S O U		
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.			
ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -							
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.							
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown							
<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)			RACE	SEX	AGE	ETH.
<input type="checkbox"/> RUNAWAY	LEACH, VERNON			B	M	52	N
<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						
<input type="checkbox"/> WARRANT	SCAR ON LEFT SIDE OF FACE						
<input checked="" type="checkbox"/> ARREST	ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.
<input type="checkbox"/> JAIL	501 SOUTH 5TH AVENUE			DILLON	SC	29536	04
<input type="checkbox"/> SUMMONS	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.			ARRESTED NEAR OFFENSE SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DATE/TIME OF OFFENSE	
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:			TOTAL # ARRESTED		08/19/2009	1400	08/19/2009
			1				1400

ON THE ABOVE DATE AND TIME, THE R/O WAS ON PATROL ON HWY 301 SOUTH AND OBSERVED THE ABOVE SUBJECT LAYING DOWN AND HOLDING A BOTTLE OF LIQUOR. WHEN THE R/O APPROACHED THE SUBJECT, THE SUBJECT WAS HEAVILY INTOXICATED. THE R/O PLACED THE SUBJECT UNDER ARREST, CUFFS WERE DOUBLE LOCKED AND CHECKED FOR TIGHTNESS. THE SUBJECT WAS THEN TRANSPORTED TO DDCD AND CHARGED ACCORDINGLY.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
TYPE (GROUP)			TOTAL VALUE
Burned			
Count. Forged			
Desc./Damaged			
Recovered			
Seized			
Stolen			
Unknown			
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"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18
		<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY			
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER
CPL ERIC POSTON	08/19/2009	214	ASST CHIEF BOBBY MCLEAN
			DATE
			08/19/2009
			UNIT NUMBER
			202
FOLLOW-UP INVESTIGATION OFFICER			
<input type="checkbox"/> YES <input type="checkbox"/> NO			

Rec.on Appeal 723

GENCL 100  
C0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009 - 08187

INO. BIRD

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 13B - ASSAULT AND BATTERY (26699EV)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	18 28		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Org. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER) **MAPLEWOOD APARTMENTS 220 SOUTH LONGSTREET ROAD, DILLON SC** ZIP CODE **29536** WEAPON TYPE **40**

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	DEPART. TIME	LOCATION NO.
08/19/2009	2000		08/19/2009	2016	08/19/2009	2017	2023	2100	04

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE) **MEARITE, COURTNEY** #1 **AQ** #2  #3  RESIDENT **S** RACE **O** SEX **B** AGE **22** ETH **N** DAYTIME PHONE (843) 774-7978 H B EVENING PHONE H B

ADDRESS **220 SOUTH LONGSTREET ROAD APT Q-1** CITY **DILLON** STATE **SC** ZIP CODE **29536** LOCATION NO. **04**

VICTIM'S NAME (LAST, FIRST, MIDDLE) **MEARITE, COURTNEY** #1 **AQ** #2  #3  RESIDENT **S** RACE **O** SEX **B** AGE **22** ETH **N** DAYTIME PHONE (843) 774-7978 H B EVENING PHONE H B

HEIGHT **5-4** WEIGHT **140** HAIR **BLK** EYES **BRO** FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

ADDRESS **220 SOUTH LONGSTREET ROAD APT Q-1** CITY **DILLON** STATE **SC** ZIP CODE **29536** LOCATION NO. **04**

VISIBLE INJURY (VICT. 1)  YES  NO EXPLAIN - Apparent Minor Injur

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

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

SUSPECT SUBJECT NAME (LAST, FIRST, MIDDLE) **BETHEA, ANGELICA PATRICE** RACE **B** SEX **F** AGE **18** ETH **N** DATE OF BIRTH **[REDACTED]** HEIGHT **5-3** WEIGHT **140** HAIR **BLK** EYES **BRO**

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

WARRANT ADDRESS **2225 MINTURN RD** CITY **MINTURN** STATE **SC** ZIP CODE **29573** LOCATION NO. **CTY**

ARREST SUBJECT (NO. 1) USING: ALCOHOL:  YES  NO  UNK. ARRESTED NEAR OFFENSE SCENE  YES  NO DATE/TIME OF OFFENSE **08/19/2009 2000** DATE/TIME OF ARREST **08/19/2009 2100**

JAIL DRUGS:  YES  NO  UNK. TYPE: TOTAL # ARRESTED **1**

SUMMONS

ON THE ABOVE DATE AND TIME OFFICERS WERE DISPATCHED TO THE ABOVE LOCATION IN REFERENCE TO A FIGHT. ONCE ON SCENE THE OFFICERS SPOKE WITH THE ABOVE VICTIM AND THE ABOVE SUSPECT. THE TWO PARTIES GOT INTO AN ARGUMENT WHEN THE SUSPECT PUSHED THE VICTIM. THE TWO PARTIES BEGAN FIGHTING. THE VICTIM RECEIVED SCRATCHES ACROSS HER CHEST, FACE, AND ARMS. THE SUSPECT RECEIVED A BROKEN FINGERNAIL AND A SCRATCH ON HER LEFT ARM. PHOTO'S WERE TAKEN. THE SUSPECT WAS PLACED UNDER ARREST FOR ASSAULT AND BATTERY. THE HANDCUFFS WERE DOUBLE LOCKED AND CHECKED FOR TIGHTNESS. THE SUSPECT WAS TRANSPORTED TO THE DILLON COUNTY DETENTION CENTER. THE VICTIM'S SAMSUNG CELLPHONE WAS ALSO BROKEN DURING THE FIGHT. THE PHONE WAS VALUED AT ONE HUNDRED DOLLARS. NO CHARGES WILL BE FILED IN REFERENCE TO THE PHONE.

TYPE (GROUP)	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		TOTAL VALUE
Burned					
Count/Forced					
Dest./Damaged					
Recovered					
Seized					
Stolen					
Unknown					

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

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

REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
SGT RYAN BERRY	08/19/2009	211	ASST CHIEF BOBBY MCLEAN	08/19/2009	202

FOLLOW-UP INVESTIGATION OFFICER  YES  NO

Rec.on Appeal 722

App'x 724

AGENCY ID:  
IC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-08188

INC. ENTD.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 23C - SHOPLIFTING		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	12		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Organ. <input type="checkbox"/> Soc. Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
205 RADFORD BLVD. FOOD LION, DILLON SC				29536		
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
08/19/2009	2135		08/19/2009	2140	DISP. DATE	DISP. TIME
				08/19/2009	2142	2143
					2145	DEPART. TIME
						LOCATION NO.
						01
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
POSTON, GORDON ERIC		ST		<input checked="" type="checkbox"/> S	O	U
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	
401 WEST MAIN STREET		DILLON	SC	29536	04	
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
FOOD LION				<input checked="" type="checkbox"/> S	O	U
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	
205 RADFORD BOULEVARD		DILLON	SC	29536	1A	
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.	DATE OF BIRTH
<input checked="" type="checkbox"/> SUSPECT <input type="checkbox"/> RUNAWAY <input type="checkbox"/> WANTED <input type="checkbox"/> WARRANT		W	M	54	N	
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		ARRESTED NEAR OFFENSE SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
2372 WHISPERING PINES		HAMER		SC	29546	1A
JAIL		SUMMONS		DATE/TIME OF OFFENSE		
<input checked="" type="checkbox"/> JAIL		<input type="checkbox"/> SUMMONS		08/19/2009 2135 08/19/2009 2145		
ON THE ABOVE DATE AND TIME R/O RECEIVED A CALL IN REFERENCE TO A SHOPLIFTER AT FOOD LION. UPON ARRIVING, SGT. POSTON INFORMED R/O THAT THE HE WAS IN FOOD LION AND NOTICED THE SUSPECT WALK OUT OF THE STORE WITH \$18.00 WORTH OF STEAKS AND DID NOT PAY. R/O PLACED THE SUSPECT UNDER ARREST. THE SUSPECT WAS HANDCUFFED, DOUBLE-LOCKED, AND TRANSPORTED TO DCCO. THE SUSPECT WAS CHARGED WITH SHOPLIFTING LESS THAN A 1000. THE CUFFS WERE CHECKED FOR TIGHTNESS BY THE R/O.						

P TYPE (GROUP)		08-Consumable		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY SC0170100		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
R	Burned						TOTAL VALUE
O	Count/Forged						
P	Dest/Damaged						
E	Recovered						
R	Seized						
T	Stolen	18.00					18.00
Y	Unknown						
SUBJECT IDENTIFIED		SUBJECT LOCATED		<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. 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 type="checkbox"/> ARRESTED 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE:		1. <input type="checkbox"/> OFFENDER DEATH		2. <input type="checkbox"/> NO PROSECUTION		3. <input type="checkbox"/> EXTRADITION DENIED	
		4. <input type="checkbox"/> VICTIM DECLINES COOPERATION		5. <input type="checkbox"/> JUVENILE - NO CUSTODY			
REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER
PFC WILLIE BERRY		08/19/2009	219	ASST CHIEF BOBBY MCLEAN		08/19/2009	202
				FOLLOWUP INVESTIGATION OFFICER			
				<input type="checkbox"/> YES <input type="checkbox"/> NO			

Rec.on Appeal 721

AGENCY I.D.  
C0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-08190

INCIDENT TYPE				COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM						
1. 90J - TRESPASS OF REAL PROPERTY				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relat. Org. <input checked="" type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.						
311 S. 4TH AVE., DILLON SC				ZIP CODE		WEAPON TYPE								
311 S. 4TH AVE., DILLON SC				29536										
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK			LOCATION NO						
08/19/2009	2250		08/19/2009	2255	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME						
					08/19/2009	2256	2258	2330						
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH.	DAYTIME PHONE	EVENING PHONE		
BERRY, WILLIE H				#1	#2	#3	S	O	W	M	31	N	(843) 774-0051	H
ADDRESS				CITY		STATE	ZIP CODE	LOCATION NO.						
401 WEST MAIN STREET / PO DRAWER 431				DILLON		SC	29536	04						
VICTIM'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH.	DAYTIME PHONE	EVENING PHONE		
SOCIETY/PUBLIC				#1	#2	#3	J	S	O	U			(843) 774-0051	H
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.										
ADDRESS				CITY		STATE	ZIP CODE	LOCATION NO.						
				DILLON		SC	29536	04						
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -														
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.														
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown														
SUBJECT	SUBJECT NAME (LAST, FIRST, MIDDLE)				RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES	
	HERRING, VICKIE LEE				W	F	37	N		5-3	106	BRO	BLU	
	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.													
	TATTOO ON RIGHT SHOULDER													
ARREST	ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.						
	208 LANE CIRCLE				DILLON		SC	29536	04					
SUMMONS	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.				ARRESTED NEAR OFFENSE SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST					
	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:				TOTAL # ARRESTED		08/19/2009 2250		08/19/2009 2300					

ON THE ABOVE DATE AND TIME R/O WAS DISPATCHED TO THE ABOVE LOCATION IN REFERENCE TO A SUBJECT TRESPASSING. UPON ARRIVING, R/O, ALONG WITH DEPUTY KENNY ROGERS, ENTERED THE INCIDENT LOCATION AND NOTICED THE SUSPECT SITTING ON THE FLOOR. R/O PLACED THE SUSPECT UNDER ARREST. THE SUSPECT WAS HANDCUFFED, DOUBLE-LOCKED, AND TRANSPORTED TO DCDC. UPON ARRIVING AT THE JAIL, R/O NOTICED THE SUSPECT HAD TAKEN THE CUFFS OFF. THE SUSPECT HAD ONE CUFF ON HER RIGHT ARM AND HAD PULLED HER LEFT HAND OUT OF THE OTHER CUFF. THE CUFFS WERE CHECKED FOR TIGHTNESS BY THE R/O. THE SUSPECT WAS CHARGED WITH TRESPASSING AFTER NOTICE.

				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY				
P	TYPE (GROUP)											TOTAL VALUE
R	Burned											
O	Count/Forged											
P	Dest/Damaged											
E	Recovered											
R	Seized											
T	Stolen											
Y	Unknown											
AD	SUBJECT IDENTIFIED		SUBJECT LOCATED		<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18		<input type="checkbox"/> EX-CLEAR UNDER 18			
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input checked="" type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR 18 AND OVER			
MINIST	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY											
	REPORTING OFFICER(S)			DATE	UNIT NUMBER	APPROVING OFFICER			DATE	UNIT NUMBER		
	PFC WILLIE BERRY			08/19/2009	219	ASST CHIEF BOBBY MCLEAN			08/19/2009	202		
FOLLOW-UP INVESTIGATION OFFICER												
<input type="checkbox"/> YES <input type="checkbox"/> NO												

Rec.on Appeal 720

SC0170100

MILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-08191

INC. ENTO.

E V E N T	INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM								
	1. 90J - TRESPASSING AFTER NOTICE		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		<input type="checkbox"/> Individual Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input checked="" type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.								
	2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO											
V I C T I M	INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)						ZIP CODE	WEAPON TYPE							
	310 EAST ROOSEVELT STREET, DILLON SC						29536								
	INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK			LOCATION NO.						
08/19/2009	2240		08/19/2009	2300	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME							
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)					RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE (843) 632-3698	EVENING PHONE			
CONYERS, NATASHA SHERIKA					AQ	<input checked="" type="checkbox"/> S	O	U	B	F	25	N			
ADDRESS					CITY	STATE	ZIP CODE	LOCATION NO.							
310 EAST ROOSEVELT STREET					DILLON	SC	29536	02							
V I C T I M	VICTIM'S NAME (LAST, FIRST, MIDDLE)						RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE	
	SOCIETY/PUBLIC							<input checked="" type="checkbox"/> S	O	U					
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.										
ADDRESS												CITY	STATE	ZIP CODE	LOCATION NO.
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -															
# 1	VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.														
	<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED														
	J - This Jurisdiction S - State O - Out of State U - Unknown														
S U B J E C T	SUBJECT NAME (LAST, FIRST, MIDDLE)														
	DAVIS, JENNIFER														
	RACE SEX AGE ETH. DATE OF BIRTH HEIGHT WEIGHT HAIR EYES														
B F 30 N [REDACTED] 5-2 140 BLK BRO															
FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.															
ADDRESS															
504 S. 16TH AVE.															
CITY DILLON STATE SC ZIP CODE 29536 LOCATION NO. 03															
# 1	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO														
	DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. TYPE: TOTAL # ARRESTED 0 DATE/TIME OF OFFENSE 08/19/2009 DATE/TIME OF ARREST 2240														
	ON THE ABOVE DATE AND TIME OFFICERS WERE DISPATCHED TO THE ABOVE LOCATION IN REFERENCE TO THE ABOVE SUSPECT TRESPASSING AFTER NOTICE. ONCE ON SCENE OFFICERS SPOKE WITH THE ABOVE COMP. THE COMP. STATED THAT SHE HAD PROBLEMS WITH THE SUSPECT IN THE PAST AND HAD SENT THE SUSPECT A NO TRESPASSING LETTER. THE COMP. ASKED OFFICERS TO GO SPEAK WITH THE SUSPECT IN REFERENCE TO THE INCIDENT. BOTH PARTIES AGREED TO MEET AT THE POLICE DEPARTMENT ON 8-20-2009 AT 2030 HOURS TO DISCUSS THIS SITUATION. THE R/O ADVISED THE COMP. THAT SHE COULD PRESS CHARGES IF SHE WISHED. THE SUSPECT HAS BEEN HARASSING THE COMP. FOR SEVERAL MONTHS.														

		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P	TYPE (GROUP)				TOTAL VALUE
R	Burned				
O	Count/Forged				
P	Dest/Damaged				
E	Recovered				
R	Seized				
T	Stolen				
Y	Unknown				
A D M I N I S T	SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SUBJECT LOCATED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED
					<input type="checkbox"/> UNFOUNDED <input type="checkbox"/> ARRESTED UNDER 18
					<input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR UNDER 18
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY					
REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER	DATE
SGT RYAN BERRY		08/19/2009	211	ASST CHIEF BOBBY MCLEAN	08/19/2009
				FOLLOW-UP INVESTIGATION OFFICER	UNIT NUMBER
				<input type="checkbox"/> YES <input type="checkbox"/> NO	202

AGENCY I.D.  
SC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2009-08192

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 13B - ASSAULT - SIMPLE		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	25		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
211 HWY 301 SOUTH. THE LAUNDROMAT, DILLON SC				29536	40	
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
08/19/2009	2045		08/20/2009	0230	DISP. DATE	DISP. TIME
				08/19/2009		2051
				2055		DEPART. TIME
						0230
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
MCDUGAL, DOROTHY KAY		AQ		<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	W	F
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
411 SOUTH 4TH AVENUE		DILLON		SC	29536	03
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
MCDUGAL, DOROTHY KAY		AQ		<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	W	F
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
5-1	139	BLN	BLU			
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
411 SOUTH 4TH AVENUE		DILLON		SC	29536	03
VISIBLE INJURY (VCT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED						
J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT	<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE
	<input type="checkbox"/> RUNAWAY	CARMICHAEL, RICHARD		B	M	39
	<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				
	<input type="checkbox"/> WARRANT	ADDRESS		CITY	STATE	ZIP CODE
<input type="checkbox"/> ARREST	808 S RAILROAD AVE		DILLON	SC	29536	LOCATION NO.
<input type="checkbox"/> JAIL						04
<input type="checkbox"/> SUMMONS	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST	
		DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED	08/19/2009	2045
				0		

P TYPE (GROUP)		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
R Burned					TOTAL VALUE
O Count/Forged					
P Dest/Damaged					
E Recovered					
R Seized					
T Stolen					
Y Unknown					
A SUBJECT IDENTIFIED	SUBJECT LOCATED		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> AVENUE - NO CUSTODY					
REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER	DATE
CPL LOUIS BARFIELD		08/19/2009	217	ASST CHIEF BOBBY MCLEAN	08/19/2009
				FOLLOW-UP INVESTIGATION OFFICER	UNIT NUMBER
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	202

Rec.on Appeal 718

AGENCY I.D.  
20170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-08202

INQ. ENDO.

INCIDENT TYPE				COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM					
1. 90J - TRESPASSING AFTER NOTICE (26698EV)				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	18 07		<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input checked="" type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.					
2.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO								
3.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO								
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)							ZIP CODE	WEAPON TYPE					
KANGAROO 201 HWY 301 SOUTH, DILLON SC							29536						
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK			LOCATION NO.					
08/20/2009	2145		08/20/2009	2149	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME					
					08/20/2009	2146	2147	2150					
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	ETH.	DAYTIME PHONE (843) 774-0051 H	EVENING PHONE H
BERRY, RYAN				#1 AQ	#2	#3	<input checked="" type="checkbox"/> S	O	W	M	30	N	B
ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.						
401 WEST MAIN STREET PO BOX 431				DILLON	SC	29536	04						
VICTIM'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	ETH.	DAYTIME PHONE H	EVENING PHONE H
SOCIETY/PUBLIC				#1	#2	#3	<input checked="" type="checkbox"/> J	S	O	U		B	B
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.									
ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.						
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN --													
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.													
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown													
<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)				RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
<input type="checkbox"/> RUNAWAY	BETHEA, GARY CLINTON				B	M	25	N		6-2	280	BLK	BRO
<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.												
<input type="checkbox"/> WARRANT	TATTOO OF "B" ON LEFT ARM												
<input checked="" type="checkbox"/> ARREST	ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.					
<input checked="" type="checkbox"/> JAIL	HOMELESS				DILLON	SC	29536	03					
<input type="checkbox"/> SUMMONS	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. ARRESTED NEAR OFFENSE SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				DATE/TIME OF OFFENSE		DATE/TIME OF ARREST						
				DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED		08/20/2009 2145 08/20/2009 2150					
				1									

ON THE TIME AND DATE ABOVE THE R/O TOLD SEVERAL PARTIES THAT THEY COULD NO LONGER BE HANGING AROUND UNDER THE TREE ON HAMPTON STREET AND THEY NEEDED TO MOVE ON FROM THE LOCATION. SUSPECT THEN PRECEDED TO ENTER INTO THE KANGAROO PARKING LOT AFTER BEING PREVIOUSLY WARNED NOT TO ENTER ON THE PREMISES OF THAT LOCATION BECAUSE HE WAS BANNED FROM THE PROPERTY. THE R/O THEN PRECEDED TO THE PARKING AREA AND REMINDED THE SUSPECT OF THE WARNING. THE SUSPECT WAS THEN PLACED UNDER ARREST AND CARRIED TO THE DILLON COUNTY DETENTION CENTER WHERE HE WAS CHARGED WITH TRESPASSING AFTER NOTICE. THE CUFFS WERE DOUBLE LOCKED AND CHECKED FOR TIGHTNESS.

				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY				
1	TYPE (GROUP)											TOTAL VALUE
2	Burned											
3	Count/Forged											
4	Dest./Damaged											
5	Recovered											
6	Selzed											
7	Stolen											
8	Unknown											
SUBJECT IDENTIFIED		SUBJECT LOCATED		<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18		<input type="checkbox"/> EX-CLEAR UNDER 18				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input checked="" type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR 18 AND OVER				
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY												
1	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER				DATE	UNIT NUMBER			
2	SGT RYAN BERRY	08/20/2009	211	ASST CHIEF BOBBY MCLEAN				08/20/2009	202			
3					FOLLOW-UP INVESTIGATION OFFICER							
4					<input type="checkbox"/> YES <input type="checkbox"/> NO							

Rec.on Appeal 717

COL170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-08203

IND. ENTD.

INCIDENT TYPE				COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM						
1. 90J - TRESPASSING AFTER NOTICE 28700EV				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	18 07		<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input checked="" type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.						
2.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO									
3.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO									
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)						ZIP CODE	WEAPON TYPE							
KANGAROO 201 HWY 304 SOUTH, DILLON SC						29536								
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK			LOCATION NO.						
08/21/2009	0120		08/21/2009	0125	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME						
					08/21/2009	0125	0126	0130						
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE		
BERRY, RYAN				#1	#2	#3	J S O U	W M	30	N	(843) 774-0051 H	H B		
ADDRESS				CITY		STATE	ZIP CODE	LOCATION NO.						
401 WEST MAIN STREET PO BOX 431				DILLON		SC	29536	04						
VICTIM'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE		
SOCIETY/PUBLIC				#1	#2	#3	J S O U				H B	H B		
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.										
ADDRESS				CITY		STATE	ZIP CODE	LOCATION NO.						
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN --														
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.														
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown														
<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)					RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
<input type="checkbox"/> RUNAWAY	SKIPPER, MILTON ANTHONY					W	M	53	N		5-11	200	GRY	BRO
<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.													
<input type="checkbox"/> WARRANT	TATTOO ON RIGHT ARM													
<input checked="" type="checkbox"/> ARREST	ADDRESS					CITY		STATE	ZIP CODE	LOCATION NO.				
<input checked="" type="checkbox"/> JAIL	403 EAST MAIN ST.					DILLON		SC	29536	03				
<input type="checkbox"/> SUBMONS	SUBJECT (NO. 1) USING: ALCOHOL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK.				ARRESTED NEAR OFFENSE SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				DATE/TIME OF OFFENSE		DATE/TIME OF ARREST			
	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:				TOTAL # ARRESTED 1				08/21/2009 0120		08/21/2009 0130			

ON THE ABOVE DATE AND TIME THE REPORTING OFFICER OBSERVED THE ABOVE SUSPECT STANDING BESIDE OF THE BUILDING OF THE ABOVE INCIDENT LOCATION. THE SUSPECT HAD BEEN TOLD TWICE EARLIER TONIGHT TO STAY OFF OF THE STORE'S PROPERTY. THE SUSPECT WAS PLACED UNDER ARREST FOR TRESPASSING AFTER NOTICE. THE HANDCUFFS WERE DOUBLE LOCKED AND CHECKED FOR TIGHTNESS. THE SUSPECT WAS TRANSPORTED TO THE DILLON COUNTY DETENTION CENTER.

				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY				
TYPE (GROUP)												TOTAL VALUE
Burned												
Count/Recovered												
Dest./Damaged												
Recovered												
Seized												
Stolen												
Unknown												
SUBJECT IDENTIFIED		SUBJECT LOCATED		<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18		<input type="checkbox"/> EX-CLEAR UNDER 18				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input checked="" type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR 18 AND OVER				
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY												
REPORTING OFFICER(S)			DATE	UNIT NUMBER	APPROVING OFFICER			DATE	UNIT NUMBER			
SGT RYAN BERRY			08/21/2009	211	ASST CHIEF BOBBY MCLEAN			08/21/2009	202			
FOLLOW-UP INVESTIGATION OFFICER												
<input type="checkbox"/> YES <input type="checkbox"/> NO												

Rec.on Appeal 716

App'x 718

00170100

INCIDENT REPORT

2009-08202

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS									
1. 90J - TRESPASSING AFTER NOTICE (26698EV)		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	18 07	<input type="checkbox"/> Police OK									
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Police OK									
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Police OK									
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE									
KANGAROO 201 HWY 301 SOUTH, DILLON SC				29536										
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME	24 HR. CLOCK	DISPATCH DATE/TIME	24 HR. CLOCK	DEPART. TIME	LOCATION NO.				
08/20/2009	2145		08/20/2009	2149	08/20/2009	2146	08/20/2009	2147	2150	03				
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE				
BERRY, RYAN			AQ		J S O U	W M	30	N	(843) 774-0051					
ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.								
401 WEST MAIN STREET PO BOX 431			DILLON	SC	29536	04								
VICTIM'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE				
SOCIETY/PUBLIC					J S O U									
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.										
ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.								
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN --														
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.														
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown														
S U B J E C T	<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)				RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
	<input type="checkbox"/> RUNAWAY	BETHEA, GARY CLINTON				B	M	25	N		6-2	280	BLK	BRO
	<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.												
	<input type="checkbox"/> WARRANT	TATTOO OF "B" ON LEFT ARM												
<input checked="" type="checkbox"/> ARREST	ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.						
<input type="checkbox"/> JAIL	HOMELESS				DILLON	SC	29536	03						
# 1	<input checked="" type="checkbox"/> SUMMONS	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.				ARRESTED NEAR OFFENSE SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST				
	<input type="checkbox"/> SUMMONS	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:				TOTAL # ARRESTED 1		08/20/2009 2145		08/20/2009 2150				

ON THE TIME AND DATE ABOVE THE R/O TOLD SEVERAL PARTIES THAT THEY COULD NO LONGER BE HANGING AROUND UNDER THE TREE ON HAMPTON STREET AND THEY NEEDED TO MOVE ON FROM THE LOCATION. SUSPECT THEN PRECEDED TO ENTER INTO THE KANGAROO PARKING LOT AFTER BEING PREVIOUSLY WARNED NOT TO ENTER ON THE PREMISES OF THAT LOCATION BECAUSE HE WAS BANNED FROM THE PROPERTY. THE R/O THEN PRECEDED TO THE PARKING AREA AND REMINDED THE SUSPECT OF THE WARNING. THE SUSPECT WAS THEN PLACED UNDER ARREST AND CARRIED TO THE DILLON COUNTY DETENTION CENTER WHERE HE WAS CHARGED WITH TRESPASSING AFTER NOTICE. THE CUFFS WERE DOUBLE LOCKED AND CHECKED FOR TIGHTNESS.

				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY			
P	TYPE (GROUP)										TOTAL VALUE
R	Burned										
O	Count/Forged										
P	Dest/Damaged										
E	Recovered										
R	Seized										
T	Stolen										
Y	Unknown										
A	SUBJECT IDENTIFIED		SUBJECT LOCATED		<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18		<input type="checkbox"/> EX-CLEAR UNDER 18		
D	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input checked="" type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR 18 AND OVER		
M	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY										
I N V E S T	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER				DATE	UNIT NUMBER		
	SGT RYAN BERRY	08/20/2009	211	ASST CHIEF BOBBY MCLEAN				08/20/2009	202		
	FOLLOW-UP INVESTIGATION OFFICER										
	<input type="checkbox"/> YES <input type="checkbox"/> NO										

Dillon Report 0155

Rec.on Appeal 715

App'x 717

SECURITY LD.  
00170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2009-08208  
IND. ENT. D.

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 23C - SHOPLIFTING	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	27		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relg. Orgn. <input type="checkbox"/> Soc. Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2. DUS - DUS	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	13		
3.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)  
CITI TRENDS 112 WEST MAIN STREET, DILLON SC  
ZIP CODE: 29536 WEAPON TYPE:

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISP. DATE	DISP. TIME	DISPATCH DATE/TIME	24 HR. CLOCK	DEPART. TIME	LOCATION NO.
08/21/2009	1230		08/21/2009	1245	08/21/2009	1247		1250	1354	04

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE): KEMP, TABITHA STANLEY  
RELATIONSHIP TO SUBJECT: ST ST  
RESIDENT: J S O U RACE: B F SEX: AGE: 42 ETH: N DAYTIME PHONE: (843) 774-6331 H EVENING PHONE: B

ADDRESS: 112 W MAIN ST CITY: DILLON STATE: SC ZIP CODE: 29536 LOCATION NO.: 04

VICTIM'S NAME (LAST, FIRST, MIDDLE): CITI TRENDS  
RELATIONSHIP TO SUBJECT: J S O U RACE: B F SEX: AGE: 42 ETH: N DAYTIME PHONE: (843) 774-6331 H EVENING PHONE: B

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

ADDRESS: 112 WEST MAIN STREET CITY: DILLON STATE: SC ZIP CODE: 29536 LOCATION NO.: 04

VISIBLE INJURY (MCT. 1)  YES  NO EXPLAIN --  
VICTIM (NO. 1) USING: ALCOHOL:  YES  NO UNK. DRUGS:  YES  NO  UNK.

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

SUBJECT:  SUSPECT SUBJECT NAME (LAST, FIRST, MIDDLE): CARMICHAEL, ASAH'S LATIFAH RACE: B F SEX: AGE: 19 ETH: N DATE OF BIRTH: HEIGHT: 4-7 WEIGHT: 95 HAIR: BLK EYES: BRO

RUNAWAY FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.  
 WANTED  
 ARREST ADDRESS: 310 HOVIE CT CITY: DILLON STATE: SC ZIP CODE: 29536 LOCATION NO.: CTY

JAIL SUBJECT (NO. 1) USING: ALCOHOL:  YES  NO  UNK. ARRESTED NEAR OFFENSE SCENE:  YES  NO DATE/TIME OF OFFENSE: 08/21/2009 1230 DATE/TIME OF ARREST: 08/21/2009 1325  
 SUMMONS DRUGS:  YES  NO  UNK. TYPE: TOTAL # ARRESTED: 2

ON THE ABOVE DATE, DILLON PD WAS DISPATCHED TO THE ABOVE LOCATION. UPON ARRIVAL COMPLAINANT STATED THAT SUSPECT #1 HAD TAKEN A PAIR OF BLUE JEANS AND PUT THEM INTO HER BAG AND WALKED OUT OF THE STORE. WHEN OFFICERS CAUGHT THE SUSPECTS, THEY WERE AT CARL'S IN A 1997 CHRYSLER VAN, TAG #DKD525. THE MANAGER STATED THE TAG TO CENTRAL. WHEN OFFICERS ASKED WHO WAS DRIVING, SUSPECT #2 STATED THAT SHE WAS. WHEN HER LICENSES WERE CHECKED, THEY CAME BACK SUSPENDED. WHEN ASKED HOW DID SHE GOT THE BLUE JEANS, SUSPECT #1 STATED THAT WHILE WALKING TO THE BACK OF THE STORE, SHE PICKED THEM UP THEN CRAWLED UP UNDER THE DOOR OF THE CHANGING ROOM, THEN PUT THEM IN HER BAG. SUSPECT #1 WAS PLACED UNDER ARREST FOR SHOPLIFTING, AND #2 FOR DRIVING UNDER SUSPENSION. BOTH SUSPECTS WERE HANDCUFFED AND CUFFS WERE DOUBLE LOCKED AND CHECKED FOR TIGHTNESS. SUSPECT #1 TOOK OFFICER HAYES BACK TO WHERE SHE THREW THE BLUE JEANS OUT IN THE ALLEY.

P R O P E R T Y	TYPE (GROUP)	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		TOTAL VALUE
	06-Clothes/Furs					
	Burned					
	Count/Forpse					
	Dist/Damaged					
	Recovered					
	Seized					
	Stolen					15.00
	Unknown					15.00

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

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

REPORTING OFFICER(S): SGT TONY J ROBERTS DATE: 08/21/2009 UNIT NUMBER: 210 APPROVING OFFICER: ASST CHIEF BOBBY MCLEAN DATE: 08/21/2009 UNIT NUMBER: 202

SGT JAMES HAYES DATE: 08/21/2009 UNIT NUMBER: 212 FOLLOW-UP INVESTIGATION OFFICER:  YES  NO

Rec.on Appeal 714

AGENCY I.D.  
500170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2009-08209

NCIC  
INQ. ENTD

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 13B - ASSAULT - SIMPLE		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
410 E CALHOUN STREET, DILLON SC				29536	40	
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
08/21/2009	1825		08/21/2009	1832	DISP. DATE	DISP. TIME
				08/21/2009	1832	1840
				DEPART. TIME		LOCATION NO.
				1945		03
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX
MCCARE, CANDICE L			SB	<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	B	F
ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.
410 E CALHOUN ST			DILLON	SC	29536	03
VICTIM'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX
MCCARE, CANDICE L			SB	<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	B	F
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
5-6	156	BLK	BRO			
ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.
410 E CALHOUN ST			DILLON	SC	29536	03
VISIBLE INJURY (VICT. 1) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN - Apparent Minor Injur						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT	SUBJECT NAME (LAST, FIRST, MIDDLE)			RACE	SEX	AGE
	MCGILL, CANDACE S			B	F	21
	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.			ETH.	DATE OF BIRTH	HEIGHT
				N	08/21/2009	5-9
WANTED	ADDRESS			CITY	STATE	ZIP CODE
	410 E CALHOUN ST			DILLON	SC	29536
ARREST	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.			ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE
	DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. TYPE:			TOTAL # ARRESTED	0	08/21/2009
SUMMONS	DATE/TIME OF ARREST			DATE/TIME OF OFFENSE		DATE/TIME OF ARREST
				1825		

ON THE ABOVE DATE AND TIME CITY UNITS WERE DISPATCHED TO ABOVE INCIDENT LOCATION . UPON ARRIVAL VICTIM 1 STATED THAT SUSPECT 1 BUMPED INTO HER . VICTIM 1 STATED AN ARGUMENT TOOK PLACE BETWEEN VICTIM 1 AND SUSPECT 1 . SUSPECT 3 GOT IN BETWEEN VICTIM 1 AND SUSPECT 1 . WHEN SUSPECT 3 TURNED TO WALK AWAY SUSPECT 1 PUSHED SUSPECT 3 . SUSPECT 3 STATED SHE TURNED AND HIT SUSPECT 1 . VICTIM 3 STATED SHE GRABBED SUSPECT 1 TO BREAK UP FIGHT BETWEEN SUSPECT 3 AND SUSPECT 1 . VICTIM 3 STATED WHILE BREAKING UP SUSPECT 1 AND SUSPECT 3 HERSELF AND SUSPECT 1 ROLLED OVER AND SUSPECT 1 STRUCK VICTIM 2 IN THE FACE . VICTIM 1 STATED SHE THEN STARTED FIGHTING ON SUSPECT 1 . VICTIM 1 STATED SUSPECT 1 HAD KICKED HER IN THE STOMACH AND SHE WAS 3 MONTHS PREGNANT. VICTIM 3 STATED SHE WANTS TO PRESS CHARGES BECAUSE SHE HAD CUTS ON HER RIGHT SHIN . VICTIM 1 STATED SHE WANTS TO PRESS CHARGES BECAUSE SUSPECT 1 HIT VICTIM 2 IN THE FACE AND KICKED HER IN THE STOMACH . VICTIM 3 STATED ALL THIS WAS AN ACCIDENT .

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY			JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		
P	TYPE (GROUP)				TOTAL VALUE
R	Burned				
O	Count/Forged				
P	Des./Damaged				
E	Recovered				
R	Seized				
T	Stolen				
Y	Unknown				
A	SUBJECT IDENTIFIED	SUBJECT LOCATED	<input type="checkbox"/> ACTIVE	<input type="checkbox"/> ADM. 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 type="checkbox"/> ARRESTED 18 AND OVER
M	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input checked="" type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY				
	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE
I	SGT TONY J ROBERTS	08/21/2009	210	ASST CHIEF BOBBY MCLEAN	08/21/2009
	LCPL CHRIS CUMMINGS	08/21/2009	218	FOLLOW-UP INVESTIGATION OFFICER	
S	<input type="checkbox"/> YES <input type="checkbox"/> NO				

Rec.on Appeal 713

REPORT NO.  
CD170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER

2009-08228

NCIC

INQ. ENTO.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. BEM - B&E OF MOTOR VEHICLE / LARCENY		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	20		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc. Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
511 W. HAMPTON ST., DILLON SC				29536		
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
08/24/2009	1200		08/24/2009	1300	DISP. DATE	DISP. TIME
					08/24/2009	1530
					1530	1600
					LOCATION NO.	
					04	
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
MANNING, TASHA YVETTE		OF		<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	B	F
ADDRESS		CITY	STATE	AGE	ETH	DAYTIME PHONE
409 GOLDENMACK RD.		LATTA	SC	28	N	(843) 845-6416
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
MANNING, TASHA YVETTE		OF		<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	B	F
ADDRESS		CITY	STATE	AGE	ETH	DAYTIME PHONE
409 GOLDENMACK RD.		LATTA	SC	28	N	(843) 845-6416
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
5-10	130	BLK	BRO			
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	
409 GOLDENMACK RD.		LATTA	SC	29565	04	
VISIBLE INJURY (MCT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT	SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.
	<input checked="" type="checkbox"/> SUSPECT		B	M	19	N
	ALFORD, RAQUEL DONTÉ		DATE OF BIRTH			
	<input type="checkbox"/> RUNAWAY		HEIGHT			
	<input type="checkbox"/> WANTED		WEIGHT			
ARREST	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		TATTOOS ON BOTH ARMS & HANDS			
	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.
	2032 BUNKER HILL ROAD		DILLON	SC	29536	CTY
	<input type="checkbox"/> JAIL		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST	
	<input type="checkbox"/> SUMMONS		08/24/2009		1200	
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TOTAL # ARRESTED		0		
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		08/24/2009		1200		

ON THE ABOVE DATE AND TIME R/O WAS DISPATCHED TO THE ABOVE LOCATION IN REFERENCE TO SOME STOLEN MONEY. UPON ARRIVING, THE VICTIM STATED THAT SHE PUT \$145.00 IN A COMPARTMENT INSIDE OF HER VEHICLE ON 8/23/09 APPROXIMATELY 1400 HOURS. THE VICTIM STATED THAT SHE NOTICED THE MONEY WAS STILL THERE WHEN SHE TOOK HER CHILDREN TO SCHOOL ON 8/24/09 APPROXIMATELY 0745 HOURS. THE VICTIM STATED THAT SHE WENT TO SLEEP AND WOKE UP APPROXIMATELY 1330 HOURS AND NOTICED THAT THE MONEY WAS MISSING. THE VICTIM STATED THAT THE SUSPECT WAS THE ONLY PERSON TO LEAVE THE RESIDENCE AND THAT THE SUSPECT HAS BEEN KNOWN TO STEAL.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY SC0170100		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
TYPE (GROUP)	08-Consumable	TOTAL VALUE	
Burned			
Count/Forged			
Dest/Damaged			
Recovered			
Seized			
Stolen	145.00	145.00	
Unknown			
SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SUBJECT LOCATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18	
<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRACTION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> F/VEHICLE - NO CUSTODY			
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER
PFC WILLIE BERRY	08/24/2009	219	ASST CHIEF BOBBY MCLEAN
		DATE	
		08/24/2009	
		UNIT NUMBER	
		202	
FOLLOWUP INVESTIGATION OFFICER			
<input type="checkbox"/> YES <input type="checkbox"/> NO			

Rec.on Appeal 712

App'x 714

70100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER

2009-08259

INO. ENTO.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 520 - VIOLATION SC HANDGUN LAW		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	13		<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Org. <input checked="" type="checkbox"/> Soc. Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2. 90Z - DISCHARGING FIREARM IN CITY LIMITS		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	13		
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
B P STATION 1105 RADFORD BLVD., DILLON SC				29536	12-S	
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
08/27/2009	0935		08/27/2009	1047	DISP. DATE	DISP. TIME
				08/27/2009	0936	0941
					DEPART. TIME	1036
				LOCATION NO.		03
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
OWENS, LORENZO				<input checked="" type="checkbox"/> S	O	U
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
401 WEST MAIN STREET		DILLON		SC	29536	04
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
SOCIETY/PUBLIC				<input checked="" type="checkbox"/> J	S	O
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.	DATE OF BIRTH
DELANEY, CHALONDA SHANTEL		B	F	32	N	
FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
44 GENTLE WIND DR.		ST. PAUL		NC	28384	
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		ARRESTED NEAR OFFENSE SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST
		TOTAL # ARRESTED 1		08/27/2009 0935		08/27/2009 0843

ON THE ABOVE DATE OFFICERS RESPONDED TO A CALL OF A BLACK FEMALE DISCHARGING A FIREARM AT VEHICLES PASSING BY AT THE ON RAMP SOUTH BOND INTERSTATE 95. UPON ARRIVAL A BLACK FEMALE WAS WALKING FROM THE BP STATION CARRYING A JUG OF GAS. THE FEMALE WAS STOPPED AND ARRESTED FOR DISCHARGING A FIREARM IN THE CITY LIMITS AND VIOLATION SC HANDGUN LAW, AFTER THE 380 PISTOL WAS FOUND LYING ON THE FRONT SEAT OF THE SUSPECTS VEHICLE AND BULLET HOLES WERE FOUND IN THE HOOD OF THE SUSPECTS VEHICLE. THE HANDGUN WAS A 380 SIMI AUTOMATIC BRAND NAME LORCIN SER. #010731. THE SUSPECT WAS TRANSPORTED TO JAIL WITH DOUBLE LOCKED CUFF AND WAS CHECKED FOR TIGHTNESS.

P TYPE (GROUP)		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		TOTAL VALUE
Burned						
O Count/Forged						
P Dam/Damaged						
E Recovered						
R Seized						
T Stolen						
Y Unknown						
SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SUBJECT LOCATED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18
				<input type="checkbox"/> UNFOUNDED		<input checked="" type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY						
REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER		UNIT NUMBER
LT LORENZO OWENS		08/27/2009	203	ASST CHIEF BOBBY MCLEAN		202
				FOLLOW-UP INVESTIGATION OFFICER		
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

Rec.on Appeal 711

FD-100  
7-01-00

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-08273

NO. ENTS

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM							
250 - MALICIOUS INJURY TO PROPERTY 27637EV		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	28		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Org. <input checked="" type="checkbox"/> Soc. Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.							
50E - PUBLIC DRUNK 27638EV		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	18 09									
50K - RESISTING ARREST 27639EV		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	18 28									
IDENT. LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)					ZIP CODE	WEAPON TYPE							
LENS PLAZA APARTMENTS 1212 N. 1ST AVE APT. T-4, DILLON SC					29536								
OCENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK		LOCATION NO.						
08/28/2009	2100		08/28/2009	2118	DISP. DATE	DISP. TIME	DEPART. TIME						
					08/28/2009	2120	2122						
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX						
DOK, CASSANDRA			#1	AQ	J	S	O						
ADDRESS			CITY		STATE	ZIP CODE	LOCATION NO.						
12 N. 1ST AVE APT. T-4			DILLON		SC	29536	1A						
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX						
DOK, CASSANDRA			#1	AQ	J	S	O						
EG-T			WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.							
4-11			122	BLK	BRO								
ADDRESS			CITY		STATE	ZIP CODE	LOCATION NO.						
12 N. 1ST AVE APT. T-4			DILLON		SC	29536	1A						
SUSPENSE INJURY (MCT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -													
CRIM. NO. (1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.													
TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED													
J - This Jurisdiction S - State O - Out of State U - Unknown													
SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)				RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
RYAN	LOCKLEAR, LEO				I	M	24	N		6-1	152	BLK	BRO
APPEAR	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.												
ADDRESS	CITY				STATE	ZIP CODE	LOCATION NO.						
4028 CEMENTRY RD	DILLON				SC	29536	CTY						
SUBJECT (NO. 1) USING: ALCOHOL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK.				ARRESTED NEAR OFFENSE SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				DATE/TIME OF OFFENSE		DATE/TIME OF ARREST			
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:				TOTAL # ARRESTED				08/28/2009 2100		08/28/2009 2140			

IN THE ABOVE DATE AND TIME CITY UNITS WERE DISPATCHED TO THE ABOVE INCIDENT LOCATION IN REFERENCE TO A FIGHT. ONCE ON SCENE CPL BARFIELD SPOTTED THE ABOVE SUSPECT RUNNING FROM THE APARTMENT. THE SUSPECT WAS BLEEDING FROM HIS HAND AND ARM. THE SUSPECT HAD BUSTED OUT THE WINDOW PANE TO THE ABOVE VICTIM#1 APARTMENT. THE SUSPECT WAS HIGHLY INTOXICATED. THE SUSPECT WAS APPREHENDED AT CVS. THE SUSPECT WAS PLACED UNDER ARREST FOR MALICIOUS INJURY TO PROPERTY, PUBLIC DRUNK AND RESISTING ARREST. EMS WAS CALLED TO CHECK THE SUSPECTS ARM AND HAND OUT. THE HANDCUFFS WERE DOUBLE LOCKED AND CHECK FOR TIGHTNESS. THE WINDOW DAMAGE WAS ESTIMATED AT THREE HUNDRED DOLLARS. PHOTOS WERE TAKEN.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		TOTAL VALUE							
TYPE (GROUP)	29-Structure -										
Item											
Value				300.00							
Item											
Value	300.00										
Item											
Value											
Item											
Value											
Item											
Value											
SUBJECT IDENTIFIED		SUBJECT LOCATED		ACTIVE		ADM. CLOSED		ARRESTED UNDER 18		EX-CLEAR UNDER 18	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> UNFOUNDED		<input checked="" type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENSE DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY											
REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER				
SGT RYAN BERRY		08/28/2009	211	ASST CHIEF BOBBY MCLEAN		08/28/2009	202				
CPL LOUIS BARFIELD		08/28/2009	217	FOLLOW-UP INVESTIGATION OFFICER							
				<input type="checkbox"/> YES <input type="checkbox"/> NO							

Rec.on Appeal 710

SEND TO:  
20170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-08287

INC. ENTD.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 23H - PETIT LARCENY (SUSPECT#2)		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	13		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2. 13B - ASSAULT AND BATTERY (SUSPECT#1)		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	13		
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
200 BLOCK OF EAST HAMPTON ST., DILLON SC				29536	40	
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
08/30/2009	0040		08/30/2009	0050	DISP. DATE	DISP. TIME
				08/30/2009	0053	0054
					TIME ARRIVED	DEPART. TIME
					0110	
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
MUHAMMAD, BILAL RAMEE		#1	AQ	<input checked="" type="checkbox"/> J	S	O
ADDRESS				AGE	ETH	DAYTIME PHONE
2075 OLIVER RD				51	N	(843) 841-2918
CITY				STATE	ZIP CODE	LOCATION NO.
DILLON				SC	29536	CTY
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
MUHAMMAD, BILAL RAMEE		#1	AQ	<input checked="" type="checkbox"/> J	S	O
ADDRESS				AGE	ETH	DAYTIME PHONE
2075 OLIVER RD				51	N	(843) 841-2918
CITY				STATE	ZIP CODE	LOCATION NO.
DILLON				SC	29536	CTY
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
5-10	220	BLK	BRO			
VISIBLE INJURY (VICT. 1)		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN - Apparent Minor Injur				
VICTIM (NO. 1) USING: ALCOHOL:		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK				
DRUGS:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK				
TWO-MAN VEH.		ONE-MAN VEH.		DETECTIVE/SPLASMT.		OTHER
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
SUSPECT		SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE
<input checked="" type="checkbox"/>		MCLELLAN, GREGORY JAMES		B	M	36
<input type="checkbox"/> RUNAWAY		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				
<input type="checkbox"/> WANTED		TATTOOS & SCARS ALL OVER BODY				
<input type="checkbox"/> WARRANT		ADDRESS		CITY	STATE	ZIP CODE
<input type="checkbox"/> ARREST		1315 EAST HAMPTON STREET		DILLON	SC	29536
<input type="checkbox"/> JAIL		SUBJECT (NO. 1) USING: ALCOHOL:		ARRESTED NEAR OFFENSE SCENE		DATE/TIME OF OFFENSE
<input type="checkbox"/> SUMMONS		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		08/30/2009
DRUGS:		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK		TOTAL # ARRESTED		DATE/TIME OF ARREST
				0		0040

ON THE ABOVE DATE AND TIME CITY UNITS WERE DISPATCHED TO THE ABOVE INCIDENT LOCATION IN REFERENCE TO A FIGHT. ONCE ON SCENE THE R/O SPOKE WITH THE ABOVE VICTIM. THE VICTIM STATED THAT THE ABOVE SUSPECT#1 JUMPED THE VICTIM AND WHEN THE VICTIM WAS DOWN THE SUSPECT#1 HIT THE VICTIM SEVERAL TIMES IN THE HEAD AREA. WHEN THE VICTIM FELL ON THE GROUND THE VICTIM DROPPED THE VICTIM'S BLUE CELLPHONE AND THAT'S WHEN THE SUSPECT#2 PICKED UP THE PHONE AND RAN OFF. THE PHONE WAS VALUED AT ONE HUNDRED DOLLARS. THE VICTIM WISHES TO PRESS CHARGES ON THE SUSPECTS. THE SUSPECTS HAD LEFT THE SCENE BEFORE OFFICERS ARRIVED. A VICTIMS ASSISTANCE FORM WAS FILLED OUT.

TYPE (GROUP)		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY SCO170100		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
				77-Other	
Burned				TOTAL VALUE	
Count/Forged					
Dest./Damaged					
Recovered					
Seized					
Stolen				100.00	
Unknown				100.00	
SUBJECT IDENTIFIED		SUBJECT LOCATED		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18	
				<input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION & <input type="checkbox"/> JUVENILE - NO CUSTODY					
REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER	DATE
SGT RYAN BERRY		08/30/2009	211	ASST CHIEF BOBBY MCLEAN	08/30/2009
				FOLLOW-UP INVESTIGATION OFFICER	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	

Rec.on Appeal 709

AGENCY I.D.  
20170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2,009 - 0,828,8

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 520 - CARRYING A CONCEALED WEAPON (CITY ORD. 1003-P)		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	18 07		<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Reg. Orgn. <input checked="" type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2. 90E - PUBLIC DRUNK 54705		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	18 07		
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
KANGAROO 201 HWY 301 SOUTH, DILLON SC				29536	20	
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
08/30/2009	0155		08/30/2009	0200	DISP. DATE	DISP. TIME
				0200		0201
						0205
						LOCATION NO.
						03
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
BERRY, RYAN		#1	#2	#3	0	S
						W
						M
						30
						N
						DAYTIME PHONE
						(843) 774-0051
						LOCATION NO.
						04
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
401 WEST MAIN STREET PO BOX 431		DILLON		SC	29536	04
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
SOCIETY/PUBLIC		#1	#2	#3	J	S
						O
						U
HEIGHT		WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.	
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.

VISIBLE INJURY (VICT. 1)  YES  NO EXPLAIN -

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

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

<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)	RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
<input type="checkbox"/> RUNAWAY	MUHAMMAD, BILAL RAMEE	B	M	51	N		5-10	220	BLK	BRO
<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.									
<input type="checkbox"/> WARRANT	ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.					
<input checked="" type="checkbox"/> ARREST	2075 OLIVER RD	DILLON	SC	29536	CTY					
<input checked="" type="checkbox"/> JAIL	SUBJECT (NO. 1) USING: ALCOHOL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST			
<input type="checkbox"/> SUMMONS	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED		08/30/2009 0155		08/30/2009 0205			

ON 08-30-2009 AROUND 0050HRS THE ABOVE SUSPECT HAD BEEN ASSAULTED ON EAST HAMPTON ST.(CASE# 2009-08287). WHEN THE R/O ARRIVED ON SCENE THE ABOVE SUSPECT HAD BEEN DRINKING. THE R/O DONE A REPORT FOR THE SUSPECT AND SINCE THE SUSPECT WAS A VICTIM THE R/O CARRIED THE SUSPECT TO HIS SISTER'S HOUSE ON EAST CALHOUN ST. THE SUSPECT RETURNED AND WAS UP AT THE ABOVE INCIDENT LOCATION. THE R/O NOTICED THAT THERE WAS A KNIFE HANDLE HANGING OUT OF THE SUSPECTS RIGHT SIDE POCKET. THE R/O APPROACH THE SUSPECT WHO WAS INTOXICATED AND TOOK THE KITCHEN KNIFE OUT OF THE SUSPECTS POCKET. THE SUSPECT STATED HE WAS GOING TO GET GREG MCLELLAN AND KEISHA WOODS. THE SUSPECT WAS PLACED UNDER ARREST FOR PUBLIC DRUNK AND CARRYING A CONCEALED WEAPON. THE HANDCUFFS WERE DOUBLE LOCKED AND CHECKED FOR TIGHTNESS. THE SUSPECT WAS TRANSPORTED TO THE DILLON COUNTY DETENTION CENTER.

TYPE (GROUP)		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		TOTAL VALUE	
Burned							
Count/Forged							
Dest/Damaged							
Recovered							
Seized							
Stolen							
Unknown							
SUBJECT IDENTIFIED		SUBJECT LOCATED		<input type="checkbox"/> ACTIVE	<input type="checkbox"/> ADM. 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 type="checkbox"/> EX-CLEAR UNDER 18	
REASON FOR EXCEPTIONAL CLEARANCE:		1. <input type="checkbox"/> OFFENDER DEATH		2. <input type="checkbox"/> NO PROSECUTION		3. <input type="checkbox"/> EXTRADITION DENIED	
4. <input type="checkbox"/> VICTIM DECLINES COOPERATION		5. <input type="checkbox"/> JUVENILE - NO CUSTODY					
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER	
SGT RYAN BERRY	08/30/2009	211	ASST CHIEF BOBBY MCLEAN		08/30/2009	202	
FOLLOW-UP INVESTIGATION OFFICER							
<input type="checkbox"/> YES <input type="checkbox"/> NO							

Rec.on Appeal 708

LD. 0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER

2009-08295

NCIC

INQ. ENTD.

INCIDENT TYPE				COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM	
1 90J - TRESPASSING 27644EV				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	08		<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input checked="" type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.	
2				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
3				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)						ZIP CODE	WEAPON TYPE		
805 ENTERPRISE RD WAL -MART, DILLON SC						29536			
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK			LOCATION NO.	
08/30/2009	2034		08/30/2009	2058	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME	1A
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)					RESIDENT	RACE	SEX	AGE	ETH
BAILEY, SAMMY					<input checked="" type="checkbox"/> YES	S	O	U	W
RELATIONSHIP TO SUBJECT					OK			26	N
ADDRESS					CITY	STATE	ZIP CODE	LOCATION NO.	
805 ENTERPRISE RD.					DILLON	SC	29536	01	
VICTIM'S NAME (LAST, FIRST, MIDDLE)					RESIDENT	RACE	SEX	AGE	ETH
SOCIETY/PUBLIC					<input checked="" type="checkbox"/> YES	J	S	O	U
RELATIONSHIP TO SUBJECT									
ADDRESS					CITY	STATE	ZIP CODE	LOCATION NO.	
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -									
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.									
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown									
SUBJECT NAME (LAST, FIRST, MIDDLE)									
RODRIGUEZ, PAULINA									
RACE SEX AGE ETH DATE OF BIRTH HEIGHT WEIGHT HAIR EYES									
W F 44 H [REDACTED] 4-10 145 BLK BRO									
FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.									
ADDRESS									
125 PLEASANT HILL RD									
CITY STATE ZIP CODE LOCATION NO.									
DILLON SC 29536 CTY									
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. ARRESTED NEAR OFFENSE SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
DATE/TIME OF OFFENSE DATE/TIME OF ARREST									
08/30/2009 2034 08/30/2009 0858									
DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. TYPE: TOTAL # ARRESTED 1									

ON THE ABOVE DATE AND TIME R/O WAS GIVEN A CALL TO SPEAK TO COMPLAINANT SAMMY BAILEY AT WAL -MART. THE COMPLAINANT TOLD THE R/O THAT THERE WAS A SHOPLIFTER THAT HAD BEEN BAN FROM THE STORE IN THE PAST. HE ALSO STATED THAT THE SUSPECT MS. PAULINA RODRIGUEZ WAS ASKED THREE TIMES TO LEAVE AND DIDN'T. THE SUSPECT WAS ARRESTED IN THE PARKING LOT. THE CUFFS WERE DOUBLE LOCKED AND CHECKED FOR TIGHTNESS AND THE SUSPECT WAS TRANSPORTED TO THE COUNTY JAIL.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY			
P	TYPE (GROUP)						TOTAL VALUE
R	Byrned						
O	Count/Forged						
P	Dist/Damaged						
E	Recovered						
R	Seized						
T	Stolen						
Y	Unknown						
SUBJECT IDENTIFIED		SUBJECT LOCATED		ACTIVE		ADM. CLOSED	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED UNDER 18	
						<input type="checkbox"/> EX-CLEAR UNDER 18	
						<input checked="" type="checkbox"/> ARRESTED 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY							
REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER
CPL LOUIS BARFIELD		08/30/2009	217	ASST CHIEF BOBBY MCLEAN		08/30/2009	202
SGT RYAN BERRY		08/30/2009	211	FOLLOW-UP INVESTIGATION OFFICER			
				<input type="checkbox"/> YES <input type="checkbox"/> NO			

Rec.on Appeal 707

AGENCY I.D.  
C0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-08303

INC. ENT.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 13A - ASSAULT - AGGRAVATED		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	13		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
100 BLOCK OF N 9TH AVE, DILLON SC				29536	12	
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
08/31/2009	2110		08/31/2009	2115	DISP. DATE	DISP. TIME
				TIME ARRIVED		DEPART. TIME
				08/31/2009		2129
				2132		2148
						LOCATION NO.
						01
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
LAMPLEY, NICHOLAS OBRIAN		#1 AQ	#2 AQ	#3 AQ	S O U	B M
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	
705 SOUTH 8TH AVENUE		DILLON	SC	29536	03	
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
LAMPLEY, NICHOLAS OBRIAN		#1 OK	#2 OK	#3 OK	S O U	B M
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
6-1	232	BLK	BRO			
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	
705 SOUTH 8TH AVENUE		DILLON	SC	29536	03	
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.	DATE OF BIRTH
FELTON, DENZELL		B	M	19-20	N	
FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		HEIGHT	WEIGHT	HAIR	EYES	
		5-10	170	BLK	BRO	
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	
1005 PINE ST		DILLON	SC	29536	01	
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE	DATE/TIME OF ARREST	
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK TYPE:		TOTAL # ARRESTED		08/31/2009	2110	

ON THE ABOVE DATE AND TIME THE REPORTING OFFICER WAS DISPATCHED TO 205 MLK BLVD TO FILE A REPORT IN REFERENCE TO AN ASSAULT. UPON OFFICERS ARRIVAL THE VICTIM STATED THAT WHILE HE WAS WALKING AT THE INCIDENT LOCATION THREE BLACK MALES JUMPED HIM. THE VICTIM STATED THAT DANZELL FELTON (SUSPECT #1) HIT HIM IN THE FACE AND THAT REGINALD BROWN (SUSPECT #2) ALSO ASSAULTED HIM. THE VICTIM CLAIMED THAT JAMES HUGGINS (SUSPECT #3) PULLED A GUN ON HIM. THE VICTIM THEN RAN TO 205 MLK BLVD AND CALLED CENTRAL ABOUT THE INCIDENT. THE SUSPECTS SAID THAT THE REASON THAT THEY JUMPED THE VICTIM WAS BECAUSE HE WAS TRYING TO BREAK INTO THEIR HOUSE. THE SUSPECTS ALSO STATED THAT THERE WAS NO GUN INVOLVED.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		TOTAL VALUE
P	TYPE (GROUP)			
R	Burned			
O	Count/Forged			
P	Dest/Damaged			
E	Recovered			
R	Seized			
T	Stolen			
Y	Unknown			
SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SUBJECT LOCATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADIA. CLOSED
				<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> ARRESTED 18 AND OVER
				<input type="checkbox"/> EX-CLEAR UNDER 18 <input checked="" 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"/> EXTRACTION DENIED 4. <input checked="" type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY				
REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER
OFC ROBERT COOK		08/31/2009	223	ASST CHIEF BOBBY MCLEAN
				DATE
				08/31/2009
				UNIT NUMBER
				202
FOLLOW-UP INVESTIGATION OFFICER				
<input type="checkbox"/> YES <input type="checkbox"/> NO				

Rec.on Appeal 706

SPACY, D.  
CO170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-08304

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 13B - ASSAULT ON A MINOR		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	13		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc. Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
NORTH 9TH AVENUE, DILLON SC				29536	40	
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
08/31/2009	2130		08/31/2009	2130	DISP. DATE	DISP. TIME
				08/31/2009	2201	2207
						DEPART. TIME
						2345
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
WHITTINGTON, LOVELLA		AQ		<input checked="" type="checkbox"/> SOU	B	F
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
1112 PINE ST.		DILLON		SC	29536	01
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
MCNEIL, TUSHAMBIA		AQ		<input checked="" type="checkbox"/> SOU	B	M
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
5520 HWY. 710		ROWLAND		NC	28383	OS
HEIGHT		WEIGHT		HAIR		EYES
5-9		155		BLK		BRO
FACIAL HAIR		SCARS		TATOOS		GLASSES
SABRINA PETTWAY						
VISIBLE INJURY (VICT. 1)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		EXPLAIN -		
VICTIM (NO. 1) USING: ALCOHOL:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.		DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.		
TWO-MAN VEH.		ONE-MAN VEH.		DETECTIVE/SPLASMT.		
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
OTHER		ALONE		ASSISTED		
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE		SEX	AGE	ETH.
FELTON, DENZELL		B		M	19	N
FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		DATE OF BIRTH		HEIGHT	WEIGHT	HAIR
		[REDACTED]		5-10	170	BLK
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
1005 PINE STREET		DILLON		SC	29536	01
SUBJECT (NO. 1) USING: ALCOHOL:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST
		0		08/31/2009		2130

ON THE ABOVE DATE AND TIME R/O WAS DISPATCHED TO THE COMPLAINANT'S RESIDENCE. UPON ARRIVAL THE VICTIM STATED THAT HE AND A FRIEND (NICK LAMPLEY) WAS WALKING ON NORTH 11TH AVENUE. HE STATED A WHITE CAR PULLED UP TO THEM AND ABOUT FIVE(S) BLACK MALES GOT OUT OF THE VEHICLE. HE STATED THAT ONE OF THE PARTIES ASKED THEM WHY DID THEY TRY TO BREAK INTO THEIR HOUSE. HE STATED THAT HE AND HIS FRIEND STARTED RUNNING AND THE PARTIES IN THE VEHICLE STARTED CHASING THEM. HE STATED THE PARTIES CAUGHT THEM ON NORTH 9TH AVENUE. HE STATED THAT THE TWO SUSPECT JUMPED ON HIM AND ASSAULTED HIM. HE STATED WHEN HIS FRIEND TRIED TO PULL THEM OFF OF HIM THEY JUMPED ON HIM ALSO. OFFICER R. COOK DID A REPORT FOR THE LAMPLEY PARTY ABOUT THIRTY MINUTES (30) PRIOR TO THIS REPORT. THE VICTIM AND HIS MOTHER DOES NOT WISH TO PRESS CHARGES.

P TYPE (GROUP)		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		TOTAL VALUE	
R Burned							
O Count/Forged							
P DesL/Damaged							
E Recovered							
R Seized							
T Stolen							
Y Unknown							
SUBJECT IDENTIFIED		SUBJECT LOCATED		<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER <input checked="" type="checkbox"/> EX-CLEAR 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE:		1. OFFENDER DEATH		2. NO PROSECUTION		3. EXTRADITION DENIED	
		<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/> VICTIM DECLINES COOPERATION	
		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> JUVENILE - NO CUSTODY	
REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER
PFC RAY MCPHATTER		08/31/2009	221	ASST CHIEF BOBBY MCLEAN		08/31/2009	202
				FOLLOW-UP INVESTIGATION OFFICER			
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

Rec.on Appeal 705

ENCY I.D.  
0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2,985

INCIDENT TYPE				COMPLETED	
1.1A - RAPE - FORCIBLE				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)					
407 BEAUFORT ST, DILLON SC					
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME
07/28/2009	0230		07/28/2009	0250	07/28/2009 0255
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT		
COIT, LATOYA			#1	#2	#3
			BG		
ADDRESS			CITY	STATE	ZIP CODE
716 WOODROW ST.			BENNETTSVILLE	SC	29512
VICTIM'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT		
COIT, LATOYA			#1	#2	#3
			BG		
HEIGHT			WEIGHT	HAIR	EYES
5-6			120	BLK	BRO
FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					
ADDRESS			CITY	STATE	ZIP CODE
716 WOODROW ST.			BENNETTSVILLE	SC	29512
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -					
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.					
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED					
J - This Jurisdiction S - State O - Out of State U - Unknown					
<input checked="" type="checkbox"/> SUSPECT			SUBJECT NAME (LAST, FIRST, MIDDLE)		
<input type="checkbox"/> RUNAWAY			BURCH, DAMON		
<input type="checkbox"/> WANTED			RACE SEX AGE ETH. DATE OF BIRTH HEIGHT WEIGHT HAIR EYES		
<input type="checkbox"/> WARRANT			B M 31 N [REDACTED] 5-10 165 BLK BRN		
<input type="checkbox"/> ARREST			FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
<input type="checkbox"/> JAIL			ADDRESS		
<input type="checkbox"/> SUMMONS			CITY		
			DILLON		
			STATE		
			SC		
			ZIP CODE		
			29536		
			LOCATION NO		
			04		
			SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
			DATE/TIME OF OFFENSE		
			07/28/2009 0230		
			DATE/TIME OF ARREST		
			DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE: TOTAL # ARRESTED 0		

ON THE ABOVE DATE AND TIME, THE R/O RESPONDED TO 409 BEAUFORT ST IN REFERENCE TO A RAPE THAT OCCURRED AT 407 BEAUFORT ST. UPON ARRIVAL, THE VICTIM WAS WRAPPED UP IN A BLANKET AND DID NOT HAVE ANY CLOTHES ON. THE VICTIM STATES THAT SHE AND THE SUBJECT WERE ON THE BACK PORCH OF 407 BEAUFORT ST AND WHEN SHE WAS ABOUT TO LEAVE, THE SUBJECT GRABBED THE VICTIM BY THE THROAT AND PULLED THE VICTIM INTO THE RESIDENCE INTO THE BED ROOM. VICTIM STATES THE SUBJECT THEN PUT A SAWED OFF SHOT GUN TO HER HEAD AND HAD THE VICTIM TO REMOVE ALL CLOTHING. VICTIM STATES THE SUBJECT THEN HAD FORCIBLE SEX WITH HER. VICTIM STATES THAT SHE DID MANAGE TO GET AWAY AND RUN NEXT DOOR TO CALL POLICE. THE R/O MADE CONTACT WITH THE SUBJECT'S MOTHER (ELIANE BURCH) WHO STATED THAT SHE HAS NOT SEEN THE SUBJECT TONIGHT. THE R/O DID LOCATE THE VICTIM'S CLOTHES IN A CITY TRASH CAN, WHICH WAS A PINK BOTTOM AND A WHITE TOP. THE VICTIM WAS THEN TRANSPORTED TO THE ER BY EMS. ONCE IN THE ER, THE VICTIM GAVE THE R/O A WRITTEN STATEMENT AND A RAPE KIT WAS DONE. SGT TURNER WAS NOTIFIED OF INCIDENT.

TYPE (GROUP)	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY	JURISDICTION OF RECORDS LAW ENFORCEMENT AGENCY
Burned		
Count/Forged		
Dest/Damaged		
Recovered		
Seized		
Stolen		
Unknown		

Rec.on Appeal 704

AGENCY I.D.  
CO170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-07

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREPARED
1	23C - SHOPLIFTING 87309	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
2	90N - RESISTING ARREST 0566	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
3		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE
413 RADFORD BLVD BI-LO, DILLON SC				29536
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK
07/29/2009	1225		07/29/2009	1228
DISPATCH DATE/TIME		24 HR. CLOCK		DISPATCH DATE/TIME
07/29/2009		1229		1235
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT
RUYLAND, MITCHEAL		RU		J S O U W M
ADDRESS		CITY		STATE
618 EUCALYPTUS		DILLON		SC
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT
BI-LO				J S O U
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
ADDRESS		CITY		STATE
413 RADFORD BOULEVARD		DILLON		SC
VISIBLE INJURY (VCT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -				
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.				
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown				
SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE
GREEN, ERIC SPENCER		B	M	27
FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		ETH.	DATE OF BIRTH	HEIGHT
NONE		N		5-10
ADDRESS		CITY	STATE	ZIP CODE
609 FREDDIE LOOP		DILLON	SC	29536
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED		DATE/TIME OF ARREST
		1		07/29/2009 1300

ON THE ABOVE DATE AND TIME THE REPORTING OFFICER WAS DISPATCHED TO THE ABOVE INCIDENT LOCATION IN REFERENCE TO SHOPLIFTING. WHILE ON ROUTE TO THE INCIDENT LOCATION THE SUSPECT RAN OFF INTO THE WOODS. LT DON LEWIS CAUGHT UP WITH THE SUSPECT ON PINE ST. LT LEWIS STATED THAT HE TOLD THE SUSPECT TO STOP RUNNING OR HE WOULD BE CHARGED WITH RESISTING ARREST BUT THE SUSPECT STILL TRIED TO RUN. EARLIER THE SUSPECT WAS AT THE INCIDENT LOCATION AND STOLE TWO PAIRS OF SOCKS VALUED AT \$6 AND THEN LEFT THE STORE. THE COMPLAINANT TOLD THE SUSPECT TO STOP AND THAT'S WHEN HE RAN OFF TOWARDS MLK BLVD AND INTO THE WOODS. THE COMPLAINANT AND SEVERAL EMPLOYEES WITNESSED THE INCIDENT. THE SUSPECT WAS CUFFED, CUFFS WERE DOUBLE LOCKED AND CHECKED FOR TIGHTNESS. THE SUSPECT WAS READ HIS MIRANDA RIGHTS AND TRANSPORTED TO DCCD AND CHARGED WITH SHOPLIFTING AND RESISTING ARREST.

P	TYPE (GROUP)	06-Clothes/Furs							
R	Burned								
O	Count/Forged								
P	Dest/Damaged								
E	Recovered	6.00							
R	Seized								
T	Seized	6.00							
Y	Unrec								

AGENCY I.D.  
IC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-0727

INCIDENT TYPE		COMPLETED	FORCED ENTRY		
1. 13B - ASSAULT - SIMPLE		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	13	
2		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
3		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	
E PALMETTO ST, DILLON SC				29536	
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK
07/27/2009	2000		07/27/2009	2010	DISP. DATE: 07/29/2009 DISP. TIME: 1540 TIME ARRIVED: 1542 DEPT. TIME: 1600
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE
INMAN, SAMANTHA		AQ		<input checked="" type="checkbox"/> S	O
ADDRESS		CITY		STATE	ZIP CODE
510 EAST HUDSON STREET		DILLON		SC	29536
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE
INMAN, SAMANTHA		AQ		<input checked="" type="checkbox"/> S	O
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.	
5-8	120	BRO	BRO		
ADDRESS		CITY		STATE	ZIP CODE
510 EAST HUDSON STREET		DILLON		SC	29536
LOCATION NO		03			
VISIBLE INJURY (VICT. 1) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN - Apparent Minor Injur					
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.					
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown					
<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)			RACE	SEX
<input type="checkbox"/> RUNAWAY	HAMER, DANIEL MALLORY JR			W	M
<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.			AGE	ETH.
<input type="checkbox"/> WARRANT	TATTOO ON RIGHT SHOULDER			45	N
<input type="checkbox"/> ARREST	ADDRESS		CITY	STATE	ZIP CODE
<input type="checkbox"/> JAIL	1316 E. CLEVELAND ST.		DILLON	SC	29536
<input type="checkbox"/> SUMMONS	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST
	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED	0	07/27/2009 2000

ON THE ABOVE DATE AND TIME THE REPORTING OFFICER WAS DISPATCHED TO THE KANGAROO ON 301 S TO FILE A REPORT. UPON OFFICERS ARRIVAL THE VICTIM STATED THAT ON THE ABOVE DATE AND TIME THE SUSPECT HIT HER AND KICKED HER AT THE INCIDENT LOCATION. THE VICTIM STATED THAT THE SUSPECT HAS DONE THIS BEFORE. THE VICTIM STATED THAT SHE IS NOT SURE IF SHE WOULD PRESS CHARGES OR NOT. OFFICER MCPHATTER STATED THAT HE SAW THE VICTIM AND THE SUSPECT WALKING TOGETHER EARLIER ON 7/29/2009.

P	TYPE (GROUP)			
R	Burns			
O	Count/Forged			
P	Dist/Damaged			
E	Recovery			
R	Seizure			
T	Stop			

Rec.on Appeal 702

App'x 704



AGENCY ID  
SC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2,009 - 0,7,2,7

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PROMISE TIME							
1. 23C - SHOPLIFTING LESS THAN \$1000 TICKET #27518 EV		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	07							
2. 90J - TRESPASSING AFTER NOTICE TICKET #27518 EV		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	07							
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO								
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE							
613 RADFORD BLVD, DILLON SC				29536							
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK							
07/30/2009	0017		07/30/2009	0031							
DISPATCH DATE/TIME 24 HR. CLOCK		DISPATCH DATE/TIME 24 HR. CLOCK		DEPART TIME							
DISP. DATE		DISP. TIME		TIME ARRIVED							
07/30/2009		0017		0018							
0100											
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT							
BARRENTINE, SANDRA D		ST		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
ADDRESS		CITY	STATE	ZIP CODE							
2256 BAYBREEZE DR		HAMER	SC	29547							
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT							
MURPHYS EXPRESS		J S O U		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.							
ADDRESS		CITY	STATE	ZIP CODE							
613 RADFORD BLVD.		DILLON	SC	29536							
LOCATION NO											
1A											
VISIBLE INJURY (MCT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -											
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK											
#1 <input type="checkbox"/> TWO-MAN VEH <input type="checkbox"/> ONE-MAN VEH <input type="checkbox"/> DETECTIVE/PLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown											
SUBJECT	SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
	MORRISON, WILLIE GREGORY		B	M	36	N		5-10	200	BLK	BRO
	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.										
	SCAR ON STOMACH										
ARREST	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.					
	3648 HIGHWAY 34 WEST		DILLON	SC	29536	04					
#1	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK		ARRESTED NEAR OFFENSE SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST				
	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK TYPE:		TOTAL # ARRESTED		07/30/2009 0017		07/30/2009 0031				
<p>ON THE ABOVE DATE AND TIME, R/O WAS DISPATCHED TO THE ABOVE LOCATION IN REFERENCE TO A SHOPLIFTING. WHILE ON THE PHONE WITH DISPATCH, COMPLAINANT STATED THE SUSPECT WAS WALKING DOWN ENTERPRISE ROAD AWAY FROM THE STORE. R/O FOUND THE SUSPECT AT THE INTERSTATE APARTMENTS IN A GREY IN COLOR 1994 JEEP CHEROKEE. COMPLAINANT IDENTIFIED SUSPECT AS THE SHOPLIFTER. SUSPECT STOLE 3 24 PACKS OF BUDLIGHT ADDING UP TO \$56.00. SUSPECT WAS ARRESTED FOR SHOPLIFTING LESS THAN \$1000 AND TRESPASSING AFTER NOTICE, HANDCUFFS WERE DOUBLE LOCKED AND CHECKED FOR TIGHTNESS. SUSPECT WAS TRANSPORTED TO DILLON COUNTY DETENTION CENTER.</p>											

		ARRESTED NEAR OFFENSE SCENE	DATE/TIME OF OFFENSE	DATE/TIME OF ARREST
P	TYPE (GROUP)	08-Consumable		
R	Burned			
O	Count/Forged			
P	Dist/Damaged			
E	Recovered			
R	Seized			
T	Stolen	56.00		
Y	Unknown			

Rec on Appeal 700

AGENCY I.D.  
SC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2009-0727

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE							
1. 23C - SHOPLIFTING		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	08							
2. 90J - TRESPASS OF REAL PROPERTY		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	08							
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO								
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE							
805 ENTERPRISE WAL-MART, DILLON SC				29536							
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK							
07/30/2009	1430		07/30/2009	1440							
DISPATCH DATE/TIME 24 HR. CLOCK		DISPATCH DATE/TIME 24 HR. CLOCK		DISPATCH DATE/TIME 24 HR. CLOCK							
07/30/2009 1445		07/30/2009 1446		07/30/2009 1510							
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT	RESIDENT	RACE SEX AGE ETH DAYTIME PHONE EVENING PHONE							
BAILEY, SAMMY		AQ	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	J S O U W M 26 N (843) 841-9801							
ADDRESS		CITY	STATE	ZIP CODE LOCATION NO.							
805 ENTERPRISE RD.		DILLON	SC	29536 01							
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT	RESIDENT	RACE SEX AGE ETH DAYTIME PHONE EVENING PHONE							
WAL-MART			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	J S O U 41 N (843) 841-1408							
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.							
ADDRESS		CITY	STATE	ZIP CODE LOCATION NO.							
805 ENTERPRISE ROAD		DILLON	SC	29536 1A							
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -											
#1 VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK											
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown											
SUBJECT	SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
	SMITH, DARYL GRANT		B	M	41	N		6-0	170	BLK	BRO
	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.										
	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.					
311 WEST 4TH ST		LORIS	SC	29574	ST						
#1	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST				
	DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK TYPE:		TOTAL # ARRESTED 0		07/30/2009 1430						
NARRATIVE	ON THE ABOVE DATE AND TIME THE REPORTING OFFICER WAS DISPATCHED TO THE ABOVE INCIDENT LOCATION IN REFERENCE TO SHOPLIFTING AND TRESPASSING. UPON OFFICERS ARRIVAL THE COMPLAINANT STATED THAT HE OBSERVED THE SUSPECT USE A POCKET KNIFE TO CUT OPEN THE BOXES AND THEN TAKE THE THREE CELL PHONES OUT OF THE BOXES AND THEN PUT THEM IN HIS POCKET. WHEN THE SUSPECT SAW THAT THE COMPLAINANT HAD BEEN WATCHING HIM HE RAN OUT OF THE STORE. THE SUSPECT GOT INTO A 1997 MERCURY VAN, TAG NUMBER FDB 675. THE VAN IS REGISTERED TO A RAHAAN DAVIS, ADDRESS 100 APPLETREE LN, WEST COLUMBIA, SC. THE CELL PHONES ARE VALUED AT \$180. WAL-MART ALSO HAS A TRESPASSING NOTICE AGAINST THE SUSPECT. INVESTIGATOR LORENZO OWENS HAS BEEN NOTIFIED OF THIS INCIDENT.										

P TYPE (GROUP)		26-Radios/TVs/V/C		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY	
R	Burned						
O	Count/Forged						
P	Dest/Damaged						
E	Recovered						
R	Seized						
T	Stolen	180.00					
Y	Unknown						
A	SUBJECT IDENTIFIED		SUBJECT LOCATED		REASON FOR EXCEPTIONAL CLEARANCE		
D	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> OFFENSE IDENTIFIED <input type="checkbox"/> OFFENSE NOT IDENTIFIED		
M	REPORTING OFFICER'S						
I	OFC ROBERT COOK						
N							
S							
T							

Rec.on Appeal 699

AGENCY I.D.  
C0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER

2009-07275

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE
1	HAR - HARASSMENT	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	25
2	HRP - TRESPASSING	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	25
3		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE
PATES LAUNDRY, 101 E JEFFERSON ST, DILLON SC				29536
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK
07/30/2009	2045		07/30/2009	2056
DISPATCH DATE/TIME		DISPATCH DATE/TIME		DEPART. TIME
07/30/2009		2056		2110
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT
ROURKE, FRANK E III		ST		<input checked="" type="checkbox"/> SO <input type="checkbox"/> U
ADDRESS		CITY	STATE	ZIP CODE
1209 GREENBRIAR DRIVE		DILLON	SC	29536
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT
PATES CLEANERS				<input checked="" type="checkbox"/> SO <input type="checkbox"/> U
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
ADDRESS		CITY	STATE	ZIP CODE
101 EAST JEFFERSON STREET		DILLON	SC	29536
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN --				
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK				
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown				
SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE
<input checked="" type="checkbox"/> SUSPECT COOK, TAMMY DENISE		W	F	40
FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		ETH.	DATE OF BIRTH	HEIGHT
TATTOO ON LEFT LEG, SCAR ON BOTH FEET		N		5-1
ADDRESS		CITY	STATE	ZIP CODE
1805 SKYLITE DRIVE		DILLON	SC	29536
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK TYPE:		TOTAL # ARRESTED		DATE/TIME OF ARREST
		0		07/30/2009 2045

ON THE ABOVE DATE AND TIME CITY UNITS WERE DISPATCHED TO THE ABOVE INCIDENT LOCATION . UPON ARRIVAL THE COMPLAINANT STATED TO R/O THAT THE SUSPECT HAS BEEN TOLD NOT TO BE ON THE PROPERTY . THE SUSPECT WAS ALSO HARASSING THE CUSTOMERS FOR MONEY . THE SUSPECT WAS TOLD NOT TO COME BACK ON THE PROPERTY . THE SUSPECT WAS ALSO COMPLAINED ON AT FAMILY DOLLAR JUST 30 MINUTES PRIOR . BUT HAD LEFT BEFORE CITY UNITS ARRIVED . SUSPECT ALSO MADE THE STATEMENT WHILE LEAVING IF YOU LOCK ME UP CARRY ME TO THE HOSPITAL FIRST BECAUSE I'M SICK .

JURISDICTION OF THEFT		LAW ENFORCEMENT AGENCY	
LAW ENFORCEMENT AGENCY		LAW ENFORCEMENT AGENCY	
P	TYPE (GROUP)		TOTAL VALUE
R	Burned		
O	Count/Forced		
P	Dest/Damaged		
E	Recovered		
R	Seized		
T	Stolen		
Y	Unknown		
SUBJECT IDENTIFIED		SUBJECT LOCATED	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
REASON FOR EXCEPTIONAL CLEARANCE			
REPORTING OFFICER			
LCPL CHRIS CUMBERG			
SGT TONY J ROBERTS			

Rec.on Appeal 698

App'x 700

GENCO I.D.  
C0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2,009 - 0,7,2,2,4, INQ. ENTD.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 35A - POSS. OF CONTROLLED SUBSTANCE - J008429		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	18 24		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input checked="" type="checkbox"/> Soc/Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2. 520 - FELON / POSS. OF SAWED-OFF SHOTGUN & AMMO - J008428		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	18 14		
3. PSP - POSS. OF STOLEN GOODS - J008430		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	18 24		
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
BEST VALUE INN RADFORD BLVD., DILLON SC				29536	14	
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
07/25/2009	0225		07/25/2009	0234	DISP. DATE	DISP. TIME
				TIME ARRIVED		DEPART. TIME
				07/25/2009		0230
				0234		0342
						LOCATION NO.
						1A
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
LOCKLEAR, TERRY RUSSELL		AQ		<input checked="" type="checkbox"/> J	<input type="checkbox"/> S	<input type="checkbox"/> O
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
826 MARK RD.		DILLON		SC	29536	CTY
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
SOCIETY/PUBLIC				<input checked="" type="checkbox"/> J	<input type="checkbox"/> S	<input type="checkbox"/> O
HEIGHT		WEIGHT		HAIR		EYES
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.	DATE OF BIRTH
GRIMSLEY, BOBBY DANIEL		W	M	28	N	
FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		TATTOOS ON BOTH ARMS				
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	
2035 GREEN ACRES LOOP		DILLON	SC	29536	CTY	
SUBJECT (NO. 1) USING: ALCOHOL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED		07/25/2009		0225
		1		07/25/2009		0234

ON THE ABOVE DATE AND TIME R/O WAS DISPATCHED TO THE ABOVE INCIDENT LOCATION. THE COMPLAINANT STATED THAT THE INCIDENT STARTED IN THE COUNTY AT "THE STABLES". THE COMPLAINANT STATED HE FOLLOWED THE SUSPECT TO THE SUNOCO TO COMFORT HIM ABOUT THE INCIDENT. THE COMPLAINANT STATED HE THEN FOLLOWED THE SUSPECT TO THE INCIDENT LOCATION. HE STATED WHILE THEY WERE ARGUING THE SUSPECT WENT INTO THE MOTEL ROOM AND GOT A SHOTGUN. THE COMPLAINANT STATED WHEN HE SEEN THE SHOTGUN HE RAN. THE COMPLAINANT STATED THE SUSPECT LEFT. THE COMPLAINANT DESCRIBED THE SUSPECT AND WHAT THE SUSPECT WAS WEARING. WHILE R/O WAS IN ROUTE HE NOTICED THE VEHICLE PARKED AT THE ROCKET CITY FIREWORKS STORE BESIDE THE INCIDENT LOCATION. WHEN THE SUSPECT SEEN R/O HE STARTED TO DRIVE OFF. R/O CONDUCTED A TRAFFIC STOP ON THE VEHICLE. THE VEHICLE WAS OCCUPIED BY THE SUSPECT AND A FEMALE PASSENGER, BRANDIE HYATT. R/O, CONSTABLE GRIMSLEY AND PFC. COOK HAD THE SUSPECT AND THE FEMALE STEP OUT OF THE VEHICLE. WHILE R/O WAS SEARCHING THE SUSPECT AND ASKED HIM WHERE THE SHOTGUN WAS LOCATED. HE STATED HE DID NOT HAVE A GUN. R/O AND CONSTABLE GRIMSLEY ASKED THE SUSPECT WHERE THE GUN WAS AT AGAIN. HE THEN STATED IT WAS BEHIND THE SEAT. CONSTABLE GRIMSLEY LOCATED THE SHOTGUN AND A GREEN LEAFY SUBSTANCE THAT APPEARED TO BE MARIJUANA BEHIND THE SEAT ON THE DRIVERS SIDE. THE SHOTGUN WAS LOADED WITH FOUR(4) ROUNDS, ONE ROUND WAS CHAMBERED AND THE SAFETY WAS NOT ON. THE SUSPECT WAS THEN PLACED UNDER ARREST, ADVISED OF HIS MIRANDA RIGHTS, HANDCUFFED (DOUBLE LOCKED), CHECKED FOR TIGHTNESS AND TRANSPORTED TO CDC. DURING THE SEARCH OF THE SUSPECT R/O FOUND TWO MEDICINE BOTTLES, ONE LABELED AND ONE WITHOUT A LABEL, IN THE SUSPECT'S LEFT FRONT PANTS POCKET. THE NON LABELED BOTTLE CONTAINED THREE(3) GREEN AND WHITE CAPSULES. THE OTHER BOTTLE CONTAINED THREE(3) DIFFERENT TYPES OF MEDICINE, ELEVEN(11) GREEN AND WHITE CAPSULES, SIXTEEN(16) ROUND WHITE PILLS, AND THIRTEEN(13) LIGHT GREEN OVAL SHAPED PILLS. THE FOURTEEN(14) GREEN AND WHITE

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY			JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY SC0170100		
P TYPE GROUP:	09-Credit/Debit	10-Drugs/Narcotic	13-Firearms	77-Other	TOTAL VALUE
R Surety					
C Court Proceed					
P Dist. Damages					
E Recovered		200.00		5.00	205.00
W Other					
<input type="checkbox"/> SUBJECT IDENTIFIED <input type="checkbox"/> SUBJECT LOCATED <input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED <input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER <input type="checkbox"/> OFFICER DEATH <input type="checkbox"/> NO PROSECUTOR <input type="checkbox"/> EXTRACTION DENIED <input type="checkbox"/> ACT'N DECLIN. COOPERATION <input type="checkbox"/> LINDALE - NO LISTED					
REPORTING OFFICERS	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	SIC NUMBER
	07/25/2009	221	ASST CHIEF BOBBY MCLEAN	07/25/2009	000
<input type="checkbox"/> THE IUC					

Dillon Report 0135

Rec.on Appeal 697

I.D.  
70100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER		NCIC	
2 0 0 9 - 0 7 2 2 4		INQ.	ENTO.

CAPSULES ARE 15MG TEMAZEPAM (RESTORIL), A SCHEDULE IV NARCOTIC. THE SIXTEEN(16) WHITE PILLS ARE 100MG SERTRALINE HCL AN ANTIDEPRESSANT. THE THIRTEEN(13) LIGHT GREEN PILLS ARE 25MG TRAZODONE AN ANTIDEPRESSANT. THE SUSPECT STATED THE MEDICINE WAS NOT HIS, SOMEONE MUST HAVE PUT THEM IN HIS POCKET. THE LABELED BOTTLE BELONGED TO KENNETH POLSON. THE SUSPECT ALSO HAD TWO CREDIT CARDS THAT DID NOT BELONG TO HIM. THE TWO CREDIT CARDS BELONG TO A DERHONDA NOBLES. MRS. NOBLES VEHICLE HAD BEEN BROKEN INTO A FEW HOURS EARLIER AND HER POCKETBOOK WAS STOLEN. WHEN ASKED WHERE HE GOT THE CREDIT CARDS, THE SUSPECT STATED HIS BUDDY MUST HAVE PUT THEM IN HIS POCKET WHEN HE GOT A CIGARETTE FROM HIM. THE SUSPECT'S CRIMINAL HISTORY INDICATES THAT HE IS A CONVICTED FELON. THE SHOTGUN WAS A 12GA. MOSSBERG MODEL 88 WITH A 14.5 INCH BARREL. THE VEHICLE WAS TOWED BY BOBBY'S AUTO & DIESEL AT OWNER'S REQUEST. THE VEHICLE IS A 1982 CHEVY C10, REGISTERED TO ROGER DALE POWERS. THE FEMALE PARTY WAS TRANSPORTED TO THE POLICE DEPARTMENT WHERE SHE GAVE A WRITTEN STATEMENT ABOUT THE INCIDENT. AFTER THE STATEMENT SHE WAS RELEASED. R/O WILL TALK TO THE JUDGE ABOUT THE INCIDENT.

				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY SC0170100		
P	TYPE (GROUP)	09-Credit/Debit	10-Drugs/Narcotic	13-Firearms		77-Other	TOTAL VALUE	
R	Burned							
O	Count/Forged							
P	Dist./Damaged							
E	Recovered			200.00		5.00	205.00	
R	Seized							
T	Stolen							
Y	Unknown							
A	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"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18	<input type="checkbox"/> EX-CLEAR UNDER 18
D					<input type="checkbox"/> UNFOUNDED		<input checked="" type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR 18 AND OVER
M	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY							
I	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER		
I	PFC RAY MCPHATTER	07/26/2009	221	ASST CHIEF BOBBY MCLEAN	07/25/2009	202		

Rec.on Appeal 696

App'x 698

AGENCY I.D.  
SC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2,009-07229

INC. ENT.D.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 90J - TRESPASS AFTER NOTICE		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	18 07		<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input checked="" type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
201 HWY 301 SOUTH (KANGAROO), DILLON SC				29536		
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
07/25/2009	1620		07/25/2009	1623	DISP. DATE	DISP. TIME
				1628	TIME ARRIVED	DEPART. TIME
					1700	LOCATION NO.
						03
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
SPRUIELLE, TIFFANY		ST		<input checked="" type="checkbox"/> S	O	U
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
700 GADDY COURT LOT 18		DILLON		SC	29536	
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
SOCIETY/PUBLIC				<input checked="" type="checkbox"/> S	O	U
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN --						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/PLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.
	WILLIAMS, EDDIE		B	M	53	N
	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					
	ADDRESS					
WARRANT	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.
	210 EAST HOWARD STREET		DILLON	SC	29536	
JAIL	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DATE/TIME OF OFFENSE	
	DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED 1		DATE/TIME OF ARREST	
				07/25/2009 1620		07/25/2009 1630
<p>ON THE ABOVE DATE AND TIME, OFFICERS RESPONDED TO THE INCIDENT LOCATION IN REFERENCE TO A DISPUTE BETWEEN A CUSTOMER AND THE CLERK. ACCORDING TO THE CLERK, THE SUSPECT WAS WITH A PARTY WISHING TO PUMP GAS, AND THE PARTY WANTED THE SUSPECT TO ENTER THE STORE AND PAY FOR THE PURCHASE OF THE GAS. THE CLERK ADVISED THAT THE SUSPECT COULD NOT PAY FOR THE GAS PURCHASE BECAUSE HE WAS NOT ALLOWED ON THE PREMISES, AND WAS ALREADY TRESPASSING BY BEING THERE. WHEN THE CUSTOMER REFUSED TO LEAVE THE GAS PUMP, AND TOLD THE CLERK THAT THE SUSPECT WOULD GO INTO THE STORE TO PAY FOR THE GAS, 911 WAS CALLED. SUSPECT WAS STILL PRESENT WHEN OFFICERS ARRIVED ON THE SCENE, FOR WHICH HE WAS ARRESTED. SUSPECT WAS HAND-CUFFED. CUFFS WERE DOUBLE-LOCKED AND CHECKED FOR TIGHTNESS. SUSPECT WAS TRANSPORTED TO DCCD.</p>						

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P TYPE (GROUP)			TOTAL VALUE
R Burglary			
O Court-Forced			
P Des. Offense			
E Recovery			
S Seize			
T Stop			
V Unknown			
SUBJECT CERTIFIED <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"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18	
<input type="checkbox"/> UNFOUNDED		<input checked="" type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER	
MISSION FOR DEPORTATION CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> AVAILABLE - NO CUSTODY			
REPORTING OFFICER'S		DATE	UNIT NUMBER
OFFICER J C BRACEY		07/25/2009	222
APPROVING OFFICER		DATE	UNIT NUMBER
ASST CHIEF BOBBY MCLEAN		07/25/2009	202
FOLLOW-UP INVESTIGATION OFFICER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

Rec.on Appeal 695

GENCOULD  
C0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER

2009-07232

SWI EXTD

E V E N T	INCIDENT TYPE				COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst <input type="checkbox"/> Government <input type="checkbox"/> Prof. Orgs. <input type="checkbox"/> Soc/Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.				
	13A - AGGRAVATED ASSAULT / ABWIK				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20						
	2 BUR - BURGLARY 1ST				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	20						
V I C T I M	INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)							ZIP CODE	WEAPON TYPE				
	407 EAST PALMETTO STREET, DILLON SC							29536	30 40				
	INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISP. DATE	DISPATCH DATE/TIME 24 HR. CLOCK	TIME ARRIVED	DEPART. TIME	LOCATION NO.			
07/25/2009	2340		07/25/2009	2345	07/25/2009	2350	2354	0047	03				
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE (843) 841-2921	EVENING PHONE		
TYLER, NETTIE FAYE				PA		S	O	U	W	F	56	N	
ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.						
407 E. PALMETTO ST.				DILLON	SC	29536	03						
#	VICTIM'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE (843) 841-2921	EVENING PHONE	
	TYLER, VERNIE				SP		S	O	U	W	M	60	N
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.								
5-7	210	GRY	HAZ										
ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.						
407 E. PALMETTO ST.				DILLON	SC	29536	03						
VISIBLE INJURY (VICT. 1) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN - Apparent Broken Bone Possible Internal In Loss of Teeth Unconsciousness													
# 1 VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.													
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown													
S U B J E C T	SUBJECT NAME (LAST, FIRST, MIDDLE)				RACE	SEX	AGE	ETH	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
	GIBSON, JAMIE LYNN				W	M	32	N		5-11	200	BLK	BLU
	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.												
#	ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.					
	152 OAKLOG LAKE RD.				CONWAY	SC	29526	ST					
	SUBJECT (NO. 1) USING: ALCOHOL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:				ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE/TIME OF OFFENSE	DATE/TIME OF ARREST						
				TOTAL # ARRESTED	1	07/25/2009	2340	07/26/2009	1530				

				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY			
P	TYPE (GROUP)										TOTAL VALUE
R	State										
O	Local/Foreign										
D	Domestic										
E	Electronic										
T	State										
I	State										
V	Unknown										
SELECT OFFENSE				SELECT OFFENSE				SELECT OFFENSE			
<input checked="" type="checkbox"/> BURGLARY				<input checked="" type="checkbox"/> BURGLARY				<input checked="" type="checkbox"/> BURGLARY			
<input type="checkbox"/> AGGRAVATED ASSAULT				<input type="checkbox"/> AGGRAVATED ASSAULT				<input type="checkbox"/> AGGRAVATED ASSAULT			
<input type="checkbox"/> OTHER				<input type="checkbox"/> OTHER				<input type="checkbox"/> OTHER			
APPROVING OFFICER				APPROVING OFFICER				APPROVING OFFICER			
Sgt. [Name]				Sgt. [Name]				Sgt. [Name]			
APPROVING OFFICER				APPROVING OFFICER				APPROVING OFFICER			
Sgt. [Name]				Sgt. [Name]				Sgt. [Name]			

Rec.on Appeal 694

App'x 696



REPORT NO.  
20170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009 - 07251

INC. EXT.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. Z3C - SHOPLIFTING 27654EV		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	09		<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Org. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
1210 HWY 301 NORTH (WALGREENS), DILLON SC				29536		
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
07/27/2009	2045		07/27/2009	2045	DISP. DATE	DISP. TIME
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)				RESIDENT	RACE	SEX
BAILEY, AMANDA MICHELLE				<input checked="" type="checkbox"/> J	O	W
ADDRESS				AGE	ETH	DAYTIME PHONE
1511 HWY 57S				20	N	(843) 774-2707
VICTIM'S NAME (LAST, FIRST, MIDDLE)				RESIDENT	RACE	SEX
WALGREENS				<input checked="" type="checkbox"/> J	S	O
HEIGHT				WEIGHT	HAIR	EYES
ADDRESS				CITY	STATE	ZIP CODE
1210 HIGHWAY 301 NORTH				DILLON	SC	29536
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)			RACE	SEX	AGE
<input type="checkbox"/> RUNAWAY	SKIPPER, DANNY LAMAR			W	M	55
<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					
<input type="checkbox"/> WARRANT	ADDRESS			CITY	STATE	ZIP CODE
<input checked="" type="checkbox"/> ARREST	HOMELESS			DILLON	SC	29536
<input type="checkbox"/> JAIL	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.			ARRESTED NEAR OFFENSE SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE/TIME OF OFFENSE	DATE/TIME OF ARREST
<input checked="" type="checkbox"/> SUMMONS	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:			TOTAL # ARRESTED	07/27/2009	2045
ON THE ABOVE DATE AND TIME, THE R/O WAS ON PATROL THROUGH THE PARKING LOT OF WALGREENS ON HWY 301 NORTH, WHEN THE ABOVE SUBJECT WALKED OUT THE FRONT DOOR FOLLOWED BY THE COMPLAINANT. THE COMPLAINANT YELLED FOR THE R/O TO STOP THE SUBJECT, BECAUSE THE SUBJECT JUST STOLE A PACK OF PLAYING CARDS. THE R/O MADE CONTACT WITH THE SUBJECT IN THE PARKING LOT. THE R/O CONDUCTED A PAT DOWN FOR WEAPONS. WHILE PATTING DOWN THE SUBJECT, THE R/O LOCATED TWO LARGE PACKS OF PLAYING CARDS IN THE FRONT OF THE SUBJECTS PANTS. THE TWO PACKS OF CARDS ARE VALUED AT \$10.00 EACH. THE SUBJECT WAS PLACED UNDER ARREST, CUFFS DOUBLE LOCKED AND CHECKED FOR TIGHTNESS. THE SUBJECT WAS THEN TRANSPORTED TO DCCDC. ONCE IN THE BOOKING ROOM, THE SUBJECT BEGAN COMPLAINING OF PAIN IN HIS RIGHT ARM AND RIGHT LEG. THE R/O THEN TRANSPORTED THE SUBJECT TO DILLON ER. AFTER SEVERAL TEST, IT WAS LEARNED THAT THE SUBJECT DID IN FACT HAVE A MILD STROKE ACCORDING TO THE ER DOCTOR. AT THIS TIME THE SUBJECT WILL BE ADMITTED INTO THE HOSPITAL. THE R/O THEN ISSUED THE SUBJECT A UNIFORM TICKET FOR SHOPLIFTING AND ADVISED THE SUBJECT OF COURT DATE AND TIME. THE R/O ALSO CONFIRMED ACTION TAKEN WITH ASST CHIEF.						

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY SC0170100		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY SC0170100	
TYPE GROUP	15-Merchandise		TOTAL VALUE
Buried			
Car/Truck			
Car Damage			
Contents	21.00		21.00
Other			
Tools			
Unk.			

Rec.on Appeal 692

App'x 694

# INCIDENT REPORT SUPPLEMENTAL

Page #: 1

Case Number: 2009-12210

Officer: NORRIS NORRIS, CRYSTAL Date Entered/Changed: 12/31/2009 Reviewer: Review Date:

DETAILED STATEMENT OF INVESTIGATION: SUSPECT 1'S INFORMATION WAS ADDED ON 12/31/2009, AFTER SUSPECT 1 CONTACTED R/O TO INQUIRE WHAT ACTIONS HAD BEEN TAKEN BY VICTIM 1 AS A RESULT OF THE INCIDENT. SUSPECT 1 STATED THAT VICTIM 1 HAD APPROACHED HIM IN A VERY IRATE MANNER OVER A PARKING SPACE. SUSPECT 1 STATED HE ALSO WANTED TO CONFIRM THAT A REPORT HAD BEEN DONE BECAUSE HE BELIEVED VICTIM 1 TO HAVE COMPLETELY OVER- REACTED TO THE INCIDENT. SUSPECT 1'S VERSION WAS THAT, WHILE HE WAS WAITING ON HIS WIFE TO RETURN FROM THE STORE, HE WAS APPROACHED BY VICTIM 1, WHO BEGAN YELLING AND HITTING HIS VEHICLE WINDOW. SUSPECT 1 STATED THAT VICTIM 1 WAS YELLING THAT SUSPECT 1 WAS GOING TO JAIL BECAUSE HE HAD PARKED IN A HANDICAPPED PARKING SPACE. SUSPECT 1 DID NOT GET OUT OF HIS VEHICLE AT THE TIME, AND VICTIM 1 WENT INTO THE STORE. SUSPECT 1 THEN BACKED UP TO CONFIRM THAT HE WAS NOT PARKED IN A HANDICAPPED SPACE. SUSPECT 1 ALSO ASKED A PASSER-BY TO MAKE SURE THIS INDIVIDUAL ALSO SAW NO HANDICAPPED INDICATORS. SUSPECT 1'S WIFE HAD RETURNED FROM THE STORE, WHEN VICTIM 1 ONCE AGAIN CAME OUT OF THE STORE HOLLERING AT SUSPECT 1, TELLING SUSPECT 1 WHAT HE WOULD DO. SUSPECT 1 STATED THAT VICTIM 1 PUT HIS HAND IN VICTIM 1'S POCKET AND TOLD SUSPECT 1 THAT HE MUST NOT KNOW WHO VICTIM 1 WAS OR WHAT HE WOULD DO. SUSPECT 1 STATED HE DID NOT KNOW WHAT VICTIM 1 WAS CAPABLE OF AT THE TIME, AND HE TOLD VICTIM 1 THAT IF HE WOULD MEET HIM ACROSS THE STREET THEY WOULD SEE WHAT HE HAD IN HIS POCKET. AT THIS POINT VICTIM 1 APOLOGIZED, AND SUSPECT 1 TOLD VICTIM 1 THAT HE DID NOT CARE FOR HIS APOLOGY. SUSPECT 1 AND HIS WIFE SAT IN THE PARKING LOT FOR APPROXIMATELY 5 MORE MINUTES THEN WENT INTO THE STORE TO GET HER MEDICINE. VICTIM 1 WAS STILL INSIDE AT THE FRONT OF THE STORE CAUSING A SCENE OVER THE INCIDENT. TO STOP ALL THE CONFLICT, SUSPECT 1 AND HIS WIFE LEFT THE INCIDENT LOCATION.

Rec.on Appeal 691

App'x 693

**DILLON POLICE DEPARTMENT  
INCIDENT REPORT**

2009-12210

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	18 27		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
INCIDENT ADDRESS (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)					ZIP CODE	WEAPON TYPE
1704 OAK RIDGE DR, DILLON SC					29536	
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
12/30/2009	1820		12/30/2009	1828	DISP. DATE	DISP. TIME
				1832	TIME ARRIVED	DEPART. TIME
					1900	LOCATION NO.
						1A
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX
HARDWICK, TONY J			ST	J	O	W
ADDRESS			CITY	STATE	AGE	ETH
1704 OAK RIDGE DR			DILLON	SC	61	N
				ZIP CODE	DAYTIME PHONE	EVENING PHONE
				29536	(843) 774-4742	
VICTIM'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX
HARDWICK, TONY J			VO	J	O	W
ADDRESS			CITY	STATE	AGE	ETH
1704 OAK RIDGE DR			DILLON	SC	61	N
HEIGHT			WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
5-6			205	BLN	BLU	
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED						
J - This Jurisdiction S - State O - Out of State U - Unknown						
SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)			RACE	SEX	AGE
	CLARK, DONALD F			W	M	60
	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.			ETH	DATE OF BIRTH	HEIGHT
				N		5-9
WARRANT	ADDRESS			CITY	STATE	ZIP CODE
	505 CAMP RD			LATTA	SC	29565
	LOCATION NO.					
SUMMONS	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.			ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE
	DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. TYPE:			TOTAL # ARRESTED	0	12/30/2009
DATE/TIME OF ARREST						
1820						
ON THE ABOVE DATE AND TIME, OFFICERS RESPONDED TO THE INCIDENT LOCATION IN REFERENCE TO A VERBAL DISPUTE BETWEEN VICTIM 1 AND SUSPECT 1 OVER A DISABLED PARKING SPACE. VICTIM 1 STATED HE INITIATED THE CONVERSATION BETWEEN HE AND SUSPECT 1, AND WHEN HE REALIZED HE WAS WRONG, HE ATTEMPTED TO APOLOGIZE TO SUSPECT 1. SUSPECT 1 TOLD VICTIM 1 HE WOULD NOT ACCEPT THE APOLOGY AND THAT IF VICTIM 1 WOULD WALK OUT INTO THE ROAD HE WOULD FIGHT VICTIM 1. VICTIM 1 STATED A WITNESS, MS CHARLETTE JACKSON, PHONE NUMBER 774-3198 OBSERVED THE INCIDENT. VICTIM 1 STATED HE DID NOT WISH TO SIGN A WARRANT IF ONLY SUSPECT 1 WOULD ACCEPT HIS APOLOGY.						

		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		
PROPERTY	TYPE (GROUP)				TOTAL VALUE	
	Burned					
	Count/Forged					
	Dest./Damaged					
	Recovered					
	Seized					
Stolen						
Unknown						
ADDITIONAL	SUBJECT IDENTIFIED		SUBJECT LOCATED		<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED <input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> ARRESTED 18 AND OVER <input checked="" type="checkbox"/> EX-CLEAR 18 AND OVER	
	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input checked="" type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY					
INVEST	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	
	CPL CRYSTAL G NORRIS	12/30/2009	215	ASST CHIEF BOBBY MCLEAN	12/30/2009	
			FOLLOW-UP INVESTIGATION OFFICER			
				<input type="checkbox"/> YES <input type="checkbox"/> NO		

Rec.on Appeal 690

GENY I.D.  
20170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2,009 - 1,220,9

INQ. ENTD.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 120 - ARM ROBBERY		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	17		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc. Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
PATEL WINE & SPIRIT 109 HIGHWAY 301 SOUTH, DILLON SC				29536	12-S	
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
12/30/2009	1810		12/30/2009	1816	DISP. DATE	DISP. TIME
				12/30/2009	1818	1818
						1945
						03
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
PATEL, VIKRAM G		#1 ST	#2 ST	<input checked="" type="checkbox"/> S	O	U
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	
109 HIGHWAY 301 SOUTH		DILLON	SC	29536	03	
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
PATELS WINE & SPIRITS		#1	#2	<input checked="" type="checkbox"/> S	O	U
HEIGHT		WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.	
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	
109 HWY 301 SOUTH		DILLON	SC	29536	03	
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
S U B J E C T	<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE
	<input type="checkbox"/> RUNAWAY	PERSON, UNKNOWN/UNTRACKED		B	M	00
	<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				
	<input type="checkbox"/> WARRANT	ADDRESS		CITY	STATE	ZIP CODE
<input type="checkbox"/> ARREST						LOCATION NO.
<input type="checkbox"/> JAIL	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE/TIME OF OFFENSE		DATE/TIME OF ARREST
<input type="checkbox"/> SUMMONS	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED 0	12/30/2009 1810		

		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P	TYPE (GROUP)	20-Money			TOTAL VALUE
R	Burned				
O	Count/Forged				
P	Dest/Damaged				
E	Recovered				
R	Seized				
T	Stolen	3000.00			3000.00
Y	Unknown				
A D M I N I S T	SUBJECT IDENTIFIED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		SUBJECT LOCATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED
					<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18
REASON FOR EXCEPTIONAL CLEARANCE:		1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY		<input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER	
REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER	DATE
SGT TONY J ROBERTS		12/30/2009	210	ASST CHIEF BOBBY MCLEAN	12/30/2009
				FOLLOW-UP INVESTIGATION OFFICER	DATE
				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO SGT JASON TURNER	12/30/2009

Rec.on Appeal 689

AGENCY I.D.  
SC 170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER

2009-12163

NCIC  
INO. ENTID.

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
GC - ASSEMBLY - THREATENING TO SHOOT	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)  
SOUTH 5TH AVE AND HOWARD STREET, DILLON SC

ZIP CODE: 29536 WEAPON TYPE:

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	LOCATION NO.
12/09/2009	0900		12/23/2009	0030	12/23/2009 1240 1240 0100	03

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE
MCNEIL, RICKEY	ST	J	S	U	B	M	43	N

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
P.O. BOX 220	LUMBERTON	NC	28538	03

VICTIM'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE
MCNEIL, RICKEY	ST	J	S	U	B	M	43	N

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
5-9	190	BRO	BRO	

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
P.O. BOX 220	LUMBERTON	NC	28538	03

VISIBLE INJURY (VICT. 1)  YES  NO EXPLAIN -

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

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

SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)	RACE	SEX	AGE	ETH	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
<input checked="" type="checkbox"/>	PERSON, UNKNOWN/UNTRACKED	B	M	17	N		5-10	170	BLK	BRO

RUNAWAY  WANTED  WARRANT  ARREST

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
HOWARD STREET	DILLON	SC	29536	03

JAIL	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE/TIME OF OFFENSE	DATE/TIME OF ARREST
<input type="checkbox"/>	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE: TOTAL # ARRESTED 0	12/09/2009 0900	

ON THE ABOVE DATE AND TIME, THE COMP. CAME INTO THE DILLON POLICE DEPARTMENT IN REFERENCE TO BEING THREATENED. THE COMP. STATED TO THE R/O, THAT A JUVENILE THREATENED TO SHOOT HIM. THE COMP. SAID THAT HE DID NOT ACTUALLY SEE A GUN BUT WAS NOT TAKING THE THREAT LIGHTLY. THE COMP. SAID HE DID NOT KNOW THE JUVENILE, EXCEPT BY THE NAME OF CHRIS. THE COMP. WANTED TO FILE A REPORT IN CASE OF FUTURE INCIDENTS WITH THIS JUVENILE SINCE HE HAS RELATIVES WHO LIVE ON HOWARD STREET. THE COMP. WAS AT A RELATIVES HOUSE WHEN HIS COUSIN SPANKED HIS GIRLFRIENDS SON WITH A BELT. THE JUVENILE GOT MAD AND SAID THAT HE WAS GOING TO SHOOT THE COMP. AND COUSIN AND RAN OUT THE HOUSE AND GOT INTO A CAR WITH SOME OTHER BOYS. WHEN THE COMP. CAME BACK TODAY TO SEE HIS RELATIVES, THE JUVENILE SAW HIM AND CALLED A GROUP OF BOYS WHO GATHERED AROUND THE COMP. RELATIVES HOUSE. THE BOYS KEPT THROWING THEIR HANDS UP IN THE AIR SUGGESTING THE COMP. DO SOMETHING. THAT IS WHEN THE COMP. CAME AND FILED THE REPORT.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P	TYPE (GROUP)		TOTAL VALUE
R	Burned		
O	Count/Forgec		
P	Dist./Damaged		
E	Recovered		
R	Seized		
T	Stolen		
Y	Unknown		
A	SUBJECT IDENTIFIED	SUBJECT LOCATED	<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED
D	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED <input type="checkbox"/> ARRESTED UNDER 18
M	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY		<input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER
I	REPORTING OFFICER(S)	DATE	UNIT NUMBER
N	PFC MONROE HERRING	12/23/2009	224
S			APPROVING OFFICER
T			ASST CHIEF BOBBY MCLEAN
			DATE
			12/23/2009
			UNIT NUMBER
			202
			FOLLOWUP INVESTIGATION OFFICER
			<input type="checkbox"/> YES <input type="checkbox"/> NO

Rec.on Appeal 688

GENCO I.D.  
00170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
20,09-1,21,54  
INC. ENTD.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
13A - ASSAULT - AGGRAVATED		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	08		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
INCIDENT LOCATION (SUBDIVISION, APARTMENT, INC NUMBER, STREET NAME AND NUMBER)		ZIP CODE		WEAPON TYPE		
WHOLE SALE APPLIANCE, 219 S 1 ST AVE, DILLON SC		29536		20		
INCIDENT DATE	24 HR. CLOCK	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK		LOCATION NO.
12/22/2009	1508	12/22/2009	1508	DISP. DATE	DISP. TIME	TIME ARRIVED
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE
REAVES, EUGENE ODELL JR		AQ	<input checked="" type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/> U	B	M	38
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	
728 KITTY LN		FLORENCE	SC	29501	CTY	
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE
DEESE, ROBERT DALE		AQ	<input checked="" type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/> U	W	M	29
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	
1641 SOUTHERN ACRES LOOP		DILLON	SC	29536	CTY	
VISIBLE INJURY (VCT 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
VICTIM (NO. 1) USING ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK						
<input type="checkbox"/> TWO-MAN VEH <input type="checkbox"/> ONE-MAN VEH <input type="checkbox"/> DETECTIVE/SPLASHT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.	DATE OF BIRTH
REAVES, EUGENE ODELL JR		B	M	38	N	[REDACTED]
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	
728 KITTY LN		FLORENCE	SC	29501	CTY	
SUBJECT NO. 1 USING ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST
DRUGS <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK TYPE:		TOTAL # ARRESTED		12/22/2009		1500

ON THE ABOVE DATE AND TIME R/O WAS DISPATCHED TO THE ABOVE LOCATION. UPON ARRIVAL THE COMPLAINANT STATED THE VICTIM HIT HIM IN THE MOUTH. THE COMPLAINANT STATED HE CAME TO THE STORE TO LOOK AROUND, AND SEEN A POOL PUMP THAT BELONGED TO HIM. THE COMPLAINANT STATED HE DIDNT HAVE A SERIAL NUMBER TO THE PUMP BUT HE KNEW IT WAS HIS. THE COMPLAINANT STATED HE CALLED A DEPUTY ABOUT THE PUMP SINCE IT WAS TAKEN FROM THE COUNTY. THE COMPLAINANT STATED THE VICTIM TOLD THE COMPLAINANT TO LEAVE THE PUMP WASNT HIS. THE COMPLAINANT STATED THE VICTIM THEN FOLLOWED HIM OUT TO HIS CAR AND HIT HIM IN THE MOUTH. R/O SPOKE WITH THE VICTIM AND A WITNESS MR. CARL MICHAEL HUNT DOB 7-15-1961 FROM 2306 HWY 301 N DILLON. BOTH THE VICTIM AND THE WITNESS STATED THE SUSPECT PULLED A POCKET KNIFE ON THE VICTIM AFTER THE SUSPECT TRIED TO TAKE THE PUMP. THE VICTIM STATED HE HIT THE SUSPECT IN THE MOUTH TO GET THE SUSPECT AWAY FROM HIM WITH THE KNIFE. THE SUSPECT HAD LEFT SCENE PRIOR TO OFFICER ARRIVAL. WARRANT HAS BEEN SIGNED AGAINST SUSPECT.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P	TYPE (GROUP)	TOTAL VALUE	
R	Burned		
O	Count/Forced		
P	Dist/Damaged		
E	Recovered		
R	Seized		
T	Stolen		
Y	Unknown		
SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SUBJECT LOCATED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18	
<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY			
REPORTING OFFICER(S)		DATE	UNIT NUMBER
LCPL CHRIS CUMMINGS		12/22/2009	218
APPROVING OFFICER		DATE	UNIT NUMBER
ASST CHIEF BOBBY MCLEAN		12/22/2009	202
FOLLOW-UP INVESTIGATION OFFICER			
LCPL CRYSTAL G MORRIS		12/22/2009	215
<input type="checkbox"/> YES <input type="checkbox"/> NO			

Rec.on Appeal 687

AGENCY ID.  
SC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER

2 0 0 9 - 1 2 1 5 3

NCIC

IND. X  
ENTD.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM	
1 13C - STALKING (ROGERS)		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		<input type="checkbox"/> Individual Business <input type="checkbox"/> Financial Inst <input type="checkbox"/> Government <input type="checkbox"/> Reg. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.	
2		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
3		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE		
1013 NORTH 4TH AVENUE, APARTMENT A, DILLON SC				29536			
INCIDENT DATE	24 HR CLOCK	DATE	24 HR CLOCK	DISPATCH DATE/TIME 24 HRL CLOCK		LOCATION NO.	
09/01/2009	0800	12/22/2009	0400	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME
				12/22/2009	0900	0915	1030
COMPLAINANT'S NAME LAST FIRST MIDDLE		RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH
TURNER, LARRY JASON DET.		AQ	<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	W	M	35	N
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.		
401 WEST MAIN STREET		DILLON	SC	29536	04		
VICTIM'S NAME LAST FIRST MIDDLE		RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH
ROGERS, VICKIE		BG	<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	W	F	36	N
HEIGHT	WEIGHT	HAR	EYES	FACIAL HAIR SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.			
5-2	110	BLN	BLU				
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.		
1013 A NORTH 4TH		DILLON	SC	29536	02		
VISIBLE INJURY (VICT #1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -							
VICTIM (NO) <input type="checkbox"/> USNS <input type="checkbox"/> ALCOHOL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK							
<input type="checkbox"/> TWO-MAN VEH <input type="checkbox"/> ONE-MAN VEH <input type="checkbox"/> DETECTIVE SPL ASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown							
SUBJECT	SUBJECT NAME LAST FIRST MIDDLE		RACE	SEX	AGE	ETH.	DATE OF BIRTH
	GRIMSLEY, ROBERT P		W	M	38	N	
	FACIAL HAIR SCARS TATOOS GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						
	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	
401 BLUE JAY RD		LATTA	SC	29565	CTY		
JAIL	SUBJECT NO. USING ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST
	DRUGS <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK TYPE		TOTAL # ARRESTED 1		09/01/2009 0800		12/30/2009 1500
BETWEEN THE ABOVE DATES AND TIMES, THE ABOVE SUBJECT #1 DID STALK THE VICTIM #1 IN THIS REPORT. THE VICTIM #1 AND THE SUBJECT #1 ARE PRIOR BOYFRIEND AND GIRLFRIEND. THEY SEPERATED DUE TO THE SUBJECT #1 BEING CHARGED WITH CRIMINAL DOMESTIC VIOLENCE AGAINST THE VICTIM #1. AS A RESULT OF THAT INCIDENT, THE SUBJECT #1 WAS ARRESTED AND SUBSEQUENTLY BONDED OUT ON THAT CHARGE. ALSO, THE VICTIM #1 OBTAINED AN ORDER OF PROTECTION AGAINST THE SUBJECT #1 BECAUSE OF THIS INCIDENT. WITHIN A SHORT AMOUNT OF TIME FROM THE CHARGES AND ORDER OF PROTECTION, THE SUBJECT #1 VIOLATED THE ORDER BY ATTEMPTING TO CONTACT THE VICTIM #1, AND AS A RESULT OF THAT ISSUE, THE SUBJECT #1 WAS ARRESTED AGAIN FOR VIOLATION OF A PROTECTION ORDER. THE SUBJECT #1 WAS RELEASED ON BAIL AGAIN. WHILE THE SUBJECT #1 WAS OUT ON BAIL, HE WAS SEEN BY THE VICTIM #1 AT HER RESIDENCE AT AROUND 0400HRS ON DECEMBER 22, 2009, IN WHICH THE VICTIM #1 WITNESSED THE SUBJECT #1 CUT HER FRONT DRIVER'S SIDE TIRE WHILE IT WAS PARKED IN HER FRONT YARD. THE SUBJECT #1 FLED THE SCENE WHEN HE REALIZED THAT THE VICTIM #1 SAW HIM. REFERENCE DILLON PD CASE NUMBER 2009-12150. WARRANTS WERE SIGNED ON THE SUBJECT #1 AS A RESULT OF THIS INCIDENT FOR A SECOND COUNT OF VIOLATION OF AN ORDER OF PROTECTION, AND MALICIOUS INJURY TO PROPERTY. THE VICTIM #1 STATES THAT SHE HAS LIVED IN FEAR OF HER LIFE AND PROPERTY AS A RESULT OF THE CONTINUING ACTIONS BY THE SUBJECT #1, AND HIS INABILITY TO LEAVE HER OR HER PROPERTY ALONE.							

		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		
P	TYPE (GROUP)				TOTAL VALUE	
R	Burned					
O	Count/Forged					
P	Dest/Damaged					
E	Recovered					
R	Seized					
T	Stolen					
Y	Unknown					
A	SUBJECT IDENTIFIED		SUBJECT LOCATED		ACTIVE <input type="checkbox"/> ADM. CLOSED <input type="checkbox"/>	
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> ARRESTED UNDER 18 <input checked="" type="checkbox"/> ARRESTED 18 AND OVER	
M	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY					
	REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER	DATE
SGT JASON TURNER		12/22/2009	208	ASST CHIEF BOBBY MCLEAN	12/22/2009	
				FOLLOW-UP INVESTIGATION OFFICER	DATE	
				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO SGT JASON TURNER	12/22/2009	
				UNIT NUMBER		
				202		

Rec.on Appeal 686

AGENCY I.D.  
SC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

INCIDENT NUMBER  
2,009 - 12137

REQ. ENTD.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
136 - ASSAULT AND BATTERY 1814-P		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
305 APT B SOUTH 14TH AVE, DILLON SC		ZIP CODE		WEAPON TYPE		
305 APT B SOUTH 14TH AVE, DILLON SC		29536		40		
INCIDENT DATE	24 HR. CLOCK	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK		LOCATION NO.
12/19/2009	2220	12/19/2009	2225	DISP. DATE	DISP. TIME	TIME ARRIVED
				12/19/2009	2225	2226
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
BERRY, RYAN		AQ		<input checked="" type="checkbox"/> S	O	U
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
401 WEST MAIN STREET PO BOX 431		DILLON		SC	29536	04
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
CABBAGESTALK, DORIS GAIL		BG		<input checked="" type="checkbox"/> S	O	U
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
5-7	235	BLK	BRO			
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
305 APT-B SOUTH 14TH AVE		DILLON		SC	29536	03
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN --						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.	DATE OF BIRTH
<input checked="" type="checkbox"/> SUSPECT		B	M	50	N	
<input type="checkbox"/> RUNAWAY		MANNING, CLAYTON				
<input type="checkbox"/> WANTED		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				
<input type="checkbox"/> WARRANT		ADDRESS		CITY	STATE	ZIP CODE
<input checked="" type="checkbox"/> ARREST		408 WEST CALHOUN STREET		DILLON	SC	29536
<input type="checkbox"/> JAIL		SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE/TIME OF OFFENSE
<input type="checkbox"/> SUMMONS		DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED	1	12/19/2009 2220
				DATE/TIME OF ARREST	12/19/2009	2230

ON THE ABOVE DATE AND TIME THE REPORTING OFFICER WAS DISPATCHED TO THE ABOVE INCIDENT LOCATION TO REMOVE THE ABOVE SUSPECT FROM THE YARD. ONCE ON SCENE THE R/O SPOKE TO THE ABOVE SUSPECT. THE SUSPECT STATED THAT HE WAS LEAVING. THE SUSPECT STATED THAT HE(SUSPECT) HAD BEEN OUT OF TOWN AND WHEN HE RETURNED TO HIS GIRLFRIENDS RESIDENCE THAT SHE HAD ANOTHER MAN INSIDE. AS THE R/O AND SUSPECT WERE TALKING OUTSIDE THE VICTIM OPENED THE DOOR TO THE RESIDENCE. THE SUSPECT TURNED AROUND AND WENT TOWARDS THE VICTIM. THE SUSPECT PUSHED THE VICTIM OUT OF THE DOOR WAY AND THE SUSPECT ENTERED THE RESIDENCE. THE R/O ATTEMPTED TO GRAB THE SUSPECT BUT WHEN THE DOOR SLAMMED IT LOCKED. THE R/O BEAT ON THE DOOR FOR THE VICTIM TO LET THE R/O INSIDE. THE SUSPECT PUSHED THE VICTIM SEVERAL TIMES IN FRONT OF THE R/O. THE R/O BROKE THE DOOR HANDLE OFF OF THE DOOR IN ATTEMPT TO ENTER THE RESIDENCE. THE VICTIM FINALLY UNLOCKED THE DOOR. THE SUSPECT WAS PLACED UNDER ARREST FOR ASSAULT AND BATTERY. THE HANDCUFFS WERE DOUBLE LOCKED AND CHECKED FOR TIGHTNESS. THE SUSPECT WAS TRANSPORTED TO THE DILLON COUNTY DETENTION CENTER. DAMAGE TO THE DOOR WAS ESTIMATED AT TEN DOLLARS. THE VICTIM STATED THAT THE VICTIM AND SUSPECT ARE EX-BOYFRIEND/GIRLFRIEND. A VICTIMS ASSISTANCE FORM WAS FILLED OUT.

P		R		O		P		E		R		T		Y	
TYPE (GROUP)		COUNT		DAMAGE		RECOVERED		SEIZED		STOLEN		UNKNOWN		TOTAL VALUE	
Burned															
Count/Forged															
Dest/Damaged															
Recovered															
Seized															
Stolen															
Unknown															
SUBJECT IDENTIFIED		SUBJECT LOCATED		ACTIVE		ADM. CLOSED		ARRESTED UNDER 18		EX-CLEAR UNDER 18		ARRESTED 18 AND OVER		EX-CLEAR 18 AND OVER	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ADM. CLOSED		<input checked="" type="checkbox"/> ARRESTED UNDER 18		<input type="checkbox"/> EX-CLEAR UNDER 18		<input checked="" type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY															
REPORTING OFFICER(S)		DATE		UNIT NUMBER		APPROVING OFFICER		DATE		UNIT NUMBER					
SGT RYAN BERRY		12/19/2009		211		ASST CHIEF BOBBY MCLEAN		12/19/2009		202					
PFC MONROE HERRING		12/19/2009		224		FOLLOW-UP INVESTIGATION OFFICER									
						<input type="checkbox"/> YES <input type="checkbox"/> NO									

AGENCY I.D.  
C0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER

2009-12120

NCIC

INQ. ENTD.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM	
1: ZC - SHOPLIFTING		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	08		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.	
2:		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
3:		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE		
112 W MAIN ST CITI TRENDS, DILLON SC				29536			
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK		LOCATION NO.
12/17/2009	1650		12/17/2009	1655	DISP. DATE	DISP. TIME	DEPART. TIME
					12/17/2009	1657	1701
							1820
							01
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE
KEMP, TABITHA STANLEY		#1	#2		J S O U	B	F
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.	
112 W MAIN ST		DILLON		SC	29536	04	
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE
CITI TRENDS		#1	#2		J S O U		
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.			
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.	
112 WEST MAIN STREET		DILLON		SC	29536	04	
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -							
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK							
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown							
SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT
MOORE, LAJOSHIA DENISE		B	F	28	N		5-5
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		ARRESTED NEAR OFFENSE SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST	
655 OXFORD MILL RD		SUMTER		12/17/2009 1650		12/17/2009 1705	
DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK TYPE: TOTAL # ARRESTED 4							

ON THE ABOVE DATE AND TIME THE REPORTING OFFICER WAS DISPATCHED TO THE ABOVE INCIDENT LOCATION IN REFERENCE TO SHOPLIFTING. UPON OFFICERS ARRIVAL THE COMPLAINANT STATED THAT FOUR BLACK FEMALES ENTERED THE STORE AND WERE OBSERVED PUTTING CLOTHES INTO THEIR BAGS. WHEN THE SUSPECTS NOTICED THAT THEY WERE BEING WATCHED THEY WENT OUT OF THE FRONT DOOR AND GOT INTO A BLUE TRAIL BLAZER WITH A GREEN AND WHITE PAPER TAG AND TOOK OFF DOWN 1ST AVE NORTH. OFFICER RAY MCPHATTER CAUGHT UP WITH THE SUSPECTS ON HWY #9 WEST ACROSS FROM WAYNES BP. THE FOUR SUSPECTS WERE IDENTIFIED AND WERE ARRESTED FOR SHOPLIFTING AND TRANSPORTED TO DILLON COUNTY DETENTION CENTER BY COUNTY UNITS. THE SUSPECTS WERE HANDCUFFED ( DOUBLE LOCKED) AND CHECKED FOR TIGHTNESS. THE ITEMS WERE RETURNED TO THE INCIDENT LOCATION. THE TOTAL COST OF THE ITEMS IS \$450. SUSPECT #3 WAS THE DRIVER OF THE VEHICLE AND SHE WAS ALSO CHARGED WITH NO DRIVER LICENSES IN POSSESSION. THE VEHICLE WAS TOWED BY DILLON BODY SHOP OFF OF ROTATION.

TYPE (GROUP)		05-Clothes/Furs		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
Burned							TOTAL VALUE
Count/Forced							
Dest./Damaged							
Recovered	450.00						450.00
Seized							
Stolen	450.00						450.00
Unknown							
SUBJECT IDENTIFIED		SUBJECT LOCATED		<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. 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: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION		3. <input type="checkbox"/> EXTRADITION DENIED		4. <input type="checkbox"/> VICTIM DECLINES COOPERATION		5. <input type="checkbox"/> JUVENILE - NO CUSTODY	
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER	
PFC ROBERT COOK	12/17/2009	222	ASST CHIEF BOBBY MCLEAN		12/17/2009	202	
FOLLOWUP INVESTIGATION OFFICER							
<input type="checkbox"/> YES <input type="checkbox"/> NO							

Rec.on Appeal 684

AGENCY I.D.  
IC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-12118

INC. ENTD.

INCIDENT TYPE : 1. HRP - HARASSMENT		COMPLETED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	FORCED ENTRY <input type="checkbox"/> YES <input type="checkbox"/> NO	PREMISE TYPE 18 08	UNITS ENTERED	TYPE VICTIM <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER) BADCOCK 216 RADFORD BLVD., DILLON SC		ZIP CODE 29536		WEAPON TYPE		
INCIDENT DATE 12/17/2009	24 HR. CLOCK 1430	TO	DATE 12/17/2009	24 HR. CLOCK 1430	DISPATCH DATE/TIME 24 HR. CLOCK DISP. DATE 12/17/2009	
				DISP. TIME 1807		TIME ARRIVED 1515
				DEPART. TIME 1525		LOCATION NO. 1A
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE) LOFTUS, JIM		RELATIONSHIP TO SUBJECT #1 AQ	RESIDENT #2 SOU	RACE W	SEX M	AGE 46
ADDRESS 401 SOUTH 14TH AVENUE		CITY DILLON	STATE SC	ZIP CODE 29536	LOCATION NO. 03	
VICTIM'S NAME (LAST, FIRST, MIDDLE) LOFTUS, JIM		RELATIONSHIP TO SUBJECT #1 AQ	RESIDENT #2 SOU	RACE W	SEX M	AGE 46
HEIGHT 5-9		WEIGHT 150	HAIR BRO	EYES BRO	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.	
ADDRESS 401 SOUTH 14TH AVENUE		CITY DILLON	STATE SC	ZIP CODE 29536	LOCATION NO. 03	
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN --						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT NAME (LAST, FIRST, MIDDLE) HUNT, PATSY HUNT		RACE I	SEX F	AGE 55	ETH. N	DATE OF BIRTH
ADDRESS 36 LILLIE RD		CITY FAIRMONT	STATE NC	ZIP CODE 28340	LOCATION NO. OS	
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE 12/17/2009	DATE/TIME OF ARREST 1430	
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED 0				

ON THE ABOVE DATE AND TIME R/O WAS DISPATCHED TO THE VICTIM'S PLACE OF WORK IN REFERENCE TO HARASSMENT. THE COMPLAINANT STATED THAT THE SUSPECT IS A FORMER EMPLOYEE OF HIS AT SHONEY'S. HE STATED THE SUSPECT LEFT WORK ONE DAY IN THE MIDDLE OF A SHIFT AND DID NOT RETURN. HE STATED THE SUSPECT CALLED BACK A FEW WEEKS LATER AND ASKED IF SHE COULD HAVE HER JOB BACK AND HE TOLD HER THAT THEY DID NOT HAVE AN OPENING FOR HER. HE STATED A FEW DAYS AFTER THAT DHEC SHOWED UP AT THE LOCATION AND STATED THEY HAD A COMPLAINT AND THE NEED TO INSPECT THE LOCATION. HE THEN STATED THE SUSPECT CALLED THE LOCATION A FEW DAYS AFTER THAT AND STATED THAT SHE DID NOT CALL DHEC. HE STATED AFTER THAT THE SUSPECT HAS BEEN CALLING THE LOCATION AN HARASSING THE TWO VICTIM'S. HE STATED ON THE INCIDENT DATE THE SUSPECT APPROACHED HIS WIFE AT BADCOCK AND MADE BAD COMMENTS TOWARDS HER. HE STATED HE DID NOT WANT TO BRING CHARGES AGAINST THE SUSPECT. HE STATED HE JUST WANTS THE SUSPECT TO LEAVE HIM AND HIS WIFE ALONE AND STAY AWAY FROM SHONEY'S. THE VICTIM'S WERE GIVEN A HARASSMENT AND TRESPASSING FORM TO SEND TO THE SUSPECT.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P	TYPE (GROUP)	TOTAL VALUE	
R	Burned		
O	Count/Forged		
P	Dealt/Damaged		
E	Recovered		
R	Seized		
T	Stolen		
Y	Unknown		
A	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"/> UNFOUNDED <input type="checkbox"/> ADM. CLOSED <input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR UNDER 18 <input type="checkbox"/> EX-CLEAR 18 AND OVER
M	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> AVOIDABLE - NO CUSTODY		
I	REPORTING OFFICER(S) PFC RAY MCPHATTER	DATE 12/18/2009	UNIT NUMBER 220
N	APPROVING OFFICER ASST CHIEF BOBBY MCLEAN		DATE 12/18/2009
S	FOLLOW-UP INVESTIGATION OFFICER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		UNIT NUMBER 202

Rec.on Appeal 683

App'x 685

AGENCY NO.  
SC0170100

DILLON POLICE DEPARTMENT  
SUPPLEMENTAL INCIDENT REPORT

2009-12012

INFO. ENTD.

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

V I C T I M #  S U B J E C T #  O V E R F L	<input type="checkbox"/> COMPLAINT	NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH	
	<input type="checkbox"/> VICTIM #	JUVENILE OFFENDER	#1	#2	#3	J	S	O	U	M	16-17	/ /
	<input checked="" type="checkbox"/> SUBJECT # 02	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						
	<input type="checkbox"/> RUNAWAY <input type="checkbox"/> WANTED <input type="checkbox"/> WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/> JAIL <input type="checkbox"/> SUBMIONS	ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE	EVENING PHONE				
<input type="checkbox"/>	<input type="checkbox"/> VICTIM NO. _____	VISIBLE INJURY: <input type="checkbox"/> NO <input type="checkbox"/> YES		VICTIM USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK.		<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> DETECTIVE/PLASMIT <input type="checkbox"/> ALONE		EXPLAIN: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE: <input type="checkbox"/> UNK. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED				
<input type="checkbox"/>	<input checked="" type="checkbox"/> SUBJECT NO. 02	USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES		USING DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE: <input checked="" type="checkbox"/> UNKNOWN								

A D M I N I S T	SUBJECT IDENTIFIED	SUBJECT LOCATED	<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18	<input type="checkbox"/> EX-CLEAR UNDER 18
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR 18 AND OVER
	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY				
	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE
SGT TONY J ROBERTS	12/03/2009	210	ASST CHIEF BOBBY MCLEAN	12/03/2009	202
			FOLLOW-UP INVESTIGATION OFFICER		
			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

Rec.on Appeal 797

AGENCY I.D.  
SC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-12017

INQ. ENTD.

E V E N T	INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM	
	1. 13B - ASSAULT - SIMPLE		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	13		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.	
	2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
V I C T I M	3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
	INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE		
	SOUTH 9TH AVE., DILLON SC				29536	90		
S U B J E C T	INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK		LOCATION NO.
	12/03/2009	0500		12/03/2009	0600	DISP. DATE	DISP. TIME	TIME ARRIVED
						12/04/2009	0930	0931
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE
, JUVENILE COMPLAINANT			#1	#2		J S O U	M	15
ADDRESS			CITY		STATE	ZIP CODE	LOCATION NO.	
VICTIM'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE
, JUVENILE VICTIM			#1	#2		J S O U	M	15
HEIGHT			WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
ADDRESS			CITY		STATE	ZIP CODE	LOCATION NO.	
# 1	VISIBLE INJURY (VICT. 1) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN - Apparent Minor Injur							
	VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.							
	<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown							
# 1	<input checked="" type="checkbox"/> SUSPECT		SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.
	<input type="checkbox"/> RUIAWAY		, JUVENILE OFFENDER		M		16-25	
	<input type="checkbox"/> WANTED		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					
# 1	<input type="checkbox"/> WARRANT		ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.
	<input type="checkbox"/> ARREST							
	<input type="checkbox"/> JAIL							
N A R R A T I V E	<input type="checkbox"/> SUMMONS		SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE	DATE/TIME OF ARREST
			DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED 0		12/03/2009	0500
Offenses: ASSAULT - SIMPLE								
ON THE ABOVE DATE AND TIME, CITY OFFICERS WERE DISPATCHED TO MCLEODS HOSPITAL IN REFERENCE TO THE VICTIM BEING ASSAULTED. ONCE ON SCENE, THE VICTIM STATED TO THE OFFICER THAT ABOUT TWENTY TO THIRTY BLACK MALES JUMPED HIM ON HIS WAY HOME FROM THE PARADE ON 12-03-2009. THE VICTIM SAID HE DID NOT RECONIZE ANY OF THE PARTIES BUT DID REMEMBER SOME OF THE NICK NAMES HE HEARD THEM CALL. THE VICTIM STATED THAT THE GROUP OF MALES STARTED WITH HIM IN REFERENCE TO SOME OF THEM BEING MAD WITH HIS COUSIN. THE VICTIM SAID ONE OF THE MALES HE WAS FIGHTING WITH, HIT HIM IN THE FACE WITH A STEELE POLE AND THAT WAS WHY HE WAS BEING SEEN AT THE HOSPITAL. THE VICTIM ALSO STATED THAT A WHITE DEPUTY DROVE UP AND TOLD HIM TO GO HOME BUT WAS UNSURE OF THE DEPUTYS NAME. THE R/O TOLD THE VICTIM'S MOTHER THAT A REPORT WOULD BE FILED, AND IF SHE RECEIVED ANY INFORMATION TO LET THE DILLON POLICE DEPARTMENT KNOW.								

		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P	TYPE (GROUP)				TOTAL VALUE
R	Burned				
O	Count/Forged				
P	Dest/Damaged				
E	Recovered				
R	Seized				
T	Stolen				
Y	Unknown				
A	SUBJECT IDENTIFIED	SUBJECT LOCATED	<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18	<input type="checkbox"/> EX-CLEAR UNDER 18
D	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR 18 AND OVER
M	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY				
N I T	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE
	PFC MONROE HERRING	12/04/2009	224	ASST CHIEF BOBBY MCLEAN	12/04/2009
S T	FOLLOW-UP INVESTIGATION OFFICER				UNIT NUMBER
	<input type="checkbox"/> YES <input type="checkbox"/> NO				202

Rec.on Appeal 798

AGENCY I.D.  
SC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-12056

INQ. ENTD.

INCIDENT TYPE										COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 23C - PETIT LARCENY										<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	08		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc. Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.										<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.										<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)										ZIP CODE		WEAPON TYPE		
NORTH 1ST AVENUE, DILLON SC										29563				
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK			LOCATION NO.						
12/09/2009	1800		12/09/2009	1830	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME						
					12/09/2009	1850	1855	1915	01					
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE	
VEREEN, MARK A				#1	#2	#3	J	S	O	U	M	30		
ADDRESS				CITY			STATE	ZIP CODE	LOCATION NO.					
VICTIM'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE	
WALMART				#1	#2	#3	J	S	O	U				
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.										
ADDRESS				CITY			STATE	ZIP CODE	LOCATION NO.					
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -														
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.														
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/PLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown														
SUBJECT	SUBJECT NAME (LAST, FIRST, MIDDLE)				RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES	
	JUVENILE OFFENDER				M		15							
	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.													
	ADDRESS				CITY			STATE	ZIP CODE	LOCATION NO.				
ARREST	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.				ARRESTED NEAR OFFENSE SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			DATE/TIME OF OFFENSE		DATE/TIME OF ARREST				
	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. TYPE:				TOTAL # ARRESTED 4			12/09/2009 1800		12/09/2009 1850				

Offenses:  
PETIT LARCENY

ON THE ABOVE DATE AND TIME CITY OFFICERS WERE DISPATCHED TO NORTH 1ST AVENUE IN REFERENCE TO THE LISTED SUSPECTS WALKING IN THE ROAD. UPON ARRIVAL SGT. VEREEN NOTICED THE SUSPECTS BREAK UP AS TWO SUSPECTS STARTED RUNNING ACROSS RADFORD BLVD. VEREEN AND CPL YODER CAUGHT UP WITH THE SUSPECTS IN PEEBLES PARKING LOT. VEREEN ADVISED THE SUSPECTS TO STAY OUT OF THE ROAD AND THEN ASKED FOR IDENTIFICATION. IT WAS THEN DISCOVERED THAT THE SUSPECTS WERE JUVENILES. VEREEN THEN NOTICED A BULGE IN SUSPECT(1) FRONT RIGHT POCKET. VEREEN ASKED THE SUSPECT WHAT WAS IN HIS POCKET AND THE SUSPECT PULLED OUT A PACK OF MEMOREX CD'S. VEREEN AND YODER SEPERATED THE JUVENILES AND ASKED WHERE THE CD'S CAME FROM AND SUSPECT(2) STATED SUSPECT(1) STOLE IT FROM FAMILY DOLLAR. CPL YODER AND VEREEN CHECKED THE REMAINING SUSPECTS AND REMOVED TWO PINK DIGITAL MP3 PLAYERS FROM SUSPECTS (2-3). ALL SUSPECTS WERE TRANSPORTED TO THE DILLON POLICE DEPARTMENT AND THEIR PARENTS WERE NOTIFIED. WHILE AT THE POLICE DEPARTMENT SUSPECT (1) ADVISED VEREEN THAT HE WASN'T THE ONLY ONE THAT STOLE SOMETHING. SUSPECT (1) THEN STATED THAT THE TWO MP3 PLAYERS WERE STOLEN FROM WAL MART BY SUSPECTS(2-3) IN WHICH THE TWO SUSPECTS ADMITTED. SUSPECT (1) ALSO STATED THAT SUSPECT (4) STOLE A SILVER FLASK FROM FAMILY DOLLAR, BUT THREW IT DOWN WHEN OFFICERS PULLED ON THE SCENE. YODER LOCATED THE FLASK AND IT WAS PLACED WITH THE OTHER STOLEN ITEMS. THE SUSPECTS WERE ALL RELEASED TO THEIR MOTHERS OR GUARDIANS.

				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY				
P	TYPE (GROUP)	27-Recordings-Au										TOTAL VALUE
R	Burned											
O	Count/Forged											
P	Dest./Damaged											
E	Recovered											
R	Seized											
T	Stolen	110.00										110.00
Y	Unknown											
A	SUBJECT IDENTIFIED		SUBJECT LOCATED		<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input checked="" type="checkbox"/> ARRESTED UNDER 18		<input type="checkbox"/> EX-CLEAR UNDER 18			
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR 18 AND OVER			
M	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY											
	REPORTING OFFICER(S)			DATE	UNIT NUMBER	APPROVING OFFICER			DATE	UNIT NUMBER		
	SGT MARK A VEREEN			12/09/2009	213	ASST CHIEF BOBBY MCLEAN			12/09/2009	202		
I	FOLLOW-UP INVESTIGATION OFFICER											
	CPL MICHAEL YODER 12/09/2009 216 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO											

Rec.on Appeal 799

AGENCY I.D.  
SC0170100

DILLON POLICE DEPARTMENT  
SUPPLEMENTAL INCIDENT REPORT

2009-12056

INC. ENTD.

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

VICTIM SUBJ OVERF L	<input type="checkbox"/> COMPLAINT	NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH
	<input checked="" type="checkbox"/> VICTIM # 002	FAMILY DOLLAR STORE		#1	#2	#3	J	S	O	U		
	<input type="checkbox"/> SUBJECT #	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						
	<input type="checkbox"/> RUNAWAY	ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE	EVENING PHONE		
	<input type="checkbox"/> WANTED								H	H		
	<input type="checkbox"/> WARRANT								B	B		
	<input type="checkbox"/> ARREST	<input checked="" type="checkbox"/> VICTIM NO. 002 VISIBLE INJURY: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES			VICTIM USING ALCOHOL: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK.			<input type="checkbox"/> TWO-MAN VEH <input type="checkbox"/> DETECTIVE/SPLASMT <input type="checkbox"/> ALONE				
	<input type="checkbox"/> JAIL	EXPLAIN:			DRUGS: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES TYPE:			<input type="checkbox"/> UNK. <input type="checkbox"/> ONE-MAN VEH <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED				
	<input type="checkbox"/> SUMMONS	<input type="checkbox"/> SUBJECT NO. _____ USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES						<input type="checkbox"/> UNKNOWN				
	<input type="checkbox"/>	USING DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE:										

ADMINISTRATIVE	SUBJECT IDENTIFIED	SUBJECT LOCATED	<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	<input checked="" type="checkbox"/> ARRESTED UNDER 18	<input type="checkbox"/> EX-CLEAR UNDER 18
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR 18 AND OVER
	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY				
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
SGT MARK A VEREEN	12/09/2009	213	ASST CHIEF BOBBY MCLEAN	12/09/2009	202
CPL MICHAEL YODER	12/09/2009	216	FOLLOW-UP INVESTIGATION OFFICER		
			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

Rec.on Appeal 800

App'x 802

SC0170100

MILTON POLICE DEPARTMENT  
**SUPPLEMENTAL INCIDENT REPORT**

2,0,0,9 - 1,2,0,5,6

INQ. ENTD.

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

PAGE 1

VICTIM SUBJECT OFFENDER	<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH	
	<input type="checkbox"/> VICTIM #	, JUVENILE OFFENDER		#1	#2	#3	J	S	O	U	M	14	//
	<input checked="" type="checkbox"/> SUBJECT # 02	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.							
	<input type="checkbox"/> RUNAWAY	ADDRESS											
	<input type="checkbox"/> WANTED	CITY			STATE	ZIP CODE	LOCATION NO.	DAY PHONE	EVENING PHONE				
	<input type="checkbox"/> WARRANT							H	B				

VICTIM NO. \_\_\_\_\_ VISIBLE INJURY:  NO  YES  
 VICTIM USING ALCOHOL:  NO  YES  UNK.  TWO-MAN VEH.  DETECTIVE/SPASMIT  ALONE  
 EXPLAIN: DRUGS:  NO  YES TYPE:  UNK.  ONE-MAN VEH.  OTHER  ASSISTED

SUBJECT NO. 02 USING ALCOHOL:  NO  YES  
 USING DRUGS:  NO  YES TYPE:  UNKNOWN

VICTIM SUBJECT OFFENDER	<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH	
	<input type="checkbox"/> VICTIM #	, JUVENILE OFFENDER		#1	#2	#3	J	S	O	U	M	16	//
	<input checked="" type="checkbox"/> SUBJECT # 03	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.							
	<input type="checkbox"/> RUNAWAY	ADDRESS											
	<input type="checkbox"/> WANTED	CITY			STATE	ZIP CODE	LOCATION NO.	DAY PHONE	EVENING PHONE				
	<input type="checkbox"/> WARRANT							H	B				

VICTIM NO. \_\_\_\_\_ VISIBLE INJURY:  NO  YES  
 VICTIM USING ALCOHOL:  NO  YES  UNK.  TWO-MAN VEH.  DETECTIVE/SPASMIT  ALONE  
 EXPLAIN: DRUGS:  NO  YES TYPE:  UNK.  ONE-MAN VEH.  OTHER  ASSISTED

SUBJECT NO. 03 USING ALCOHOL:  NO  YES  
 USING DRUGS:  NO  YES TYPE:  UNKNOWN

VICTIM SUBJECT OFFENDER	<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH	
	<input type="checkbox"/> VICTIM #	, JUVENILE OFFENDER		#1	#2	#3	J	S	O	U	M	11	//
	<input checked="" type="checkbox"/> SUBJECT # 04	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.							
	<input type="checkbox"/> RUNAWAY	ADDRESS											
	<input type="checkbox"/> WANTED	CITY			STATE	ZIP CODE	LOCATION NO.	DAY PHONE	EVENING PHONE				
	<input type="checkbox"/> WARRANT							H	B				

VICTIM NO. \_\_\_\_\_ VISIBLE INJURY:  NO  YES  
 VICTIM USING ALCOHOL:  NO  YES  UNK.  TWO-MAN VEH.  DETECTIVE/SPASMIT  ALONE  
 EXPLAIN: DRUGS:  NO  YES TYPE:  UNK.  ONE-MAN VEH.  OTHER  ASSISTED

SUBJECT NO. 04 USING ALCOHOL:  NO  YES  
 USING DRUGS:  NO  YES TYPE:  UNKNOWN

AD MINISTR	SUBJECT IDENTIFIED		SUBJECT LOCATED		<input type="checkbox"/> ACTIVE	<input type="checkbox"/> ADM. CLOSED	<input checked="" type="checkbox"/> ARRESTED UNDER 18	<input type="checkbox"/> EX-CLEAR UNDER 18
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR 18 AND OVER
	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY							
	REPORTING OFFICER(S)			DATE	UNIT NUMBER	APPROVING OFFICER		DATE
SGT MARK A VEREEN			12/09/2009	213	ASST CHIEF BOBBY MCLEAN		12/09/2009	202
CPL MICHAEL YODER			12/09/2009	216	FOLLOWUP INVESTIGATION OFFICER			
					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

Dillon Report 0020

Rec.on Appeal 801

App'x 803

SC0170100

DILLON POLICE DEPARTMENT

PROPERTY LISTING

2009-12056

INC. ENTD.

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

7 STOLEN

TWO PINK DIGITAL MUSIC PLAYERS (MP3)	100.00
MEMOREX 10 PACK CD-R WITH BONUS CD MARKER	10.00
Make:	
<b>TOTAL GROUP</b>	<b>110.00</b>

TOTAL PROPERTY

110.00

A D	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"/> ADM. CLOSED <input type="checkbox"/> UNFOUNDED	<input checked="" type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR UNDER 18 <input type="checkbox"/> EX-CLEAR 18 AND OVER	
	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY					
M I N I S T	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
	SGT MARK A VEREEN	12/09/2009	213	ASST CHIEF BOBBY MCLEAN	12/09/2009	202
	CPL MICHAEL YODER	12/09/2009	216	FOLLOW-UP INVESTIGATION OFFICER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

Dillon Dept 0010

Rec.on Appeal 802

App'x 804

AGENCY I.D.  
SC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-08021

IND. ENVD.

E V E N T	INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc. Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.		
	1. 753 - HARASSMENT M220095		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	18 21				
	2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO					
V I C T I M	INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)						ZIP CODE	WEAPON TYPE	
	WAFFLE HOUSE 803 RADFORD BLVD, DILLON SC						29536		
	INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK		LOCATION NO.	
	08/02/2009	2020		08/02/2009	2030	DISP. DATE	DISP. TIME	TIME ARRIVED	
	COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE
	FRONEBERGER, RHONDA GAIL		#1	#2	#3	J	S	O	U
	ADDRESS		CITY			STATE	ZIP CODE	LOCATION NO.	
	VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE
	JUVENILE VICTIM		#1	#2	#3	J	S	O	U
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				
ADDRESS		CITY			STATE	ZIP CODE	LOCATION NO.		
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -									
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.									
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown									
S U B J E C T	<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)			RACE	SEX	AGE	ETH.	
	<input type="checkbox"/> RUNAWAY	PRICE, JESSICA EVETTE				F	19-20		
	<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						DATE OF BIRTH	
	<input type="checkbox"/> WARRANT	ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.	
#	<input type="checkbox"/> ARREST	ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.	
	<input checked="" type="checkbox"/> JAIL	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST	
1	<input checked="" type="checkbox"/> SUMMONS	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED		08/02/2009	2020	08/19/2009	
	0900								
N A R R A T I V E	Offenses: HARASSMENT M220095								
	ON THE ABOVE DATE AND TIME THE REPORTING OFFICER WAS DISPATCHED TO THE ABOVE INCIDENT LOCATION IN REFERENCE TO A DISPUTE. ONCE ON SCENE THE R/O SPOKE WITH THE ABOVE COMP. THE COMP. STATED THAT THE ABOVE SUSPECT HAS BEEN HARASSING THE COMP. JUVENILE DAUGHTER WHICH IS THE ABOVE VICTIM FOR TWO YEARS. THE SUSPECT WENT TO THE ABOVE INCIDENT LOCATION IN ATTEMPT TO FIGHT THE VICTIM. THE SUSPECT CALLED THE VICTIM SEVERAL NAMES INCLUDING SLUT AND WHORE. THE COMP. HAS DONE TWO REPORTS IN THE PAST WITH SGT. MARION FORD WITH THE DILLON COUNTY SHERIFFS OFFICE. THE SUSPECT IS AN ADULT AND WAS WORKING AT BILL'S KORNER. THE COMP. IS IN FEAR FOR THE VICTIMS SAFETY. THE SUSPECT HAS ALSO BEEN THREATENING THE VICTIM BY PHONE. THE COMP. WISHES TO PRESS CHARGES ON THE SUSPECT.								

		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY			
P R O P E R T Y	TYPE (GROUP)				TOTAL VALUE		
	Burned						
	Count/Forged						
	Dest./Damaged						
	Recovered						
	Seized						
A D M I N I S T	SUBJECT IDENTIFIED		SUBJECT LOCATED		<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNFOUNDED		
	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY		<input type="checkbox"/> ARRESTED UNDER 18 <input checked="" type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR UNDER 18 <input type="checkbox"/> EX-CLEAR 18 AND OVER		
REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER
SGT RYAN BERRY		08/02/2009	211	ASST CHIEF BOBBY MCLEAN		08/02/2009	202
				FOLLOW-UP INVESTIGATION OFFICER			
				<input type="checkbox"/> YES <input type="checkbox"/> NO			

Rec.on Appeal 803

AGENCY ID:  
SC0170160

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-08028

INC. ENTD.

E V E N T	INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
	1. 13B - ASSAULT - SIMPLE		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	13		
	2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
I N C I D E N T	INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
	606 WEST CLEVELAND STREET, DILLON SC				29536	40	
	INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
08/03/2009	1300		08/03/2009	1345	DISP. DATE	DISP. TIME	TIME ARRIVED
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE
MCINNIS, ERNEST LAMONT JR		#1	#2	#3	J S O U	M	34
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.	
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE
JUVENILE VICTIM		#1	#2	#3	J S O U	F	14
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.			
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.	
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN --							
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.							
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown							
S U B J E C T	<input checked="" type="checkbox"/> SUSPECT		SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE
	<input type="checkbox"/> RUNAWAY		, JUVENILE OFFENDER		F		16
	<input type="checkbox"/> WANTED		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				
<input type="checkbox"/> WARRANT		ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.
<input type="checkbox"/> ARREST							
<input type="checkbox"/> JAIL		SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE/TIME OF OFFENSE	DATE/TIME OF ARREST
<input type="checkbox"/> SUMMONS		DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED	0	08/03/2009	1300
N A R R A T I V E	Offenses: ASSAULT - SIMPLE						
	ON THE ABOVE DATE AND TIME, THE VICTIM CAME TO THE POLICE DEPT IN THE COMPANY OF THE COMPLAINANT, THE VICTIM'S FATHER. ACCORDING TO THE COMPLAINANT, THE VICTIM AND HER SISTER WERE WALKING TO THEIR AUNT'S RESIDENCE, WHEN THE VICTIM WAS JUMPED AND ASSAULTED BY SUSPECTS 1 AND 2. VICTIM WAS KICKED ABOUT THE BODY BY SUSPECT 1 AND THEN SUSPECT 1 BEGAN PUNCHING THE VICTIM ABOUT THE FACE. VICTIM WAS ALSO STRUCK IN THE FACE AND STOMACH BY SUSPECT 2. SUSPECT 2 STRUCK THE VICTIM IN THE FACE WITH AN OPEN HAND.						

		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P	TYPE (GROUP)				TOTAL VALUE
R	Burned				
O	Count/Forged				
P	Dest/Damaged				
E	Recovered				
R	Seized				
T	Stolen				
Y	Unknown				
A	SUBJECT IDENTIFIED	SUBJECT LOCATED	<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18	<input checked="" type="checkbox"/> EX-CLEAR UNDER 18
D	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR 18 AND OVER
M	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input checked="" type="checkbox"/> JUVENILE - NO CUSTODY				
R	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE
I	CPL CRYSTAL G NORRIS	08/03/2009	215	ASST CHIEF BOBBY MCLEAN	08/03/2009
N	FOLLOW-UP INVESTIGATION OFFICER				UNIT NUMBER
I					202
S	<input type="checkbox"/> YES <input type="checkbox"/> NO				

Dillon Report 0040

Rec.on Appeal 804

App'x 806

SC0170100

SUPPLEMENTAL INCIDENT REPORT

2009-08028

INQ. ENTD.

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

VICTIM SUBJECT OVERSIGHT	<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH	
	<input type="checkbox"/> VICTIM #	, JUVENILE OFFENDER			#1	#2	#3	J	S	O	U	F	13	11
	<input checked="" type="checkbox"/> SUBJECT # 02	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.								
	<input type="checkbox"/> RUNAWAY	ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE	EB	EVENING PHONE	HB		
	<input type="checkbox"/> WANTED	VICTIM NO. _____ VISIBLE INJURY: <input type="checkbox"/> NO <input type="checkbox"/> YES			VICTIM USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK.			<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> DETECTIVE/PLASMT. <input type="checkbox"/> ALONE						
	<input type="checkbox"/> ARREST	EXPLAIN:			DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE: _____			<input type="checkbox"/> UNK. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> OTHER			<input type="checkbox"/> ASSISTED			
	<input type="checkbox"/> JAIL	<input checked="" type="checkbox"/> SUBJECT NO. 02 USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES												
	<input type="checkbox"/> SUBAGONS	USING DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE: _____									<input checked="" type="checkbox"/> UNKNOWN			
	<input type="checkbox"/>													

AD M I N I S T	SUBJECT IDENTIFIED	SUBJECT LOCATED	<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18	<input checked="" type="checkbox"/> EX-CLEAR UNDER 18	
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR 18 AND OVER	
	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input checked="" type="checkbox"/> JUVENILE - NO CUSTODY					
	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
	CPL CRYSTAL G NORRIS	08/03/2009	215	ASST CHIEF BOBBY MCLEAN	08/03/2009	202
	FOLLOW-UP INVESTIGATION OFFICER					
	<input type="checkbox"/> YES <input type="checkbox"/> NO					

Dillon Report 0243

Rec.on Appeal 805

App'x 807

AGENCY I.D.  
SC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-08050

INQ. ENTD.

E V E N T	INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM							
	1. 23C - SHOPLIFTING LESS THAN 1000		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	08		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.							
	2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO										
V I C T I M	INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE								
	WALMART, DILLON SC				29536									
	INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	LOCATION NO.								
08/05/2009			08/05/2009		1A									
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE				
BAILEY, SAMMY		#1	#2	#3	J	S	O	U	M	26				
ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.								
WALMART														
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE				
WALMART		#1	#2	#3	J	S	O	U						
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.										
ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.								
WALMART														
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -														
#1 VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.														
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown														
S U B J E C T	<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)				RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
	<input type="checkbox"/> RUNAWAY	JUVENILE OFFENDER				M		12						
	<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.												
<input type="checkbox"/> WARRANT	ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.							
<input checked="" type="checkbox"/> ARREST														
<input type="checkbox"/> JAIL	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. ARRESTED NEAR OFFENSE SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO													
<input type="checkbox"/> SUMMONS	DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. TYPE:			TOTAL # ARRESTED	2	DATE/TIME OF OFFENSE	08/05/2009	DATE/TIME OF ARREST	08/05/2009	1412				
N A R R A T I V E	Offenses: SHOPLIFTING LESS THAN 1000													
	ON THE ABOVE DATE AND TIME CITY UNITS WERE DISPATCHED TO THE ABOVE INCIDENT LOCATION IN REFERENCE TO SHOPLIFTERS. ONCE ON SCENE THE COMPLAINT WHO IS A EMPLOYEE AT THE ABOVE INCIDENT LOCATION ADVISED THAT THE ABOVE JUVENILE SUSPECTS HAS STOLEN SEVERAL ITEMS. THE ITEMS WERE 5 CD'S AND SOME SMALL TOYS. THE VALUE OF THE ITEMS WERE SEVENTY FIVE DOLLARS. THE JUVENILES WERE TURNED OVER TO SHEILA GRICE 843-752-5566. THE JUVENILES WERE BANNED FROM THE STORE.													

				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY SC0170100				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY SC0170100					
P	TYPE (GROUP)	19-Merchandise											TOTAL VALUE
R	Burned												
O	Count/Forged												
P	Dest./Damaged												
E	Recovered	75.00											75.00
R	Seized												
T	Stolen	75.00											75.00
Y	Unknown												
A D M I N I S T	SUBJECT IDENTIFIED		SUBJECT LOCATED		<input type="checkbox"/> ACTIVE	<input type="checkbox"/> ADM. CLOSED	<input checked="" type="checkbox"/> ARRESTED UNDER 18		<input type="checkbox"/> EX-CLEAR UNDER 18				
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR 18 AND OVER				
	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY												
REPORTING OFFICER(S)			DATE	UNIT NUMBER	APPROVING OFFICER			DATE	UNIT NUMBER				
SGT RYAN BERRY			08/05/2009	211	ASST CHIEF BOBBY MCLEAN			08/05/2009	202				
FOLLOW-UP INVESTIGATION OFFICER <input type="checkbox"/> YES <input type="checkbox"/> NO													

Dillon Dept 0244

Rec.on Appeal 806

App'x 808

SC0170100

**SUPPLEMENTAL INCIDENT REPORT**

2,009-08050

INC. ENTD.

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

V I C T I M S S U B J E C T O V E R R F E R S L	<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH	
	<input type="checkbox"/> VICTIM #	JUVENILE OFFENDER			#1	#2	#3	J	S	O	U	M	12	//
	<input checked="" type="checkbox"/> SUBJECT # 02	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.								
	<input type="checkbox"/> RUNAWAY	ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE	EVENING PHONE				
<input type="checkbox"/> WANTED														
<input type="checkbox"/> WARRANT														
<input type="checkbox"/> ARREST	<input type="checkbox"/> VICTIM NO. _____ VISIBLE INJURY: <input type="checkbox"/> NO <input type="checkbox"/> YES			<input type="checkbox"/> VICTIM USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK			<input type="checkbox"/> TWO-MAN VEH <input type="checkbox"/> DETECTIVE SPLASMT <input type="checkbox"/> ALONE		<input type="checkbox"/> ONE-MAN VEH <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED					
<input type="checkbox"/> JAIL	EXPLAIN:			DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE: <input type="checkbox"/> UNK										
<input type="checkbox"/> SUMMONS	<input checked="" type="checkbox"/> SUBJECT NO. 02 USING ALCOHOL: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES			USING DRUGS: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES TYPE:							<input type="checkbox"/> UNKNOWN			
<input type="checkbox"/>														

A D M I N I S T	SUBJECT IDENTIFIED		SUBJECT LOCATED		<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNFOUNDED		<input checked="" type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR UNDER 18 <input type="checkbox"/> EX-CLEAR 18 AND OVER		
	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY										
	REPORTING OFFICER(S)			DATE		UNIT NUMBER		APPROVING OFFICER			DATE
SGT RYAN BERRY			08/05/2009		211		ASST CHIEF BOBBY MCLEAN			08/05/2009	
							FOLLOW-UP INVESTIGATION OFFICER				
							<input type="checkbox"/> YES <input type="checkbox"/> NO				

Dillon Report 0245

Rec.on Appeal 807

App'x 809

SC0170100

PROPERTY LISTING

2009-08050

INQ. ENTD.

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

5 RECOVERED

5 CD'S AND TOYS	-75.00
<b>TOTAL GROUP</b>	<b>-75.00</b>

7 STOLEN

5 CD'S AND TOYS	75.00
<b>TOTAL GROUP</b>	<b>75.00</b>

TOTAL PROPERTY

0.00

A D M I N I S T	SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SUBJECT LOCATED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ACTIVE <input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ADM. CLOSED	<input checked="" type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR UNDER 18 <input type="checkbox"/> EX-CLEAR 18 AND OVER
	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY					
	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
	SGT RYAN BERRY	08/05/2009	211	ASST CHIEF BOBBY MCLEAN	08/05/2009	202
	FOLLOW-UP INVESTIGATION OFFICER <input type="checkbox"/> YES <input type="checkbox"/> NO					

Dillon Report 0246

Rec.on Appeal 808

App'x 810

SC0170100

INCIDENT REPORT

2009-08172

ING. ENTD.

E V E N T	INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM	
	1. 13B - ASSAULT - SIMPLE / AGAINST MINOR J008481		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	13		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.	
	2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
V I C T I M	INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)					ZIP CODE	WEAPON TYPE	
	1 ST & PALMETTO ST, DILLON SC					29536	40	
	INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK		
	08/17/2009	2235		08/17/2009	2244	DISP. DATE	DISP. TIME	
					08/17/2009	2245	2247	2310
	COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE
	JUVENILE COMPLAINANT				J	S	O	U
	ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.	
	VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE
	JUVENILE VICTIM				J	S	O	U
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.		
VISIBLE INJURY (VICT. 1) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN - Apparent Minor Injur								
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.								
<input type="checkbox"/> TWO-MAN VEHL <input type="checkbox"/> ONE-MAN VEHL <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown								
S U B J E C T	<input checked="" type="checkbox"/> SUSPECT		SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	
	<input type="checkbox"/> RUIWAY		WILLIAMS, ALEXANDER JR		M	M	55	
	<input type="checkbox"/> WANTED		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					
	<input checked="" type="checkbox"/> WARRANT		ADDRESS		CITY	STATE	ZIP CODE	
# 1	<input checked="" type="checkbox"/> ARREST		CITY		STATE	ZIP CODE	LOCATION NO.	
	<input type="checkbox"/> JAIL		SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE	
	<input type="checkbox"/> SUMMONS		DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED	1	08/17/2009	
OFFENSES:		ASSAULT - SIMPLE / AGAINST MINOR J008481						
<p>ON THE ABOVE DATE AND TIME R/O WAS DISPATCHED TO INCIDENT LOCATION . UPON ARRIVAL THE VICTIM STATED THE SUSPECT JUMPED HIM FOR NO REASON . THE VICTIM HAD A BITE ON BOTH SIDES OF HIS NECK . A SCAR ON HIS RIGHT EYE , AND MARKS ON HIS BACK . THE VICTIM STATED THE SUSPECT BITE HIM ON BOTH SIDES ON HIS NECK . THE SCAR ON THE VICTIMS EYE CAME FROM THE SUSPECT'S FIST . THE MARKS ON THE VICTIMS BACK CAME FROM WHEN THE SUSPECT KNOCKED THE VICTIM TO THE GROUND . THE VICTIM WAS TRANSPORTED TO THE HOSPITAL BY EMS . THE SUSPECT CALLED FOR POLICE AT HIS RESIDENCE WHERE THE SUSPECT WAS ARRESTED HANDCUFFED IN REAR , DOUBLE LOCKED , AND CHECKED FOR TIGHTNESS . THE SUSPECT WAS TRANSPORTED TO DCCD . THE SUSPECT HAD ONE SMALL CUT ABOVE HIS LEFT EYE . THE SUSPECT STATED THE VICTIM STARTED ON HIM FIRST BUT IF HE HAD HIS KNIFE HE WOULD HAVE FINISHED HIM . CPL NORRIS TOOK PHOTOS OF VICTIM AT THE HOSPITAL .</p>								

		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P	TYPE (GROUP)				TOTAL VALUE
R	Burned				
O	Count/Forged				
P	Dist./Damaged				
E	Recovered				
R	Seized				
T	Stolen				
Y	Unknown				
A	SUBJECT IDENTIFIED	SUBJECT LOCATED	<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18	<input type="checkbox"/> EX-CLEAR UNDER 18
D	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED	<input checked="" type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR 18 AND OVER
M	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY				
I N V E S T	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE
	LCPL CHRIS CUMMINGS	08/17/2009	218	ASST CHIEF BOBBY MCLEAN	08/17/2009
	CPL CRYSTAL G NORRIS	08/17/2009	215	FOLLOW-UP INVESTIGATION OFFICER <input type="checkbox"/> YES <input type="checkbox"/> NO	202

Dillon Report 0947

Rec.on Appeal 809

AGENCY NO.  
SC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-08216

INC. ENTD.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM		
1. 23C - SHOPLIFTING		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	12		<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc. Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.		
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO					
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO					
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE			
BI-LO, 413 RADFORD BLVD, DILLON SC				28536				
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK			
08/22/2009	1350		08/22/2009	1403	DISP. DATE DISP. TIME TIME ARRIVED DEPART. TIME			
					1403 1435			
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX		
PHILLIPS, KAREN S		#1	#2	#3	J S O U	F		
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.		
						1A		
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX		
BI-LO		#1	#2	#3	J S O U			
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.		
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -								
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.								
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown								
S U B J E C T	<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)			RACE	SEX	AGE	
	<input type="checkbox"/> RUNAWAY	, JUVENILE OFFENDER			M		15	
	<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					HEIGHT	WEIGHT
	<input type="checkbox"/> WARRANT	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	
<input type="checkbox"/> ARREST								
<input type="checkbox"/> JAIL								
<input checked="" type="checkbox"/> SUMMONS	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DATE/TIME OF OFFENSE	DATE/TIME OF ARREST		
		DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED	1	08/22/2009 1350 08/22/2009 1425		
Offenses: SHOPLIFTING								
ON THE ABOVE DATE AND TIME R/O WAS DISPATCHED TO THE ABOVE INCIDENT LOCATION . UPON ARRIVAL THE COMPLAINANT STATED SHE CAUGHT SUSPECT 1 TRYING TO STEAL A PACK OF WHITE OWL CIGARS . THE COMPLAINANT STATED SUSPECT 2 IS HIS BROTHER AND WAS WITH SUSPECT 1 . THE VALUE OF THE CIGARS WAS \$4.96 . SUSPECT 1 WAS CARRIED TO THE POLICE DEPT AND RELEASED TO HIS MOTHER . SUSPECT 2 WAS SEARCHED AND DIDNT HAVE ANYTHING IN HIS POSSESSION . SUSPECT 2 HAD DRIVERS LICENSE AND A VEHICLE AND WAS RELEASED . COPY OF REPORT WILL BE CARRIED TO DJJ .								

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY 0170100		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY 0170100	
P	TYPE (GROUP)	08-Consumable	TOTAL VALUE
R	Burned		
O	Count/Forged		
P	Dest/Damaged		
E	Recovered	5.00	5.00
R	Seized		
T	Stolen	5.00	5.00
Y	Unknown		
A D M I N I S T	SUBJECT IDENTIFIED	SUBJECT LOCATED	<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY		<input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER	
REPORTING OFFICER(S)		DATE	UNIT NUMBER
LCPL CHRIS CUMMINGS		08/22/2009	218
APPROVING OFFICER		DATE	UNIT NUMBER
ASST CHIEF BOBBY MCLEAN		08/22/2009	202
CPL ERIC POSTON		08/22/2009	214
		FOLLOW-UP INVESTIGATION OFFICER <input type="checkbox"/> YES <input type="checkbox"/> NO	

Dillon Report 0248

Rec.on Appeal 810

App'x 812

SC0170100

**SUPPLEMENTAL INCIDENT REPORT**

2,0,0,9,-0,8,2,1,6

INCL. ENTID.

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

V I C T I M # 02  S U B J E C T  O V E R S E R I E S #	<input type="checkbox"/> COMPLAINT	NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH	
	<input type="checkbox"/> VICTIM #	JUVENILE OFFENDER		#1	#2	#3	J	S	O	U	M	16	//
	<input checked="" type="checkbox"/> SUBJECT #	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.							
	<input type="checkbox"/> RUNAWAY	ADDRESS											
	<input type="checkbox"/> WANTED	CITY			STATE	ZIP CODE	LOCATION NO.	DAY PHONE	EVENING PHONE				
	<input type="checkbox"/> WARRANT												
	<input type="checkbox"/> ARREST	VICTIM NO. _____ VISIBLE INJURY: <input type="checkbox"/> NO <input type="checkbox"/> YES			VICTIM USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK			TWO-MAN VEH. <input type="checkbox"/> DETECTIVE/PLASMT <input type="checkbox"/> ALONE					
	<input type="checkbox"/> JAIL	EXPLAIN:			DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE: <input type="checkbox"/> UNK			ONE-MAN VEH. <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED					
	<input type="checkbox"/> SUMMONS	<input checked="" type="checkbox"/> SUBJECT NO. 02 USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES			USING DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE:			<input checked="" type="checkbox"/> UNKNOWN					
	<input type="checkbox"/>												

A D M I N I S T	SUBJECT IDENTIFIED		SUBJECT LOCATED		<input type="checkbox"/> ACTIVE	<input type="checkbox"/> ADM. CLOSED	<input checked="" type="checkbox"/> ARRESTED UNDER 18	<input type="checkbox"/> EX-CLEAR UNDER 18	
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> FOUNDED	<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR 18 AND OVER	
	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY								
REPORTING OFFICER(S)			DATE	UNIT NUMBER	APPROVING OFFICER			DATE	UNIT NUMBER
LCPL CHRIS CUMMINGS			08/22/2009	218	ASST CHIEF BOBBY MCLEAN			08/22/2009	202
CPL ERIC POSTON			08/22/2009	214	FOLLOWUP INVESTIGATION OFFICER				
					<input type="checkbox"/> YES <input type="checkbox"/> NO				

Dillon Report 024C

Rec.on Appeal 811

App'x 813

SC0170100

PROPERTY LISTING

2009-08216

ING. ENTD.

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

5 RECOVERED

WHITE OWL CIGARS	-5.00
<b>TOTAL GROUP</b>	<b>-5.00</b>

7 STOLEN

WHITE OWL CIGAR	5.00
<b>TOTAL GROUP</b>	<b>5.00</b>

TOTAL PROPERTY

0.00

A D M I N I S T	SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SUBJECT LOCATED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	<input checked="" type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR UNDER 18 <input type="checkbox"/> EX-CLEAR 18 AND OVER
	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY				
	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE
LCPL CHRIS CUMMINGS	08/22/2009	218	ASST CHIEF BOBBY MCLEAN	08/22/2009	202
CPL ERIC POSTON	08/22/2009	214	FOLLOW-UP INVESTIGATION OFFICER <input type="checkbox"/> YES <input type="checkbox"/> NO		

Dillon Report 0950

Rec.on Appeal 812

App'x 814

AGENCY ID:  
SC0170100

DILLON POLICE DEPARTMENT  
PROPERTY LISTING

2009-08216

INC. ENTD.

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

<b>5 RECOVERED</b>	
WHITE OWL CIGARS	-5.00
TOTAL GROUP -5.00	
<b>7 STOLEN</b>	
WHITE OWL CIGAR	5.00
TOTAL GROUP 5.00	

<b>TOTAL PROPERTY</b>						<b>0.00</b>
ADMINISTRATIVE	SUBJECT IDENTIFIED	SUBJECT LOCATED	<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	<input checked="" type="checkbox"/> ARRESTED UNDER 18	<input type="checkbox"/> EX-CLEAR UNDER 18	
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR 18 AND OVER	
	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY					
	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
LCPL CHRIS CUMMINGS	08/22/2009	218	ASST CHIEF BOBBY MCLEAN	08/22/2009	202	
CPL ERIC POSTON	08/22/2009	214	FOLLOW-UP INVESTIGATION OFFICER			
			<input type="checkbox"/> YES <input type="checkbox"/> NO			

Rec.on Appeal 813

AGENCY I.D.  
SC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-08265

IND. ENTD.

E V E N T	INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM							
	1. 13B - ASSAULT - SIMPLE		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	18 04		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.							
	2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO										
V I C T I M	INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)						ZIP CODE	WEAPON TYPE						
	DILLON CHURCH OF GOD YOUTH CENTER RADFORD BLVD., DILLON SC						29536	40						
	INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK			LOCATION NO.					
04/10/2009	1200		08/27/2009	1625	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME						
					08/27/2009	1625	1625	1645	1A					
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE			
, JUVENILE COMPLAINANT		#1	#2	#3	J	S O U	M	15		H	B			
ADDRESS		CITY			STATE	ZIP CODE	LOCATION NO.							
VICTIMS NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE			
, JUVENILE VICTIM		#1	#2	#3	J	S O U	M	15		H	B			
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.										
ADDRESS		CITY			STATE	ZIP CODE	LOCATION NO.							
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -														
# 1 VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK														
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown														
S U B J E C T	<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)				RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
	<input type="checkbox"/> RUNAWAY	, JUVENILE OFFENDER				M		16-17						
	<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.												
<input type="checkbox"/> WARRANT	ADDRESS				CITY		STATE	ZIP CODE	LOCATION NO.					
<input type="checkbox"/> ARREST														
<input type="checkbox"/> JAIL	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.				ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST					
<input type="checkbox"/> SUMMONS	DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. TYPE:				TOTAL # ARRESTED 0		04/10/2009 1200							
N A R R A T I V E	Offenses: ASSAULT - SIMPLE													
	ON THE ABOVE DATE AND TIME THE VICTIM STOPPED BY THE POLICE DEPARTMENT TO FILE A REPORT ON HARRASSMENT. HE STATED SINCE MARCH OF THIS YEAR THE SUSPECT HAS BEEN HARRASSING HIM BY CALLING AND TEXTING HIM. THE VICTIM STATED WITHIN THE MONTH THE SUSPECT HAS STARTED ATTACKING HIM PHYSICALLY. THE VICTIM STATED HE HAS ASKED THE SUSPECT TO LEAVE HIM ALONE MANY TIMES. THE VICTIM STATED THE SUSPECT CALLED HIM ON 08/24/2009 AND STATED THAT HE WAS GOING TO GET HIM AT CHURCH ON 08/26/2009. THE VICTIM STATED WHEN THE SUSPECT APPROACHED HIM WEDNESDAY 08/26/2009 HE TOLD HIM TO MEET HIM SO THEY COULD FIGHT. THE VICTIM STATED HE TOOK HIS GIRLFRIEND HOME AND WENT HOME HIMSELF. THE VICTIM STATED HE JUST WANTS THE SUSPECT TO LEAVE HIM ALONE. THE VICTIM STATED HE DOES NOT KNOW THE SUSPECT ADDRESS, HE JUST KNOWS HE STAYS IN LAKE VIEW.													

				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY			
P	TYPE (GROUP)										TOTAL VALUE
R	Burned										
O	Court/Forged										
P	Dist/Damaged										
E	Recovered										
R	Seized										
T	Stolen										
Y	Unknown										
A	SUBJECT IDENTIFIED		SUBJECT LOCATED		<input checked="" type="checkbox"/> ACTIVE	<input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18		<input type="checkbox"/> EX-CLEAR UNDER 18		
D	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR 18 AND OVER		
M	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY										
I N I S T	REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER				DATE	UNIT NUMBER	
	PFC RAY MCPHATTER		08/27/2009	221	ASST CHIEF BOBBY MCLEAN				08/27/2009	202	
	FOLLOW-UP INVESTIGATION OFFICER <input type="checkbox"/> YES <input type="checkbox"/> NO										

Rec.on Appeal 814

AGENCY I.D.  
IC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-08027

INO. ENTD.  
X

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 23H - LARCENY OF A TAG		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	18 23		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
DAVIS AUTO 401 HIGHWAY 301 SOUTH, DILLON SC				29536		
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
07/28/2009	0900		08/03/2009	1255	DISP. DATE	DISP. TIME
				08/03/2009		1255
						1305
						LOCATION NO.
						03
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
GREENE, KENYATA JERE		ST		J	O	U
				B	F	
				25	N	
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
2608 CORBETT CT		DILLON		SC	29536	CTY
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
GREENE, KENYATA JERE		ST		J	O	U
				B	F	
				25	N	
HEIGHT		WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.	
5-3	178	BLK	BRO			
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
2608 CORBETT CT		DILLON		SC	29536	CTY
VISIBLE INJURY (VICT 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
VICTIM (NO. 1) USING: ALCOHOL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK DRUGS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK						
<input type="checkbox"/> TWO-MAN VEH <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.	DATE OF BIRTH
PERSON, UNKNOWN/UNTRACKED		U	U	00	U	
FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
SUBJECT (NO. 1) USING ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK TYPE		TOTAL # ARRESTED 0		07/28/2009 0900		

ON THE ABOVE DATE, WHILE ON PATROL, VICTIM STOP THE R/O AND STATED THAT WHILE HER VEHICLE WAS AT DAVIS AUTO, SOME UNKNOWN PERSON STOLE THE TAG OFF THE VEHICLE. THE TAG# IS SC 9829DZ.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P TYPE (GROUP)		77-Other	TOTAL VALUE
R Burned			
O Court Forged			
P Dest./Damaged			
E Recovered			
R Seized			
T Stolen		35.00	35.00
Y Unknown			
SUBJECT IDENTIFIED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		SUBJECT LOCATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18	
<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY			
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER
ASST TONY J ROBERTS	08/03/2009	210	ASST CHIEF BOBBY MCLEAN
		DATE	
		08/03/2009	
		UNIT NUMBER	
		202	
FOLLOW-UP INVESTIGATION OFFICER			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

Rec.on Appeal 815

FORM 7-11  
20178108

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER: 2,0,0,9,-0,8,0,2,2  
INC. ENTD.

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 521 - VIOLATION OF SC HAND GUN LAW TICKET #27610-EV	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	07		<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Org. <input checked="" type="checkbox"/> Soc. Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2. 005 - BUS VST TICKET #27609-EV	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	07		
3.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)  
613 RADFORD BLVD. MURPHY EXPRESS, DILLON SC ZIP CODE 29536 WEAPON TYPE 12-S

INCIDENT DATE 08/02/2009 24 HR. CLOCK 2300 TO DATE 08/02/2009 24 HR. CLOCK 2320  
DISPATCH DATE/TIME 24 HR. CLOCK 08/02/2009 2300 TIME ARRIVED 2300 DEPART. TIME 2320 LOCATION NO. 1A

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE) BARRELD, LOUIS  
RELATIONSHIP TO SUBJECT #1 ST #2 #3 RESIDENT RACE SEX AGE ETH DAYTIME PHONE EVENING PHONE  
J S O U W M 54 N (843) 774-0051 H B

ADDRESS 401 WEST MAIN STREET / PO DRAWER 431 CITY DILLON STATE SC ZIP CODE 29536 LOCATION NO. 04

VICTIM'S NAME (LAST, FIRST, MIDDLE) SOCIETY PUBLIC  
RELATIONSHIP TO SUBJECT #1 #2 #3 RESIDENT RACE SEX AGE ETH DAYTIME PHONE EVENING PHONE  
J S O U H B

WEIGHT HAIR EYES FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.  
CITY STATE ZIP CODE LOCATION NO.

USABLE ALP (VCT 1)  YES  NO EXPLAIN --  
FORM (NO 1) USING: ALCOHOL:  YES  NO  UNK. DRUGS:  YES  NO  UNK.

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

SUBJECT NAME (LAST, FIRST, MIDDLE) DUNHAM, GREGORY LORENZO RACE SEX AGE ETH DATE OF BIRTH HEIGHT WEIGHT HAIR EYES  
B M 21 N 5-10 150 BLK BRO

FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.  
ADDRESS 529 FREDDIE LOOP CITY DILLON STATE SC ZIP CODE 29536 LOCATION NO.

SUBJECT (NO. 1) USING: ALCOHOL:  YES  NO  UNK. ARRESTED NEAR OFFENSE SCENE  YES  NO DATE/TIME OF OFFENSE 08/02/2009 2300 DATE/TIME OF ARREST 08/02/2009 1120  
DRUGS:  YES  NO  UNK. TYPE: TOTAL # ARRESTED 1

ON THE ABOVE DATE AND TIME R/O WAS CHECKING PROPERTY AT THE BI-LO SHOPPING CENTER AND A HEARD A VERY LOUD RADIO PLAYING FROM A VEHICLE COMING UP RADFORD BLVD FROM 301. WHEN THE VEHICLE PAST BY, THE R/O PULLED OUT BEHIND IT AND STOPPED THE VEHICLE IN THE PARKING LOT OF MURPHYS. THE SUSPECT MR. GREGORY LORENZO DUNHAM WAS THE DRIVER. R/O TOLD THE SUSPECT WHY HE WAS STOPPED. THE R/O COULD SEE THAT THE SUSPECT WAS VERY NERVOUS. R/O ASKED THE SUSPECT FOR HIS DL'S AND THE R/O WAS TOLD BY THE SUSPECT THAT HE DID NOT HAVE ANY DL'S. THE R/O ASKED FOR A ID CARD. THE SUSPECT SAID SOMETHING OTHER THAN THE DL'S. R/O ASKED THE SUSPECT IF THERE WERE ANY DRUGS OR WEAPONS IN THE VEHICLE. THE SUSPECT TOLD THE R/O THAT THERE WERE NO DRUGS IN THE VEHICLE. R/O ASKED ABOUT THE SUSPECT ARE THERE ANY WEAPONS IN THE VEHICLE. THE SUSPECT TOLD THE R/O YES THERE IS A GUN UNDER MY SEAT. R/O CALLED FOR BACK UP AND OFFICER W. BERRY ANDLY (3) ROUNDS IN THE GUN. R/O HAD DISPATCH TO CHECK IT AND IT CAME BACK CLEAN SERIAL# D 760863 BLUE STEEL AND BROWN HANDLES. THE SUSPECTS GIRLFRIEND CAME AND PICKED UP THE VEHICLE. THE SUSPECT WAS ARRESTED AND TRANSPORTED TO COUNTY JAIL. THE CUFFS WERE DOUBLE LOCKED AND CHECKED FOR TIGHTNESS.

TYPE (GROUP)	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY	JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	TOTAL VALUE
Sec			
Re/Forged			
Lo/Damaged			
Others			
Sec			
Other			

SUBJECT IDENTIFIED  YES  NO SUBJECT LOCATED  YES  NO

ACTIVE  ADM. CLOSED  UNFOUNDED  ARRESTED UNDER 18  EX-CLEAR UNDER 18  
EX-CLEAR 18 AND OVER  ARRESTED 18 AND OVER  EX-CLEAR 18 AND OVER

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

REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
L LOUIS BARFIELD	08/02/2009	217	ASST CHIEF BOBBY MCLEAN	08/02/2009	202
WILLIE BERRY	08/02/2009	219	FOLLOW-UP INVESTIGATION OFFICER		

Rec.on Appeal 816

App'x 818

00170100

INCIDENT REPORT

2,009, - 08,02,3

ING. ENTD.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. BUR - BURGLARY II GRAND LARCENY		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	05		<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Instl <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn <input checked="" type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2. 90Z - POSSESSION OF BURGLARY TOOLS		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	05		
3. DUS - DUS 3RD 26693EV		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	13		
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
SUNSHINE WASHERETTE 213 LOCKEMY HWY, DILLON SC				29536		
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
08/03/2009	0200		08/03/2009	0230	DISP. DATE	DISP. TIME
				08/03/2009	0232	0234
					TIME ARRIVED	DEPART. TIME
					0440	
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT	RESIDENT	RACE
BERRY, RYAN				AQ	Y	S O U
ADDRESS				CITY	STATE	ZIP CODE
401 WEST MAIN STREET PO BOX 431				DILLON	SC	29536
VICTIM'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT	RESIDENT	RACE
SUNSHINE WASHERETTE					J S O U	
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
ADDRESS				CITY	STATE	ZIP CODE
213 LOCKEMY HWY				DILLON	SC	29536
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)			RACE	SEX	AGE
<input type="checkbox"/> RUNAWAY	SCARBROUGH, EDDIE JR			B	M	41
<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					
<input type="checkbox"/> WARRANT	ADDRESS			CITY	STATE	ZIP CODE
<input checked="" type="checkbox"/> ARREST	701 SOUTH 8TH AVENUE			DILLON	SC	29536
<input type="checkbox"/> JAIL	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			ARRESTED NEAR OFFENSE SCENE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE/TIME OF OFFENSE
<input type="checkbox"/> SUMMONS	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:			TOTAL # ARRESTED	2	08/03/2009 0200
			DATE/TIME OF ARREST	08/03/2009 0245		

ON 08-03-2009 DILLON COUNTY DEPUTY KENNY MILLER TURNED OFF OF HWY 57 ONTO EAST CALHOUN ST. AND NOTICED A VEHICLE TURN OFF OF THE ROADWAY AND INTO A YARD AT THE ABOVE INCIDENT LOCATION. DEPUTY MILLER THOUGHT THE DRIVER WAS INTOXICATED BECAUSE THE VEHICLE TURNED BEFORE REACHING THE DRIVEWAY. DEPUTY MILLER SEEN THE PASSENGER DOOR OPEN AT SOME BUSHES NEXT TO THE ROADWAY. THE VEHICLE THEN WENT THRU THE YARD AND DEPUTY MILLER CUT THE VEHICLE OFF BEFORE THE VEHICLE COULD GET BACK ON TO THE ROADWAY. THE DRIVER WHICH IS SUSPECT#1 JUMPED OUT OF THE VEHICLE AND WENT TOWARD MILLER. MILLER ADVISED THE SUSPECT#1 TO GET BACK IN THE VEHICLE. CPL. L. BARFIELD, DEPUTY KEVIN DANIELS, STATE CONSTABLE DONNIE GRIMSLEY, OFFICER MONROE HERRING, DEPUTY TROY JONES, DEPUTY R.P. GRIMSLEY, PFC W. BERRY AND THE REPORTING OFFICER ASSISTED. SUSPECT#1 WAS THE DRIVER AND SUSPECT#2 WAS THE PASSENGER. THE VEHICLE CONTAINED PRY BARS, LARGE BOLT CUTTERS, WIRE PLIERS, DUFFEL BAG, RUBBER GLOVES AND RACHET SET. DEPUTY KENNY MILLER WALKED OVER TO THE BUSHES AND SEEN TWO CHROME CHANGE MACHINE BOXES, A BAG OF COINS, A MAUL, AND A CROW BAR. DEPUTY TROY JONES WENT OVER TO THE SUNSHINE WASHERETTE AND FOUND THAT THE LOCATION HAD BEEN BROKEN INTO. THE FRONT DOOR HAD BEEN PRIED OPEN. ONCE INSIDE THE SUSPECTS PRIED OPEN THE CHANGE MACHINE AND STOLE THE COINS AND BILLS. THE ABOVE SUSPECT#1 HAD A POCKET FULL OF ONES, FIVES, AND TEN DOLLAR BILLS IN THE SUSPECT#1 FRONT POCKET. INVESTIGATOR OWENS WAS CALLED OUT TO THE SCENE. THE DAMAGE TO THE DOOR AND DOOR JAM WAS ESTIMATED AT ONE THOUSAND DOLLARS. THE DAMAGE TO THE CHANGE MACHINE WAS ESTIMATED AT TWO THOUSAND DOLLARS. THE SUSPECT#1 DRIVER'S LICENSES WERE SUSPENDED. THE TAGS ON THE VEHICLE WERE IMPROPER, AND THE VEHICLE HAD NO INSURANCE. THE VEHICLE WAS A 1996 DODGE VAN BELONGING TO FREDDIE PATTERSON 441 DUDLEY RD. LATTA SC 29565. THE TAG THAT WAS ON THE VEHICLE WAS 284XGD WHICH CAME BACK TO A 1995 NISSAN BELONGING TO LAYSELL BROWN 4457 JUDSON RD DILLON SC 29536. THE SUSPECT#1 AND SUSPECT#2

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY SCO170100		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY SCO170100	
TYPE (GROUP)	20-Money	TOTAL VALUE	
Counted			
Count/Forged			
Dest./Damaged			
Recovered			
Seize			
Stolen	1100.00	1100.00	
SUBJECT IDENTIFIED		SUBJECT LOCATED	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18	
<input type="checkbox"/> UNFOUNDED <input type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR 18 AND OVER	
REASONS FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> AVOIDABLE - NO CUSTODY			
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER
DET RYAN BERRY	08/03/2009	211	
DET LOUIS BARFIELD	08/03/2009	217	
FOLLOW-UP INVESTIGATION OFFICER			
<input type="checkbox"/> YES <input type="checkbox"/> NO			

Rec.on Appeal 817

BRILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-08023

INO. ENTD.

THE HANDCUFFS WERE DOUBLE LOCKED AND CHECKED FOR TIGHTNESS. THE SUSPECTS WERE  
UNION COUNTY DETENTION CENTER. THE VEHICLE WAS TOWED BY COWARDS TOWING TO THE CITY SHOP.

TYPE (GROUP)		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY SCO170100		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY SCO170100		TOTAL VALUE	
20-Money							
Burns							
Count-Forged							
Desc. Damaged							
Recovered							
Other	1100.00					1100.00	
SUBJECT IDENTIFIED		SUBJECT LOCATED		<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input checked="" type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER	
FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY							
REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER
RYAN BERRY		08/03/2009	211				
LOUIS BARFIELD		08/03/2009	217	FOLLOW-UP INVESTIGATION OFFICER			
				<input type="checkbox"/> YES <input type="checkbox"/> NO			

Rec.on Appeal 818

App'x 820

AGENCY I.D.  
CO170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2,009-08025

NCIC  
INO. ENTO.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 23H - LARCENY OF CHECK		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relg. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
210 S 5TH AVE, DILLON SC				29536		
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
04/01/2009	0800		08/03/2009	0800	DISP. DATE	DISP. TIME
				08/03/2009	0939	0939
					DEPART. TIME	1000
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)				RESIDENT	RACE	SEX
EVANS, KENNETH				<input checked="" type="checkbox"/> SOU	B	M
ADDRESS				AGE	ETH	DAYTIME PHONE
1301 EAST CALHOUN ST				53	N	(843) 774-8748
CITY				STATE	ZIP CODE	LOCATION NO.
DILLON				SC	29536	03
VICTIM'S NAME (LAST, FIRST, MIDDLE)				RESIDENT	RACE	SEX
EVANS, KENNETH				<input checked="" type="checkbox"/> SOU	B	M
ADDRESS				AGE	ETH	DAYTIME PHONE
1301 EAST CALHOUN ST				53	N	(843) 774-8748
CITY				STATE	ZIP CODE	LOCATION NO.
DILLON				SC	29536	03
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN --						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT NAME (LAST, FIRST, MIDDLE)						
<input checked="" type="checkbox"/> SUSPECT PERSON, UNKNOWN/UNTRACKED						
<input type="checkbox"/> RUNAWAY						
<input type="checkbox"/> WANTED						
<input type="checkbox"/> WARRANT						
<input type="checkbox"/> ARREST						
<input type="checkbox"/> JAIL						
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO DATE/TIME OF OFFENSE DATE/TIME OF ARREST						
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE: TOTAL # ARRESTED 0 04/01/2009 0800						

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P TYPE (GROUP)	21-Negotiable		TOTAL VALUE
R Sured			
O Count/Forged			
P Dist/Damaged			
E Recovered			
R Seized			
T Stolen	985.00		985.00
Y Unknown			
SUBJECT IDENTIFIED		SUBJECT LOCATED	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<input checked="" type="checkbox"/> ACTIVE		<input type="checkbox"/> ADM. CLOSED	
<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED UNDER 18	
		<input type="checkbox"/> ARRESTED 18 AND OVER	
		<input type="checkbox"/> EX-CLEAR UNDER 18	
		<input type="checkbox"/> EX-CLEAR 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY			
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER
CP CRISTAL G NORRIS	08/03/2009	215	ASST CHIEF BOBBY MCLEAN
		DATE	
		08/03/2009	
		UNIT NUMBER	
		202	
FOLLOW-UP INVESTIGATION OFFICER			
<input type="checkbox"/> YES <input type="checkbox"/> NO			

Rec.on Appeal 819

SEXY LD.  
00170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2009-08026

NCIC  
INO. ENTD.

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

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)  
807 S. 8TH, DILLON SC

ZIP CODE  
29536

WEAPON TYPE

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK			LOCATION NO.
08/02/2009	2100		08/02/2009	2100	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME
					08/03/2009	1046	1046	1110

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE
MCKENZIE, SAMUEL D	#1 BG	<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	B	M	52	N		

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
1151 HWY 917 W	LATTA	SC	29565	03

VICTIM'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE
MCKENZIE, SAMUEL D	#1	<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	B	M	52	N		

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
5-7	200	BLK	BRO	

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
1151 HWY 917 W	LATTA	SC	29565	03

VEHICLE NATURE (VCT 1)  YES  NO EXPLAIN -

VCTM NO 11 USING ALCOHOL:  YES  NO  UNK. DRUGS:  YES  NO  UNK.

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

SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)	RACE	SEX	AGE	ETH	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
<input checked="" type="checkbox"/>	BULLARD, MARY	B	F	47-48	N		5-6	175	BLK	BRO

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
	DILLON	SC	29536	

SUBJECT (NO. 1) USING ALCOHOL:	ARRESTED NEAR OFFENSE SCENE	DATE/TIME OF OFFENSE	DATE/TIME OF ARREST
<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	08/02/2009	2100

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

ON THE ABOVE DATE AND TIME, THE VICTIM CAME TO THE POLICE DEPT TO REPORT THAT THE SUSPECT HAS BEEN HARASSING HIM SINCE SHE HAS MOVED OUT OF HIS RESIDENCE. THE VICTIM STATES THAT THE SUSPECT HAS COME TO HIS HOUSE SEVERAL TIMES AFTER BEING ASKED TO STAY AWAY, AND BEING ESCORTED BY POLICE TO THE RESIDENCE TO REMOVE HER BELONGINGS. VICTIM WISHES TO PROSECUTE.

TYPE (GROUP)	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		TOTAL VALUE
Burned					
Counterspoiled					
Check Damaged					
Recovered					
Stolen					
Other					
Unknown					

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

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

REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
CPA CRYSTAL G NORRIS	08/03/2009	215	ASST CHIEF BOBBY MCLEAN	08/03/2009	202

Rec.on Appeal 820

AGENCY I.D.  
SC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER

2,009 - 08009

NCIC

INQ. ENTG.

INCIDENT TYPE				COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM	
SUS - SUSPICIOUS PERSON				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	09		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Regs. Orgn. <input type="checkbox"/> Soc. Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.	
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE		WEAPON TYPE			
E11 HWY 301 NORTH (RITE AID), DILLON SC				29536					
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK			LOCATION NO.	
08/01/2009	1915		08/01/2009	1940	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME	
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)					RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
JONES, SANITTA M					#1	#2	#3	J	S
ADDRESS					CITY		STATE	ZIP CODE	LOCATION NO.
611 HWY 301 NORTH					DILLON		SC	29536	1A
VICTIM'S NAME (LAST, FIRST, MIDDLE)					RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
RITE AID					#1	#2	#3	J	S
ADDRESS					CITY		STATE	ZIP CODE	LOCATION NO.
611 NORTH 2ND AVENUE					DILLON		SC	29536	01
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -									
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.									
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED   J - This Jurisdiction S - State O - Out of State U - Unknown									
SUBJECT NAME (LAST, FIRST, MIDDLE)									
<input checked="" type="checkbox"/> SUSPECT PERSON, UNKNOWN/UNTRACKED									
<input type="checkbox"/> RUNAWAY <input type="checkbox"/> WANTED <input type="checkbox"/> WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/> JAIL <input type="checkbox"/> SUMMONS									
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO DATE/TIME OF OFFENSE: 08/01/2009 1915									

ON THE ABOVE DATE AND TIME, THE R/O RESPONDED TO THE ABOVE LOCATION IN REFERENCE TO A SUSPICIOUS PERSON. THE COMPLAINANT STATES THE SUBJECT WOULD COME IN AND OUT THE DOOR LOOKING AROUND AND ONE OCCASION ASKED THE COMPLAINANT IF HE COULD BORROW SOME MONEY. THE COMPLAINANT TOLD THE SUBJECT NO. THE SUBJECT THEN LEFT AND TOLD THE COMPLAINANT THAT HE WOULD BE BACK. THE SUBJECT IS DESCRIBE AS A BLACK MALE, EARLY TWENTIES, WEARING A BLACK T-SHIRT, AND BLACK DEW RAG. THE MADE A SEARCH OF THE AREA, AND DID NOT LOCATE THE SUBJECT.

TYPE (GROUP)		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
Blame					TOTAL VALUE
Chain Forged					
Chain Damaged					
Identified					
Other					
SELECT IDENTIFIED		SUBJECT LOCATED		<input type="checkbox"/> ACTIVE <input checked="" type="checkbox"/> ADM. CLOSED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNFOUNDED	
EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY		ARRESTED UNDER 18		EX-CLEAR UNDER 18	
REPORTING OFFICER(S)		DATE		UNIT NUMBER	
ESBC POSTON		08/01/2009		214	
APPROVING OFFICER		DATE		UNIT NUMBER	
ASST CHIEF BOBBY MCLEAN		08/01/2009		202	
FOLLOW-UP INVESTIGATION OFFICER					
<input type="checkbox"/> YES <input type="checkbox"/> NO					

Rec.on Appeal 821

GENEX I.D.  
C0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-08010

INO. ENTO.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 13C - THREATENING A POLICE OFFICER		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	15		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input checked="" type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2. 90G - PUBLIC DISPLAY CITY ORD. 1001		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	13		
3. 90E - PUBLIC DRUNK 26689EV		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	13		
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
600 BLOCK OF WEST HARRISON ST., DILLON SC				29536		
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
08/01/2009	2215		08/01/2009	2225	DISP. DATE	DISP. TIME
				08/01/2009	2225	2226
					TIME ARRIVED	DEPART. TIME
					2225	2235
					LOCATION NO.	
					04	
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
BERRY, RYAN		#1 ST	#2	#3	O S O U	W M
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
401 WEST MAIN STREET PO BOX 431		DILLON		SC	29536	04
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
BERRY, RYAN		#1 ST	#2	#3	O S O U	W M
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
401 WEST MAIN STREET PO BOX 431		DILLON		SC	29536	04
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
5-10	185	BRO	BLU			
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN --						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)			RACE	SEX	AGE
<input type="checkbox"/> RUNAWAY	DIXON, CHRISTOPHER CORTEZ			B	M	24
<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.			ETH.	DATE OF BIRTH	HEIGHT
<input type="checkbox"/> WARRANT				N		5-9
<input checked="" type="checkbox"/> ARREST	ADDRESS			WEIGHT	HAIR	EYES
<input type="checkbox"/> JAIL	602 WEST HARRISON STREET			146	BLK	BRO
<input type="checkbox"/> SUMMONS	CITY			FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
			DILLON	STATE	ZIP CODE	LOCATION NO.
			SC	29536	01	
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK.			ARRESTED NEAR OFFENSE SCENE: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DATE/TIME OF OFFENSE	
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:			TOTAL # ARRESTED		DATE/TIME OF ARREST	
			1		08/01/2009 2215 08/01/2009 2235	

ON THE ABOVE DATE AND TIME THE REPORTING OFFICER ALONG WITH OFFICER M. HERRING WERE PATROLLING DOWN WEST HARRISON ST. OFFICER M. HERRING NOTICED THE ABOVE SUSPECT LAYING IN THE FRONT SEAT OF A BLUE CHEVY CAPRICE WHICH WAS PARKED ABOUT THREE FEET FROM THE ROAD. THE VEHICLE HAD THREE DOORS OPEN. THE R/O TURNED AROUND TO INVESTIGATE. THE R/O ALONG WITH OFFICER M. HERRING APPROACHED THE VEHICLE. THE SUSPECT APPEARED TO BE PASSED OUT. THE SUSPECT WAS HOLDING A SEAGRAM'S GIN BOTTLE IN HIS LEFT HAND WHICH WAS RESTING AGAINST THE SUSPECTS CHEST. THE R/O ATTEMPTED TO WAKE THE SUSPECT UP BY SHAKING THE SUSPECT ON THE ARM AND ALSO CHEST AREA. THE SUSPECT FINALLY WOKE UP. THE R/O ASKED THE SUSPECT FOR SOME ID. THE SUSPECT STATED THAT HE(SUSPECT) DIDNT HAVE TO GIVE ME(R/O) ANYTHING. THE SUSPECT WAS INTOXICATED. THE R/O ASK WHO VEHICLE IT WAS. THE SUSPECT STATED MINE MAN. THE R/O RAN THE TAG EQJ727 THRU CENTRAL DISPATCH AND THE VEHICLE CAME BACK TO AN ANNIE LEE WILSON 2023 COREY CT. DILLON SC 29536. THE R/O ASKED TWO YOUNG JUVENILES WHO WERE IN THE YARD OF 602 WEST HARRISON ST IF THEY KNEW THE SUSPECT AND THEY SAID NO. THEN ONE OF THE JUVENILES BEFORE RUNNING OFF STATED THAT THEY CALLED HIM(SUSPECT) HOTDOG. OFFICER M. HERRING WALKED UP TO THE RESIDENCE OF 602 WEST HARRISON ST. TO SEE IF ANYONE WAS HOME TO ID THE SUSPECT BUT NO ONE WOULD COME TO THE DOOR. THE SUSPECT BECAME MORE AND MORE DISORDERLY. THE SUSPECT WAS PLACED UNDER ARREST FOR PUBLIC DISPLAY AND ALSO PUBLIC DRUNK. PHOTOS WERE TAKEN. THE SUSPECT WAS HANDCUFFED WHICH WERE DOUBLE LOCKED AND CHECKED FOR TIGHTNESS. ON THE WAY TO THE JAIL AND ALSO IN THE BOOKING AREA THE SUSPECT STARTED MAKING THREATS TOWARDS THE REPORTING OFFICER. THE SUSPECT STATED: I WILL GET YOU WHEN I GET OUT. YOU WILL GET WHATS COMING TO YOU. I WILL SEE YOU ON THE STREET AND IT WILL BE ON THEN. YOUR SUIT AND VEST ISN'T GOING TO SAVE YOU. YOU KNOW WHAT YOU ARE GOING TO GET. YOU WILL BE BLACK AND BLUE BECAUSE YOU ARE GOING TO GET YOURS AT THE END OF THE DAY. YOU ARE A CHUMP

TYPE (GROUP)		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
Damage					TOTAL VALUE
Count-Forced					
Count-Carried					
Count-Other					
Count-Total					
SUBJECT IDENTIFIED		SUBJECT LOCATED		<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED <input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED <input checked="" type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER	
EXEMPTION FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY					
REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER	
RYAN BERRY		08/01/2009	211	ASST CHIEF BOBBY MCLEAN	
				DATE	
				08/01/2009	
				UNIT NUMBER	
				202	
FOLLOW-UP INVESTIGATION OFFICER					
<input type="checkbox"/> YES <input type="checkbox"/> NO					

Rec.on Appeal 822

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DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER		NCIC	
2,009-08010		ING.	ENTD.

AND A FOUR EYED PUNK. YOU CANT HIDE BEHIND THAT UNIFORM. I GOT SOMETHING FOR YOU. YOU TAKE THESE HANDCUFFS OFF AND WE CAN DO THIS RIGHT HERE BECAUSE I'M A REAL MAN. I'LL BE OUT TOMORROW AND YOU WILL GET WHATS COMING TO YOU. YOU WILL GET WHAT YOU DESERVE. THE REPORTING OFFICER THEN TOLD THE SUSPECT THAT HE WOULD BE CHARGED WITH THREATENING A POLICE OFFICER.

				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
TYPE (GROUP)						TOTAL VALUE	
Burned							
Count/Forged							
Dest/Damaged							
Recovered							
Seized							
Stolen							
Unknown							
SUBJECT IDENTIFIED		SUBJECT LOCATED		<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. 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-CLEAR UNDER 18	
						<input type="checkbox"/> EX-CLEAR 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY							
REPORTING OFFICER(S)		DATE		UNIT NUMBER		APPROVING OFFICER	
SGT RYAN BERRY		08/01/2009		211		ASST CHIEF BOBBY MCLEAN	
						DATE	
						08/01/2009	
						UNIT NUMBER	
						202	
FOLLOW-UP INVESTIGATION OFFICER							
<input type="checkbox"/> YES <input type="checkbox"/> NO							

Rec.on Appeal 823

App'x 825

AGENCY I.D.  
CO170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER

2009-08011

NCIC

INC. ENTD.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 13A - CDV 1ST. J008437		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
806 ENTERPRISE RD. APT. 3-D, DILLON SC				29536	40	
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
08/01/2009	2200		08/01/2009	2234	DISP. DATE	DISP. TIME
				08/01/2009	2234	2237
					2357	LOCATION NO.
						01
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
CASTILLO, JASMINE ISIS		#1 BG	#2	<input checked="" type="checkbox"/> S	O	U
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	
806 ENTERPRISE RD. APT 3-D		DILLON	SC	29536	01	
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
CASTILLO, JASMINE ISIS		#1 BG	#2	<input checked="" type="checkbox"/> S	O	U
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.	AGE	ETH.
5-5	192	BLK	BRO		20	N
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	
806 ENTERPRISE RD. APT 3-D		DILLON	SC	29536	01	
VISIBLE INJURY (VICT. 1) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN - Apparent Broken Bone						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.	DATE OF BIRTH
<input checked="" type="checkbox"/> SUSPECT <input type="checkbox"/> RUNAWAY <input type="checkbox"/> WANTED <input checked="" type="checkbox"/> WARRANT		B	M	21	N	
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
TATTOO ON RIGHT FOREARM		DATE/TIME OF OFFENSE				
806 ENTERPRISE RD. ENTERPRISE APT.3D		08/01/2009 2200				
DILLON		08/03/2009 0900				
ARREST		TOTAL # ARRESTED 1				
JAIL		DATE/TIME OF ARREST				
SUMMONS		08/01/2009 2200				
ON THE ABOVE DATE AND TIME R/O WAS GIVEN A CALL TO SPEAK WITH THE VICTIM IN THE ER AT THE HOSPITAL. THE VICTIM HAD BEEN PUNCHED IN THE FACE BY THE BOYFRIEND PETER L. JOHNSON. THE VICTIM'S NOSE HAD BEEN BROKEN SO THE R/O CALLED SGT. R. BERRY TO COME UP TO THE HOSPITAL TO TAKE SOME PHOTO'S OF THE VICTIM'S FACE. THE VICTIM STATED TO THE R/O THAT SHE HAD CALLED HER MOTHER AND SHE WAS PAYING FOR BUS TICKETS FOR THE VICTIM TO RETURNED BACK TO N.J. R/O DID NOT FIND THE SUSPECT, BUT WILL BE TAKING A WARRANT OUT FOR HIM FOR CDV 1ST. THE SUSPECT AND VICTIM HAVE A 2 YEAR OLD CHILD AND THE VICTIM IS (32 WEEKS PREGNANT).						

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
TYPE (GROUP)			TOTAL VALUE
<input type="checkbox"/> Burned			
<input type="checkbox"/> Count/Forged			
<input type="checkbox"/> Damaged			
<input type="checkbox"/> Recovered			
<input type="checkbox"/> Stolen			
<input type="checkbox"/> Unknown			
SUBJECT IDENTIFIED	SUBJECT LOCATED	<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED	<input checked="" type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER
EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY			
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER
LOUIS BARFIELD	08/01/2009	217	ASST CHIEF BOBBY MCLEAN
			FOLLOW-UP INVESTIGATION OFFICER
			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO CPL LOUIS BARFIELD
			DATE
			08/01/2009
			UNIT NUMBER
			202
			DATE
			08/01/2009
			UNIT NUMBER
			217

Rec.on Appeal 824

App'x 826

AGENCY I.D.  
CO170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER

2009-08012

NUC

INC. ENT'D

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. SPM - SIMPLE POSSESSION OF MARIJUANA/TICKET #27605-EV		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	14		<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst <input type="checkbox"/> Government <input type="checkbox"/> Refug. Origin <input checked="" type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Profct. Off.
2. 90G - LIQUOR LAW VIOLATIONS/UNDER 21 TICKET #27606-EV		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	14		
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
904 RADFORD BLVD. BEST VALUE INN, DILLON SC				29536		
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
08/02/2009	0120		08/02/2009	0139	DISP. DATE	DISP. TIME
					08/02/2009	0120
					0120	0139
					LOCATION NO.	
					01	
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
BARFIELD, LOUIS		#1 ST		<input checked="" type="checkbox"/> SOU	W	M
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
401 WEST MAIN STREET / PO DRAWER 431		DILLON		SC	29536	04
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
SOCIETY/PUBLIC		#1		<input checked="" type="checkbox"/> SOU		
HEIGHT		WEIGHT		HAIR		EYES
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT	SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.
	BETHEA, EMANUEL T		B	M	17	N
	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					
	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.
1605 EAST DARGAN STREET		DILLON	SC	29536	03	
SUBJECT (NO. 1) USING: ALCOHOL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		ARRESTED NEAR OFFENSE SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST
DRUGS: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK TYPE: E		TOTAL # ARRESTED 2		08/02/2009 0120		08/02/2009 0139

ON THE ABOVE DATE AND TIME R/O WAS DOING A PROPERTY CHECK AT THE BEST VALUE INN AT THE BACK PARKING LOT. THE R/O SAW 2 YOUNG MEN WALKING ACROSS THE PARKING LOT IN FRONT OF HIM. ONE OF THE MEN HAD A BAG IN HIS HAND AND WHEN HE SAW THE R/O HE WAS TRYING TO HIDE THE BAG. THE 2 SUSPECTS WENT AND SIT DOWN IN THE BACK SEAT OF A VEHICLE PARKED IN THE DARK AT THE END OF THE PARKING LOT. THE R/O PAST BY THE VEHICLE AND COULD SEE 2 OTHER SUSPECTS INSIDE OF THE VEHICLE. THE R/O CALLED FOR SGT. BERRY TO MEET WITH HIM AT THE LOCATION, WHEN SGT. BERRY GOT THERE THE R/O AND SGT. BERRY WENT UP TO THE VEHICLE. THE R/O COULD SMELL MARIJUANA, THAT HAD BEEN SMOKED INSIDE OF THE VEHICLE. SUSPECT #1 EMANUEL BETHEA, HAD 3 CANS OF BEER ( MILLER HIGH LIFE 12 OZ) IN THE FLOOR OF THE VEHICLE. ALSO THERE WAS 1 CAN OPEN SITTING ON THE FLOOR OF THE VEHICLE. SUSPECT #2 KENYANA LOWERY, SUSPECT #3 JAZEMEN PRESLEY AND SUSPECT #4 JESSICA BRANTLEY, WERE CHARGED FOR ALCOHOL POSSESSION UNDER THE AGE OF 21. SUSPECT #1 WAS CHARGED WITH SIMPLE POSSESSION OF MARIJUANA. SUSPECTS #1 AND #2 WERE ARESTED AND TRANSPORTED TO COUNTY JAIL. THE CUFFS WERE DOUBLE LOCKED AND CHECKED FOR TIGHTNESS. SUSPECT #3 AND #4 HAD LICENSES AND WERE WROTE SUMMONS.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
TYPE (GROUP)	02-Alcohol	10-Drugs/Narcotic	TOTAL VALUE
Amount			
Count/Weight			
Other			
5.00			5.00
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"/> ADM. CLOSED		<input checked="" type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18	
<input type="checkbox"/> UNFOUNDED		<input checked="" type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY			
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER
LOUIS BARFIELD	08/02/2009	217	ASST CHIEF BOBBY MCLEAN
BOBBY BERRY	08/02/2009	211	FOLLOWUP INVESTIGATION OFFICER
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

Rec.on Appeal 825

AGENCY ID.  
00170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-08014

ING. ENTD.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 13A - ASSAULT AND BATTERY 26691EV, 26692EV, 27607EV		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
406 S. 11TH AVE, DILLON SC				29536	30 40	
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
08/02/2009	0730		08/02/2009	0745	DISP. DATE	DISP. TIME
					08/02/2009	0745
					0746	0812
					LOCATION NO.	
					04	
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
BERRY, RYAN		#1 ST	#2	<input checked="" type="checkbox"/> J	S	O
		#3		U	W	M
					30	N
					AGE ETH	
					(843) 774-0051 H	
					DAYTIME PHONE	
					EVENING PHONE	
					H B	
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
401 WEST MAIN STREET PO BOX 431		DILLON		SC	29536	04
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
BROWN, JAMES THOMAS		#1 VO	#2 SB	#3 OF	<input checked="" type="checkbox"/> J	S
					O	U
					B	M
					56	N
					AGE ETH	
					(843) 774-7734 H	
					DAYTIME PHONE	
					EVENING PHONE	
					H B	
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
6-8	260	BLK	BRO			
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
406 SOUTH 11TH AVENUE		DILLON		SC	29536	04
VISIBLE INJURY (VICT. 1) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN - Apparent Minor Injur						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/PLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)			RACE	SEX	AGE
<input type="checkbox"/> RUNAWAY	BROWN, JAMES THOMAS			B	M	56
<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					
<input type="checkbox"/> WARRANT	ADDRESS			CITY	STATE	ZIP CODE
<input checked="" type="checkbox"/> ARREST	406 SOUTH 11TH AVENUE			DILLON	SC	29536
<input checked="" type="checkbox"/> JAIL	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. ARRESTED NEAR OFFENSE SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			DATE/TIME OF OFFENSE		DATE/TIME OF ARREST
<input type="checkbox"/> SUMMONS	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:			TOTAL # ARRESTED	08/02/2009	0730
				3	08/02/2009	0812

ON THE ABOVE DATE AND TIME CITY UNITS WERE DISPATCHED TO THE ABOVE INCIDENT LOCATION IN REFERENCE TO A FIGHT. ONCE ON SCENE OFFICERS SPOKE WITH ALL THREE PARTIES. THE ARGUMENT STARTED OVER THE USE OF THE TV AND THE POWER BILL. THE THREE PARTIES STARTED FIGHTING. THE PARTIES WERE HITTING EACH OTHER WITH OBJECTS INSIDE THE HOUSE. THE THREE PARTIES LIVE TOGETHER. VICTIM#1 AND #2 RECEIVED SMALL CUTS AND SCRATCHES. VICTIM#3 RECEIVED A CUT ON THE BACK OF THE HEAD. ALL THREE PARTIES WERE ARREST FOR ASSAULT AND BATTERY. THE HANDCUFFS WERE DOUBLE LOCKED AND CHECKED FOR TIGHTNESS. SUSPECT#1 AND #2 WERE TRANSPORTED TO THE DILLON COUNTY DETENTION CENTER. SUSPECT#3 WAS TRANSPORTED TO DILLON MCLEOD HOSPITAL TO GET CHECKED OUT. SUSPECT#3 WAS THEN TRANSPORTED TO THE DILLON COUNTY DETENTION CENTER. THE THREE PARTIES ARE FAMILY MEMBERS.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		TOTAL VALUE
TYPE (GROUP)				
Abused				
Car. Forged				
Check. Damaged				
Identified				
Other				
SUBJECT IDENTIFIED		SUBJECT LOCATED		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
		<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		
		<input type="checkbox"/> UNFOUNDED <input type="checkbox"/> ARRESTED UNDER 18		
		<input checked="" type="checkbox"/> ARRESTED 18 AND OVER		
		<input type="checkbox"/> EX-CLEAR UNDER 18		
		<input type="checkbox"/> EX-CLEAR 18 AND OVER		
EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY				
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE
RYAN BERRY	08/02/2009	211	ASST CHIEF BOBBY MCLEAN	08/02/2009
			FOLLOW-UP INVESTIGATION OFFICER	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	

Rec.on Appeal 826

SC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-08015

INC. ENTD.

INCIDENT TYPE				COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM				
1. 138 - ASSAULT AND BATTERY				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Ref. Org. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.				
2.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO							
3.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO							
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)						ZIP CODE	WEAPON TYPE					
610 WEST WASHINGTON ST., DILLON SC						29536	90					
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK			LOCATION NO.				
08/02/2009	1100		08/02/2009	1120	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME				
					08/02/2009	1123	1125	1133	01			
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH.	DAYTIME PHONE	EVENING PHONE
WATSON, MARCO L				#1 AQ	#2	#3	O S O U	B	M	38	N	
ADDRESS				CITY		STATE	ZIP CODE	LOCATION NO.				
610 WEST WASHINGTON ST.				DILLON		SC	29536	01				
VICTIM'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH.	DAYTIME PHONE	EVENING PHONE
WATSON, MARCO L				#1 AQ	#2	#3	O S O U	B	M	38	N	
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.								
5-11	180	BLK	BRO									
ADDRESS				CITY		STATE	ZIP CODE	LOCATION NO.				
610 WEST WASHINGTON ST.				DILLON		SC	29536	01				
VISIBLE INJURY (VICT. 1) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN - Apparent Minor Injur												
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.												
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED <input type="checkbox"/> J - This Jurisdiction S - State O - Out of State U - Unknown												
SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES		
WHITTINGTON, MICHELLE		B	F	30	N		5-2	140	BLK	BRO		
FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.												
ADDRESS				CITY		STATE	ZIP CODE	LOCATION NO.				
138 WOODS AVENUE				DILLON		SC	29536	01				
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				DATE/TIME OF OFFENSE		DATE/TIME OF ARREST						
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:				TOTAL # ARRESTED		08/02/2009 1100						

ON THE ABOVE DATE AND TIME ,R/O WAS DISPATCHED TO THE ABOVE LOCATION IN REFERENCE TO A DOMESTIC DISPUTE. UPON ARRIVAL THE VICTIM STATED THAT HE AND THE SUSPECT WERE IN ARGUMENT ABOUT SOME HAIR CLIPPERS. THE VICTIM STATED THAT HE HAD EIGHT PAIRS OF CLIPPERS , HE LOOKED IN THE CLOSET AND ONLY FOUND THREE PAIRS . THE VICTIM CONFRONTED THE SUSPECT AND THE ARGUMENT STARTED. THE SUSPECT STARTED TO LEAVE AND THE VICTIM TRY TO GET THE KEYS TO STOP HER. THE SUSPECT BIT THE VICTIM ON THE LEFT UPPER ARM AND THE RIGHT FOREARM. R/O TOOK TWO PICTURES OF THE BITE WOUNDS. THE AREA WAS CHECKED AND UNABLE TO LOCATE THE SUSPECT. R/O WILL SECURE WARRANT FOR ASSAULT AND BATTERY.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY			
TYPE (GROUP)		TOTAL VALUE					
Stolen							
Court-Forged							
Check-Camaged							
Recovered							
Reposs.							
Other							
Misc.							
SUSPECT IDENTIFIED		SUSPECT LOCATED		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY							
REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER
OFFICER RONALD GRAHAM		08/02/2009	220	ASST CHIEF BOBBY MCLEAN		08/02/2009	202
FOLLOW-UP INVESTIGATION OFFICER							
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							

Rec.on Appeal 827

AGENCY I.D.  
0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER

2009-08016

NCIC

IND. ENTD.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. HIT - HIT AND RUN		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	12		<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input checked="" type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
413 RAEFORD BLVD BI-LO SHOPPING CENTER, DILLON SC				29536		
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
08/01/2009	1600		08/01/2009	2000	DISP. DATE	DISP. TIME
				08/02/2009	1214	1219
					1235	1235
INCIDENT DATE		DATE		DISPATCH DATE/TIME 24 HR. CLOCK		LOCATION NO.
08/01/2009		08/01/2009		08/02/2009 1214 1219		1A
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
FENTON, GWENDOLYN Z		RU		<input checked="" type="checkbox"/> J	S	O
				U	B	F
				45	N	
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
301 NORTH 9TH AVENUE		DILLON		SC	29536	01
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
SOCIETY/PUBLIC				<input checked="" type="checkbox"/> J	S	O
				U	B	F
				45	N	
HEIGHT		WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.	
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.

VISIBLE INJURY (MCT. 1)  YES  NO EXPLAIN -

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

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

SUSPECT  RUNAWAY  WANTED  WARRANT  ARREST  JAIL  SUMMONS

SUBJECT NAME (LAST, FIRST, MIDDLE) PERSON, UNKNOWN/UNTRACKED

RACE U SEX U AGE 00 ETH U DATE OF BIRTH HEIGHT WEIGHT HAIR EYES

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

ADDRESS CITY STATE ZIP CODE LOCATION NO.

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

DRUGS:  YES  NO  UNK. TYPE: TOTAL # ARRESTED 0 08/01/2009 1600

ON THE ABOVE DATE AND TIME, OFFICER MET WITH THE COMPLAINANT AT HER RESIDENCE IN REFERENCE TO A HIT AND RUN. COMPLAINANT / VICTIM STATED SHE NOTICED THERE WAS DAMAGE TO HER RIGHT REAR BUMPER FENDER AND BELIEVES THE DAMAGE WAS DONE AT THE BI-LO SHOPPING CENTER THE NIGHT BEFORE. SC TAG # FHP 896 2004 GRAY IN COLOR GALANT VIN 4A3AB46564E139781.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
VEHICLE (GROUP)	03-Motor Vehicle -		TOTAL VALUE
Stolen			
Forged			
Carjacked	200.00		200.00
Other			
SUBJECT IDENTIFIED		SUBJECT LOCATED	
<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> UNFOUNDED <input type="checkbox"/> ARRESTED UNDER 18	
<input type="checkbox"/> UNFOUNDED <input type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR UNDER 18	
<input type="checkbox"/> EX-CLEAR UNDER 18		<input type="checkbox"/> EX-CLEAR 18 AND OVER	
EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY			
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER
JEAN MACIEL	08/02/2009	224	ASST CHIEF BOBBY MCLEAN
DATE		UNIT NUMBER	DATE
08/02/2009		202	08/02/2009
FOLLOW-UP INVESTIGATION OFFICER			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

Rec.on Appeal 828

AGENCY I.D.  
SC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2,009-08017  
INC. ENTD.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 290 - MALICIOUS INJURY TO PROPERTY		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relg. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
1215 SOUTH MCARTHUR AVE., DILLON SC				29536		
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
08/02/2009	1530		08/02/2009	1538	DISP. DATE	DISP. TIME
				TIME ARRIVED		DEPART. TIME
				1542		1553
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
HYATT, KYLIE ELIZABETH		#1 ST		<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	W	F
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
1215 S. MCARTHUR AVE.		DILLON		SC	29536	04
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
HYATT, KYLIE ELIZABETH		#1		<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	W	F
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
5-4	155	BLK	BRO			
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
1215 S. MCARTHUR AVE.		DILLON		SC	29536	04
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/PLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)			RACE	SEX	AGE
<input type="checkbox"/> RUNAWAY	PERSON, UNKNOWN/UNTRACKED			U	U	00
<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					
<input type="checkbox"/> WARRANT	ADDRESS					
<input type="checkbox"/> ARREST	CITY		STATE	ZIP CODE	LOCATION NO.	
<input type="checkbox"/> JAIL	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO DATE/TIME OF OFFENSE DATE/TIME OF ARREST					
<input type="checkbox"/> SUMMONS	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED	0	08/02/2009	1530

ON THE ABOVE DATE AND TIME, R/O WAS DISPATCHED TO THE ABOVE LOCATION IN REFERENCE TO BACK WINDOW BEING BROKEN AT THE RESIDENCE. THE VICTIM STATED THAT SHE WAS SITTING IN THE HOUSE WHEN THE WINDOW WAS BROKEN OUT. THE VICTIM STATED SHE WENT OUT THE BACK DOOR AND SAW A DARK SKIN MALE RUNNING THRU THE FIELD. THE VICTIM STATED THE MALE WAS TALL AND SLENDER BUILD WEARING ALL BLACK. R/O TOOK PICTURE OF THE WINDOW, PART OF CINDER BLOCK, AND ONE FOOT PRINT.

TYPE (GROUP)		29-Structure -		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
1. <input type="checkbox"/> Burned							TOTAL VALUE
2. <input type="checkbox"/> Court Forged							
3. <input type="checkbox"/> Cash Damaged	250.00						250.00
4. <input type="checkbox"/> Recovered							
5. <input type="checkbox"/> Other							
SUBJECT IDENTIFIED		SUBJECT LOCATED		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE:		1. <input type="checkbox"/> OFFENDER DEATH		2. <input type="checkbox"/> NO PROSECUTION		3. <input type="checkbox"/> EXTRADITION DENIED	
		4. <input type="checkbox"/> VICTIM DECLINES COOPERATION		5. <input type="checkbox"/> JUVENILE - NO CUSTODY			
REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER
OFFICER RONALD GRAHAM		08/02/2009	220	ASST CHIEF BOBBY MCLEAN		08/02/2009	202
FOLLOW-UP INVESTIGATION OFFICER (YES OR NO)							

Rec.on Appeal 829

SC0170100

INCIDENT REPORT

2,009 - 0,8,0,1,9

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. BEH. B&E OF MOTOR VEHICLE / LARCENY		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	12		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)					ZIP CODE	WEAPON TYPE
400 W MAIN ST CARL'S FOOD CENTER, DILLON SC					29536	
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME	24 HR. CLOCK
07/30/2009	1615		07/30/2009	1700	08/02/2009	1815
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX
INMAN, JUSTIN KENNETH JOE			#1 RU	<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	I	M
ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.
510 E HUDSON ST			DILLON	SC	29536	03
VICTIM'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX
INMAN, JUSTIN KENNETH JOE			#1	<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	I	M
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
5-10	150	BRO	GRN			
ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.
510 E HUDSON ST			DILLON	SC	29536	03
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT	<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)			RACE	SEX
	<input type="checkbox"/> RUNAWAY	PERSON, UNKNOWN/UNTRACKED			U	U
	<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.			00	U
	<input type="checkbox"/> WARRANT	ADDRESS			DATE OF BIRTH	HEIGHT
	<input type="checkbox"/> ARREST	CITY			WEIGHT	HAIR
<input type="checkbox"/> JAIL	STATE			EYES		
<input type="checkbox"/> SUMMONS	ZIP CODE					
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE	DATE/TIME OF ARREST	
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED		07/30/2009	1615	

ON THE ABOVE DATE AND TIME, OFFICER MACIEL MET WITH THE COMPLAINANT / VICTIM AT THE POLICE DEPT IN REFERENCE TO THE ABOVE INCIDENT TYPE. VICTIM STATED WHILE WORKING ON THE ABOVE INCIDENT DATE HE NOTICED AN UNKNOWN SUBJECT HAD TRIED TO TAKE HIS CD PLAYER OUT OF THE CAR, BUT DID NOT SUCCEED. VICTIM STATED HE DID NOT KNOW THAT HIS WALLET WAS MISSING UNTIL TODAY. VICTIM STATED THE WALLET, BLACK IN COLOR CONTAINED BIRTH CERTIFICATES AND SS CARDS FOR HIM AND HIS CHILDREN. VICTIM STATED THE DOOR TO HIS CAR WAS NOT LOCKED, AND WAS PARKED IN FRONT OF THE STORE. SC TAG # DVT 522 1989 NISSAN MAXIMA, BLUE IN COLOR. VIN JN1HJ01P3KT214173.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY SC0170100		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
TYPE (GROUP)	25-Purses/Handba		TOTAL VALUE
Burned			
Paint Forged			
Paint Damaged			
Stolen			
Other	50.00		50.00
SUBJECT IDENTIFIED		SUBJECT LOCATED	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18	
<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY			
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER
JEAN MACIEL	08/02/2009	224	ASST CHIEF BOBBY MCLEAN
		DATE	
		08/02/2009	
		UNIT NUMBER	
		202	
FOLLOW-UP INVESTIGATION OFFICER			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

Rec.on Appeal 830

SERIAL I.D.  
C0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER: 2009-08003  
INC. EXTD.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 902 - WANTED FUGITIVE		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	14		<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input checked="" type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
HEART OF DILLON MOTEL 811 HWY 301 NORTH, DILLON SC				29536		
INCIDENT DATE	24 HR. CLOCK	TO DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK		LOCATION NO.
07/31/2009	2200	08/01/2009	0500	DISP. DATE	DISP. TIME	TIME ARRIVED
				08/01/2009	0500	0502
				DEPART. TIME		0515
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
BERRY, RYAN		ST		<input checked="" type="checkbox"/> J <input type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	W	M
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
401 WEST MAIN STREET PO BOX 431		DILLON		SC	29536	04
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
SOCIETY/PUBLIC				<input checked="" type="checkbox"/> J <input type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U		
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN --						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED <input type="checkbox"/> J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.	DATE OF BIRTH
<input checked="" type="checkbox"/> SUSPECT <input type="checkbox"/> RUNAWAY <input type="checkbox"/> WANTED		W	M	27	N	
DAVIS, LEROY DEAN		[REDACTED]				
FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
102 HOLMES ST.		LAURENS		SC	29360	ST
SUBJECT (NO. 1) USING: ALCOHOL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED		07/31/2009 2200		08/01/2009 0515

ON THE ABOVE DATE AND TIME THE LAURENS POLICE DEPT. NOTIFIED CENTRAL DISPATCH IN REFERENCE TO THE ABOVE SUSPECT BEING IN THE CITY LIMITS OF DILLON. LT. KNAPP (LAURENS POLICE) ADVISE THE R/O TO GO CHECK 313 S. 4TH AVE. THE PARTY AT 313 S. 4TH AVE ADVISED TO CHECK THE ABOVE INCIDENT LOCATION. THE SUSPECT WAS LOCATED AT THE HEART OF DILLON IN ROOM 111. LAURENS POLICE DEPT. WAS NOTIFIED. THE SUSPECT WAS PLACE UNDER ARREST AND TRANSPORTED TO THE DILLON COUNTY DETENTION CENTER. THE REPORTING OFFICER SERVED THE ARREST WARRANT I-283808 ON THE SUSPECT.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
TYPE (GROUP)		TOTAL VALUE	
Stolen			
Check/Forged			
Bank/Canceled			
Other			
Miscellaneous			
SUSPECT IDENTIFIED		SUSPECT LOCATED	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18	
<input type="checkbox"/> UNFOUNDED		<input checked="" type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER	
EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENCER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY			
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER
SCAM BERRY	08/01/2009	211	ASST CHIEF BOBBY MCLEAN
FOLLOW-UP INVESTIGATION OFFICER		DATE	UNIT NUMBER
<input type="checkbox"/> YES <input type="checkbox"/> NO		08/01/2009	202

Rec.on Appeal 831

SC0170100 08/01/2009 0515

### BOOKING REPORT DILLON POLICE DEPARTMENT

CASE NUMBER  
**2,0,0,9,-,0,8,0,0,3**

**DEFENDANT NAME (LAST, FIRST, MIDDLE)**  
**DAVIS, LEROY DEAN**

**AGE** 27 **ETH.** N **HEIGHT** 5-4 **WEIGHT** 130 **HAIR** BRO **EYES** BRO **SOCIAL SECURITY NUMBER** 236-21-4929

**RACE** W **SEX** M **DATE OF BIRTH** 08/31/1981 **DOCKET NUMBER**

**ADDRESS (NUMBER AND STREET)** 102 HOLMES ST. **CITY** LAURENS **STATE** SC **ZIP CODE** 29360 **RESID.** S **PHONE NUMBER**

**ALIAS** **PLACE OF BIRTH** **DRIVERS LICENSE NUMBER**

**EMPLOYER OR OCCUPATION** **NEXT OF KIN** **ADDRESS (CITY AND STATE)**

**BOOKING OFFICER'S NAME** **NUMBER** **ARRESTING OFFICER** **AGENCY** DILLON POLICE **NUMBER**

**ARRESTEE ARMED**  YES  NO **WEAPON TYPE:**  SEMI-AUTO  FULL-AUTO  ON VIEW ARREST  SUMMONED  CUSTODY

**JUVENILE DISPOSITION:** 1.  HANDLED, RELEASED 2.  REFERRED TO OTHER AUTHORITY **J-This Jurisdiction S-State O-Outside State U-Unknown**

**ADDITIONAL CASE NUMBERS** **IF HOLDING FOR ANOTHER AGENCY, CIRCLE CHARGE - A B C** **MORE IN REMARKS**

CHARGE ID.	A	B	C
90Z			
CHARGE:	FUGITIVE / FUG. FROM JUSTICE		
STATUTE	17-09-0010 / 3135		
TICKWARR#	I283808		
BOND AMOUNT:			
BOND TYPE			
RET. DATE			
DISPOSITION			
	DAYS	AMOUNT	DAYS
SENTENCE			
TIME SERVED			
GOOD TIME			
BALANCE			
PAID			
RECEIPT NUMBER			
LEASE DATE	TIME	RELEASING OFFICER	NUMBER
			AGENCY RELEASED TO

SIGNATURE OF RECEIVING OFFICIAL X

**REMARKS:** \_\_\_\_\_ **LIST REMARKS BELOW**

**TOTAL RESTITUTIONS COLLECTED:**

**DEFENDANT'S PERSONAL PROPERTY RECEIPT** **TOTAL CASH AT TIME OF ARREST** \$ 0.00

IDENTITY	ITEM	QUANTITY	ITEM

BY STATE THAT THE PROPERTY LISTED ABOVE CONSTITUTES ALL CLAIMS TO PROPERTY ON MY PERSON AT THE TIME OF MY ARREST.

DEFENDANT'S SIGNATURE AT THE TIME OF ARREST \_\_\_\_\_ OFFICER \_\_\_\_\_

BY STATE, ON THE DATE OF MY RELEASE, THAT THE ABOVE LISTED PROPERTY WAS RETURNED TO ME, IN SATISFACTION OF ALL CLAIMS TO PROPERTY ON \_\_\_\_\_

I - 2009-08003 X

DILLON POLICE DEPARTMENT  
PROPERTY LISTING

CASE NUMBER	PAGE	INQ.	ENTD.
2 0 0 9 - 0 8 0 0 4			

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

<b>REGISTERED</b>				
MOTOR VEHICLE - AUTOMOBILES -1.00				
Make: FORD	Model: 4DR	Cal:	Serial #: 1FAFP55292A251549	
			License:	
TOTAL GROUP				-1.00

<b>STEAL</b>				
MOTOR VEHICLE - AUTOMOBILES 4,000.00				
Make: FORD	Model: 4DR	Cal:	Serial #: 1FAFP55292A251549	
			License:	
TOTAL GROUP				4,000.00

**TOTAL PROPERTY 3,999.00**

<input type="checkbox"/> SELECT IDENTIFIED	<input type="checkbox"/> SUBJECT LOCATED	<input checked="" type="checkbox"/> ACTIVE	<input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18	<input type="checkbox"/> EX-CLEAR UNDER 18
<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR 18 AND OVER
EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY					
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
ERIC POSTON	08/01/2009	214	ASST CHIEF BOBBY MCLEAN	08/01/2009	202
			FOLLOW-UP INVESTIGATION OFFICER		
			<input type="checkbox"/> YES <input type="checkbox"/> NO		

Rec.on Appeal 833

GENCY I.D.  
C0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2009-08004

NCIC  
INC. ENTD.

INCIDENT TYPE				COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 240 - GRAND LARCENY				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	18 14		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc/Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)						ZIP CODE	WEAPON TYPE	
904 RADFORD BLVD (BEST VALUE INN), DILLON SC						29536		
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME	24 HR. CLOCK	DISPATCH DATE/TIME	LOCATION NO.
07/31/2009	1800		08/01/2009	0859	08/01/2009	0859	0905	1100
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE
SELLERS, EBONIE NICOLE				ST	J	S	O	U
ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.	
1923 ROCKINGCHAIR CT				DILLON	SC	29536	CTY	
VICTIM'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE
SELLERS, EBONIE NICOLE				ST	J	S	O	U
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				
5-3	165	BLK	BRO					
ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.	
1923 ROCKINGCHAIR CT				DILLON	SC	29536	CTY	
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -								
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.								
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED <input type="checkbox"/> J - This Jurisdiction S - State O - Out of State U - Unknown								
<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)				RACE	SEX	AGE	ETH.
<input type="checkbox"/> RUNAWAY	PERSON, UNKNOWN/UNTRACKED				U	U	00	U
<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.							
<input type="checkbox"/> WARRANT	ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.
<input type="checkbox"/> ARREST								
<input type="checkbox"/> JAIL	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.				ARRESTED NEAR OFFENSE SCENE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE/TIME OF OFFENSE	DATE/TIME OF ARREST
<input type="checkbox"/> SUMMONS	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:				TOTAL # ARRESTED	0	07/31/2009	1800

ON THE ABOVE DATE AND TIME, THE R/O RESPONDED TO THE ABOVE LOCATION IN REFERENCE TO LARCENY OF A VEHICLE. THE VICTIM STATES THAT SHE PARKED HER VEHICLE IN THE PARKING LOT ON 07/31/2009 AROUND 1800 HOURS AND WHEN SHE WALKED OUT THIS MORNING THE VEHICLE WAS GONE. THE VICTIM'S VEHICLE IS A GREY IN COLOR, 2002, FORD TAURUS, WITH A PO BOYS PAPER TAG. THE R/O ASKED THE VICTIM IF SHE HAD ANY PAPER WORK SUCH AS A BILL OF SALES FOR THE VEHICLE. VICTIM ONLY HAS AN INSURANCE CARD. VICTIM STATES THAT SHE IS ALSO THE ONLY PERSON WITH A KEY TO THE VEHICLE AND SHOWED THE KEY TO THE R/O. COST OF THE VEHICLE IS \$4000.00.

TYPE (GROUP)		03-Motor Vehicle -		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY SC0170100		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY SC0170000		TOTAL VALUE
Burned								
Count/Forged								
Dest/Damaged								
Recovered		1.00						1.00
Seized								
Stolen		4000.00						4000.00
Unknown								
SUBJECT IDENTIFIED		SUBJECT LOCATED		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18		<input type="checkbox"/> EX-CLEAR UNDER 18
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR 18 AND OVER
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY								
REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER	
CPL ERIC POSTON		08/01/2009	214	ASST CHIEF BOBBY MCLEAN		08/01/2009	202	
				FOLLOW-UP INVESTIGATION OFFICER				
				<input type="checkbox"/> YES <input type="checkbox"/> NO				

Rec.on Appeal 834

# INCIDENT REPORT SUPPLEMENTAL

Page #: 1

Case Number: 2009-08004

Officer: POSTON POSTON, ERIC

Date Entered/Changed: 08/01/2009

Reviewer: MCLEAN

Review Date: 08/01/2009

DETAILED STATEMENT OF INVESTIGATION: ON 08/01/2009 MOMENTS AFTER THE VICTIM REPORTED HER VEHICLE STOLEN. DILLON COUNTY UNITS LOCATED THE VEHICLE ON PRIVATE PROPERTY OFF OF SCOTLAND RD. THE VEHICLE WAS COMPLETELY BURNED. SGT HAYES WAS NOTIFIED OF INCIDENT. COUNTY UNIT HAD COUNTRY AUTO TOW THE VICTIMS VEHICLE.

Rec.on Appeal 835

App'x 837

AGENCY I.D.  
100170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-08006

INO. X  
ENTO.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1 520 - CARRYING A CONCEALED WEAPON 27662EV		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	13		<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input checked="" type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2 DUS - DUS 2ND 27661EV		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	13		
3		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
RADFORD BLVD, DILLON SC				29536	12	
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
08/01/2009	1030		08/01/2009	1030	DISP. DATE	DISP. TIME
				08/01/2009	TIME ARRIVED	DEPART. TIME
					LOCATION NO.	
					1A	
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
POSTON, GORDON ERIC		#1 ST	#2 ST	#3	S O U	W M
ADDRESS		CITY	STATE	ZIP CODE	DAYTIME PHONE	EVENING PHONE
401 WEST MAIN STREET		DILLON	SC	29536	(843) 774-0051	
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
SOCIETY/PUBLIC		#1	#2	#3	J S O U	
ADDRESS		CITY	STATE	ZIP CODE	DAYTIME PHONE	EVENING PHONE
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN --						
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.						
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
SUBJECT	SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.
	SELLERS, EBONIE NICOLE		B	F	25	N
	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					
<input type="checkbox"/> SUSPECT	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.
<input type="checkbox"/> RUNAWAY	1923 ROCKINGCHAIR CT		DILLON	SC	29536	CTY
<input type="checkbox"/> WANTED	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DATE/TIME OF OFFENSE	DATE/TIME OF ARREST
<input type="checkbox"/> WARRANT					08/01/2009 1030	08/01/2009 1030
<input checked="" type="checkbox"/> ARREST	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED		08/01/2009 1030	08/01/2009 1030
<input type="checkbox"/> JAIL			2			
<input type="checkbox"/> SUMMONS						

ON THE ABOVE DATE AND TIME, AND IN REFERENCE TO CASE NUMBER 2009-08004, THE R/O WAS OUT WITH SUBJECT #1 AT SUNOCO ON RADFORD BLVD. THE R/O WAS WAITING FOR SUBJECT #1 TO GET A RIDE TO GO AND IDENTIFY HER VEHICLE AND MAYBE SAVAGE ANY BELONGINGS. SUBJECT #2 WAS DRIVING A WHITE IN COLOR DODGE CHARGER (SC TAG CSL877). INSTEAD OF SUBJECT #2 PULLING INTO THE SUNOCO, SUBJECT #2 PULLED ACROSS THE STREET AT THE TIGER MART. SUBJECT #1 AND THE R/O WENT ACROSS THE STREET TO MEET WITH SUBJECT #2. THE R/O ALSO CLEARLY SAW SUBJECT #2 OPERATING THE VEHICLE. ONCE THE R/O AND SUBJECT #1 MEET WITH SUBJECT #2, SUBJECT #2 GOT INTO THE PASSENGER SEAT AND SUBJECT #1 BECAME THE DRIVER. BOTH SUBJECTS THEN FOLLOWED THE R/O TO SCOTLAND RD TO MEET COUNTY UNITS. ONCE AT THE LOCATION OF SUBJECT #1 VEHICLE, R/O WAS ADVISED THAT THERE WAS A WARRANT AT DILLON POLICE DEPARTMENT FOR SUBJECT #1. THE R/O ASKED SUBJECT #2 WHY DID HE PULL ACROSS THE STREET INSTEAD OF SUNOCO. SUBJECT #2 STATED THAT HE DID NOT HAVE A DRIVERS LICENSES. IT WAS LEARNED THROUGH DISPATCH THAT SUBJECT #2 HAS A SUSPENDED DRIVERS LICENSES, SECOND OFFENSE. SUBJECT #2 WAS THEN PLACED UNDER ARREST, CUFFS DOUBLE LOCKED AND CHECKED FOR TIGHTNESS. THE R/O ADVISED SUBJECT #1 THAT THERE WAS AN OUTSTANDING WARRANT. THE R/O LOCATED SUBJECT #1 PURSE ON THE FLOOR IN THE VEHICLE. R/O THEN ASKED SUBJECT #1 TO OPEN THE PURSE. WHEN SUBJECT #1 OPENED THE PURSE, THERE WAS A BLACK IN COLOR HAND GUN IN THE PURSE. THE GUN WAS HI-POINT 9MM SERIAL NUMBER P1461012. THE R/O ALSO LOCATED THE BILL OF SALES TO THE VEHICLE THAT SUBJECT #1 STATED SHE DID NOT HAVE EARLIER. SUBJECT #1 WAS PLACED UNDER ARREST, CUFFS DOUBLE LOCKED AND CHECKED FOR TIGHTNESS. SUBJECT #1 IS CHARGED WITH CARRYING A CONCEALED WEAPON AND SUBJECT #2 IS CHARGED DUS 2ND. THE R/O TRANSPORTED SUBJECT #2 TO DCDC AND COUNTY UNIT ROGERS TRANSPORTED SUBJECT #1 TO DCDC. PFC GRAHAM SERVED THE WARRANT ON SUBJECT #1.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
TYPE (GROUP)	13-Firearms		TOTAL VALUE
Make			
Model			
Year			
Condition			
Value	75.00		75.00
SUBJECT IDENTIFIED		SUBJECT LOCATED	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> UNFOUNDED <input type="checkbox"/> ARRESTED UNDER 18	
		<input checked="" type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR UNDER 18	
		<input type="checkbox"/> EX-CLEAR 18 AND OVER	
EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY			
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER
ERIC POSTON	08/01/2009	214	ASST CHIEF BOBBY MCLEAN
		DATE	
		08/01/2009	
		UNIT NUMBER	
		202	
FOLLOW UP INVESTIGATION OFFICER			
<input type="checkbox"/> YES <input type="checkbox"/> NO			

Rec.on Appeal 836

10-17-08

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER

2,009, - 08,008

INC. ENT.

INCIDENT TYPE				COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM		
POSS. POSS. MARIJUANA TO DISTRIBUTE				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	13		<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Org. <input checked="" type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.		
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)							ZIP CODE	WEAPON TYPE		
200 BLOCK OF EAST HAMPTON ST, DILLON SC							29536			
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK			LOCATION NO.		
08/01/2009	1830		08/01/2009	1830	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME	03	
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	
POSTON, GORDON ERIC				ST	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	J S O U	W	M	40	
ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.			
401 WEST MAIN STREET				DILLON	SC	29536	04			
VICTIM'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	
SOCIETY/PUBLIC					<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	J S O U				
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						
ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.			
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -										
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.										
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown										
SUBJECT NAME (LAST, FIRST, MIDDLE)				RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT
<input checked="" type="checkbox"/> SUSPECT MCALL, ALLEN				B	M	17	N		5-10	150
<input type="checkbox"/> RUNAWAY				FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						
<input type="checkbox"/> WANTED										
<input type="checkbox"/> WARRANT										
<input checked="" type="checkbox"/> ARREST										
<input type="checkbox"/> JAIL										
<input type="checkbox"/> SUMMONS										
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.				ARRESTED NEAR OFFENSE SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST		
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:				TOTAL # ARRESTED		08/01/2009 1830		08/01/2009 1830		

ON THE ABOVE DATE AND TIME, THE R/O WAS AT THE KANGAROO AND WAS APPROACHED BY A PARTY THAT STATED THAT HE WISHED TO REMAIN ANONYMOUS. THE PARTY STATED THE ABOVE SUBJECT WAS STANDING NEAR THE KOZY KITCHEN SELLING MARIJUANA. THE R/O MADE CONTACT WITH SUBJECT, AND WHILE SPEAKING WITH THE SUBJECT, THE R/O COULD SMELL A BURNT ODOR OF MARIJUANA FROM THE SUBJECTS CLOTHING. THE R/O CONDUCTED A PAT DOWN FOR WEAPONS. THE R/O FELT A LARGE BULGE IN THE SUBJECTS RIGHT FRONT PANTS POCKET. THE BULGE TURNED OUT TO BE TWO PLASTIC BAGS CONTAINING A GREEN LEAFY SUBSTANCE BELIEVED TO BE MARIJUANA. IN ONE OF THE BAGS, THE GREEN LEAFY SUBSTANCE CONTAINED 15 INDIVIDUALLY BAGGIES. THE OTHER BAG CONTAINED ONE LUMP AMOUNT. APPROXIMATE WEIGHT OF BOTH BAGS IS 31.7 GRAMS. SUBJECT WAS PLACED UNDER ARREST, CUFFS DOUBLE LOCKED AND CHECKED FOR TIGHTNESS. SUBJECT WAS ADVISED OF MIRANDA RIGHTS THEN TRANSPORTED TO DDCD. R/O WILL SECURE A WARRANT FOR PWID OF MARIJUANA.

TYPE GROUP		10-Drugs/Narcotic		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		TOTAL VALUE	
SUBJECT IDENTIFIED		SUBJECT LOCATED		ACTIVE		ADM. CLOSED		ARRESTED UNDER 18	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ADM. CLOSED		<input checked="" type="checkbox"/> ARRESTED UNDER 18	
EXCEPTIONAL CLEARANCE:		1. OFFENDER DEATH		2. NO PROSECUTION		3. EXTRADITION DENIED		4. VICTIM DECLINES COOPERATION	
REPORTING OFFICER(S)		DATE		UNIT NUMBER		APPROVING OFFICER		DATE	
POSTON		08/01/2009		214		ASST CHIEF BOBBY MCLEAN		08/01/2009	
						FOLLOW-UP INVESTIGATION OFFICER		UNIT NUMBER	
						<input type="checkbox"/> YES <input type="checkbox"/> NO		202	

Rec.on Appeal 837

AGENCY I.D.  
SC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2009-08121

E V E N T	INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM						
	1. 23C - SHOPLIFTING/LESS THAN \$1000		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	12		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.						
	2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO									
V I C T I M	3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO									
	INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)					ZIP CODE	WEAPON TYPE						
	1320 EAST MAIN STREET (COTTONS), DILLON SC					29536							
	INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK		LOCATION NO.					
	08/12/2009	1448		08/12/2009	1452	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME				
						08/12/2009	1451	1455	1502				
	COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH			
	JACKSON, DOUGLAS B			#1	#2	#3	J	S	O	U			
	ADDRESS			CITY		STATE	ZIP CODE	LOCATION NO.					
	COTTONS MEAT CENTER			J		S	O	U	43				
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.									
ADDRESS			CITY		STATE	ZIP CODE	LOCATION NO.						
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -													
#1 VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.													
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown													
S U B J E C T	<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)			RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
	<input type="checkbox"/> RUNAWAY	JUVENILE OFFENDER			M		15						
	<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.											
	<input type="checkbox"/> WARRANT	ADDRESS											
<input checked="" type="checkbox"/> ARREST				CITY		STATE	ZIP CODE	LOCATION NO.					
<input type="checkbox"/> JAIL													
#1	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.			ARRESTED NEAR OFFENSE SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			DATE/TIME OF OFFENSE		DATE/TIME OF ARREST				
	DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. TYPE:			TOTAL # ARRESTED 1			08/12/2009 1448		08/12/2009 1502				
N A R R A T I V E	Offenses: SHOPLIFTING/LESS THAN \$1000												
	ON THE ABOVE DATE AND TIME, R/O WAS DISPATCHED TO THE CORNER OF HWY 57 AND EAST HAMPTON STREET IN REFERENCE TO A SHOPLIFTER AT THE ABOVE INCIDENT LOCATION. UPON ARRIVAL, COMPLAINANT STATED SUSPECT CAME INTO THE STORE AND STOLE A LIPTON ICE TEA 20OZ DRINK, AND THEN RAN OUT OF THE STORE. COMPLAINANT STATED HE FOLLOWED SUSPECT AND THEN CAUGHT HIM AT THE LOCATION TO WHICH OFFICERS WERE DISPATCHED. SUSPECT WAS TRANSPORTED TO DILLON POLICE DEPT. WHERE MS. KAREN FELTON, SUSPECT'S MOTHER, PICKED HIM UP. PETITION TO BE SIGNED BY OFFICER ON BEHALF OF COMPLAINANT.												

				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY				
P	TYPE (GROUP)	08-Consumable										TOTAL VALUE
R	Burned											
O	Count/Forged											
P	Dest/Damaged											
E	Recovered											
R	Seized											
T	Stolen	2.00										2.00
Y	Unknown											
A D	SUBJECT IDENTIFIED		SUBJECT LOCATED		<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input checked="" type="checkbox"/> ARRESTED UNDER 18		<input type="checkbox"/> EX-CLEAR UNDER 18			
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR 18 AND OVER			
M I N I S T	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY											
	REPORTING OFFICER(S)			DATE	UNIT NUMBER	APPROVING OFFICER			DATE	UNIT NUMBER		
PFC J C BRACEY			08/12/2009	222	ASST CHIEF BOBBY MCLEAN			08/12/2009	202			
FOLLOW-UP INVESTIGATION OFFICER												
<input type="checkbox"/> YES <input type="checkbox"/> NO												

Rec.on Appeal 838

AGENCY I.D.  
SC0170100

DILLON POLICE DEPARTMENT  
PROPERTY LISTING

2,009-08121

ING. ENTD.

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

7 STOLEN

LIPTON ICE TEA DRINK	2.00
TOTAL GROUP	2.00

TOTAL PROPERTY

2.00

ADMINISTR	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"/> ADM. CLOSED <input type="checkbox"/> UNFOUNDED	<input checked="" type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR UNDER 18 <input type="checkbox"/> EX-CLEAR 18 AND OVER	
	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY					
	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
	PFC J C BRACEY	08/12/2009	222	ASST CHIEF BOBBY MCLEAN	08/12/2009	202
			FOLLOW-UP INVESTIGATION OFFICER <input type="checkbox"/> YES <input type="checkbox"/> NO			

Rec.on Appeal 839

AGENCY I.D.  
SC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2,009-08055

NGIC  
INC. ENTD.

EVENT	INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input checked="" type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.							
	1. 13A - ASSAULT - AGGRAVATED		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20									
	2. 90K - INCORRIGIBLE		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20									
VICTIM	INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)					ZIP CODE	WEAPON TYPE							
	414 BRIARCLIFF CT., DILLON SC					29536	20							
	INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK								
08/05/2009	1500		08/05/2009	2130	DISP. DATE	DISP. TIME	TIME ARRIVED							
					08/05/2009	2131	2134							
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE			
SOWELLS, ANDRIA M		#1	#2	#3	J	S	O	U	F	36				
ADDRESS					CITY	STATE	ZIP CODE	LOCATION NO.						
VICTIM'S NAME (LAST, FIRST, MIDDLE)					RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE
JUVENILE VICTIM					#1	#2	#3	J	S	O	U	M	16-18	
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.										
ADDRESS					CITY	STATE	ZIP CODE	LOCATION NO.						
VISIBLE INJURY (VICT. 1) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN - Apparent Minor Injur														
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.														
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED														
J - This Jurisdiction S - State O - Out of State U - Unknown														
SUBJECT	SUBJECT NAME (LAST, FIRST, MIDDLE)					RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
	JUVENILE OFFENDER					M		13						
	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.													
ADDRESS					CITY	STATE	ZIP CODE	LOCATION NO.						
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO														
DATE/TIME OF OFFENSE: 08/05/2009 1500														
DATE/TIME OF ARREST														
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE: TOTAL # ARRESTED 0														
Offenses: ASSAULT - AGGRAVATED INCORRIGIBLE														
ON THE ABOVE DATE AND TIME, R/O WAS DISPATCHED TO THE ABOVE LOCATION IN REFERENCE TO AN INCORRIGIBLE CHILD. UPON ARRIVAL THE COMPLAINANT STATED THAT THE SUSPECT HAD LEFT HOME. THE COMPLAINANT STATED THE SUSPECT WAS IN HIS ROOM AT 2030 HRS. THE COMPLAINANT WENT TO CHECK ON THE SUSPECT, AND THE SUSPECT WAS GONE. THE COMPLAINANT STATED THAT THE SUSPECT HAD LEFT THE HOUSE. THE COMPLAINANT STATED THE SUSPECT HAD LEFT THE RESIDENCE THROUGH THE WINDOW. R/O OBSERVED THAT THE WINDOW SCREEN WAS CUT. THE COMPLAINANT STATED THAT EARLIER IN THE DAY THE SUSPECT HAD CUT HIS BROTHER RIGHT INDEX FINGER, THAT REQUIRED NINE STICHES. R/O WILL TURN A COPY OF THIS REPORT OVER TO D.J.J.														

				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY						
P	TYPE (GROUP)													TOTAL VALUE
R	Burned													
O	Count/Forged													
P	Dest./Damaged													
E	Recovered													
R	Seized													
T	Stolen													
Y	Unknown													
A	SUBJECT IDENTIFIED		SUBJECT LOCATED		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18		<input type="checkbox"/> EX-CLEAR UNDER 18					
D	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR 18 AND OVER					
M	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY													
I	REPORTING OFFICER(S)			DATE	UNIT NUMBER	APPROVING OFFICER			DATE	UNIT NUMBER				
	PFC RONALD GRAHAM			08/05/2009	220	ASST CHIEF BOBBY MCLEAN			08/05/2009	202				
S	FOLLOW-UP INVESTIGATION OFFICER													
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO													

Rec.on Appeal 840

AGENCY I.D.  
SC0170100

DILLON POLICE DEPARTMENT  
SUPPLEMENTAL INCIDENT REPORT

CASE NUMBER  
2009-08055

INQ. ENTD.

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

V I C T I M S S U B J E C T O V E R F L O A T I V E	<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH
	<input checked="" type="checkbox"/> VICTIM # 002	SOCIETY/PUBLIC			#1	#2	#3	J	S	O	U		
	<input type="checkbox"/> SUBJECT #	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.							
	<input type="checkbox"/> RUNAWAY	ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE	EVENING PHONE			
	<input type="checkbox"/> WANTED												
	<input type="checkbox"/> WARRANT												
	<input type="checkbox"/> ARREST	<input checked="" type="checkbox"/> VICTIM NO. 002 VISIBLE INJURY: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES			VICTIM USING ALCOHOL: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK.			<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> DETECTIVE/PLASMT <input type="checkbox"/> ALONE					
	<input type="checkbox"/> JAIL	EXPLAIN			DRUGS: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES TYPE			<input type="checkbox"/> UNK. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> OTHER		<input type="checkbox"/> ASSISTED			
	<input type="checkbox"/> SUBMIONS	<input type="checkbox"/> SUBJECT NO. _____ USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES			USING DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE			<input type="checkbox"/> UNKNOWN					
	<input type="checkbox"/>												
								JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY			

A D M I N I S T	SUBJECT IDENTIFIED	SUBJECT LOCATED	<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18	<input type="checkbox"/> EX-CLEAR UNDER 18	
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR 18 AND OVER	
	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY					
	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
	PFC RONALD GRAHAM	08/05/2009	220	ASST CHIEF BOBBY MCLEAN	08/05/2009	202
	FOLLOW-UP INVESTIGATION OFFICER					
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					

Rec.on Appeal 841

App'x 843

AGENCY I.D.  
SC0170100

**DILLON POLICE DEPARTMENT**  
**INCIDENT REPORT**

2009-08080

INQ. ENTD.

E V E N T	INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM	
	1. Z3C - SHOPLIFTING		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	12		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.	
	2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
V I C T I M	3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
	INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)						ZIP CODE	WEAPON TYPE
	413 RADFORD BLVD, BI-LO, DILLON SC						29536	
	INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK		LOCATION NO.
	08/08/2009	1400		08/08/2009	1431	DISP. DATE	DISP. TIME	TIME ARRIVED
					08/08/2009	1431	1432	1445
	COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE
	ABEL, TODD ALAN			#1 #2 #3	J S O U		M	36
	ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.	
	VICTIM'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE
BI-LO			#1 #2 #3	J S O U				
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				
ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.		
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -								
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.								
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED								
J - This Jurisdiction S - State O - Out of State U - Unknown								
S U B J E C T	<input checked="" type="checkbox"/> SUSPECT		SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	
	<input type="checkbox"/> RUNAWAY		JUVENILE OFFENDER			M	15	
	<input type="checkbox"/> WANTED		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					
	<input type="checkbox"/> WARRANT		ADDRESS		CITY	STATE	ZIP CODE	
	<input checked="" type="checkbox"/> ARREST							
# 1	<input type="checkbox"/> JAIL		SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DATE/TIME OF OFFENSE	
	<input type="checkbox"/> SUMMONS		DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED 1		DATE/TIME OF ARREST	
				08/08/2009	1400	08/08/2009	1445	
N A R R A T I V E	Offenses: SHOPLIFTING							
	ON THE ABOVE DATE AND TIME, THE SUSPECT WAS OBSERVED ATTEMPTING TO SHOPLIFT A PACK OF PHILLI BLUNT BANANA CIGARS, VALUE APPROX \$4.00. THE MERCHANDISE WAS REMOVED FROM THE SUSPECT AFTER HE CONCEALED THE MERCHANDISE UPON HIS PERSON IN THE ATTEMPT TO EXIT THE INCIDENT LOCATION. OFFICER MCPHATTER WILL SIGN A PETITION AGAINST THE SUSPECT.							

		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY					
P	TYPE (GROUP)	19-Merchandise			TOTAL VALUE				
R	Burned								
O	Count/Forged								
P	Dest/Damaged								
E	Recovered								
R	Seized								
T	Stolen	4.00			4.00				
Y	Unknown								
A D M I N I S T	SUBJECT IDENTIFIED		SUBJECT LOCATED		<input type="checkbox"/> ACTIVE	<input type="checkbox"/> ADM. CLOSED	<input checked="" type="checkbox"/> ARRESTED UNDER 18	<input type="checkbox"/> EX-CLEAR UNDER 18	
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER		
	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY								
	REPORTING OFFICER(S)			DATE	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER
	PFC RAY MCPHATTER			08/08/2009	221	CPL CRYSTAL G NORRIS		08/08/2009	202
CPL CRYSTAL G NORRIS			08/08/2009	215	FOLLOW-UP INVESTIGATION OFFICER				
			<input type="checkbox"/> YES <input type="checkbox"/> NO						

Rec.on Appeal 842

AGENCY I.D.  
SC0170100

DILLON POLICE DEPARTMENT  
PROPERTY LISTING

2009-08080

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

7	STOLEN	
	CIGARS	4.00
TOTAL GROUP		4.00

TOTAL PROPERTY					4.00
ADJUST	SUBJECT IDENTIFIED	SUBJECT LOCATED	<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	<input checked="" type="checkbox"/> ARRESTED UNDER 18	<input type="checkbox"/> EX-CLEAR UNDER 18
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR 18 AND OVER
	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY				
	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE
PFC RAY MCPHATTER	08/08/2009	221	CPL CRYSTAL G NORRIS	08/08/2009	202
CPL CRYSTAL G NORRIS	08/08/2009	215	FOLLOWUP INVESTIGATION OFFICER		
			<input type="checkbox"/> YES <input type="checkbox"/> NO		

Rec.on Appeal 843

App'x 845

AGENCY I.D.  
SC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2009-07217

NCIC  
INQ. ENTD.

E V E N T	INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM	
	1. Z3C - SHOPLIFTING	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	12		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.	
	2.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
V I C T I M	INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE	
	FOOD LION 205 RADFORD BLVD., DILLON SC				29536		
	INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
	07/24/2009	0830		07/24/2009	0850	DISP. DATE DISP. TIME TIME ARRIVED DEPART. TIME	
					07/24/2009	0854 0856 1000	LOCATION NO.
							1A
	COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
	BRIDGERS, ROBERT EVANS JR		#1	#2	J	S	O
	ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	
FOOD LION		#1	#2	J	S	O	
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.			
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.	
# 1	VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -						
	VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.						
	<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED						
	J - This Jurisdiction S - State O - Out of State U - Unknown						
	SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.	DATE OF BIRTH
	JUVENILE OFFENDER		M		14		
	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						
	ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.
	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST
DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED 3		07/24/2009 0830	07/24/2009 0905		
N A R R A T I V E	Offenses: SHOPLIFTING						
	ON THE ABOVE DATE DILLON PD WAS DISPATCHED TO FOOD LION FOR THREE SHOPLIFTERS. UPON ARRIVAL, SGT. HAYES FOUND THE SUSPECTS AT BILO. THE THREE SUSPECTS WERE JUVENILES. THE SUSPECTS WERE TAKEN BACK TO FOOD LION WHERE THE COMPLAINANT IDENTIFIED THEM. THE COMPLAINANT STATED THAT THE SUSPECTS ENTERED THE STORE AND WALKED DOWN THE CANDY AISLE. THE SUSPECTS THEN PICKED UP A BOX OF FRUIT SNACKS, THEN WALKED OVER TO THE PET FOOD AISLE. THE COMPLAINANT THEN STATED THAT THE SUSPECTS WALKED OUT OF STORE .THEN WALKED BEHIND FOOD LION. TWO PACKS OF CANDY WAS FOUND IN SUSPECT #3 LEFT FRONT POCKET.						

P R O P E R T Y	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY							
	TYPE (GROUP)	08-Consumable		TOTAL VALUE						
	Burned									
	Count/Forged									
	Dest./Damaged									
	Recovered									
	Seized									
	Stolen	3.00		3.00						
	Unknown									
	A D M I N I S T	SUBJECT IDENTIFIED		SUBJECT LOCATED		<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input checked="" type="checkbox"/> ARRESTED UNDER 18		<input type="checkbox"/> EX-CLEAR UNDER 18
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR 18 AND OVER		
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY										
REPORTING OFFICER(S)			DATE	UNIT NUMBER	APPROVING OFFICER			DATE	UNIT NUMBER	
SGT TONY J ROBERTS			07/24/2009	210	ASST CHIEF BOBBY MCLEAN			07/24/2009	202	
SGT JAMES HAYES			07/24/2009	212	FOLLOW-UP INVESTIGATION OFFICER					
					<input type="checkbox"/> YES <input type="checkbox"/> NO					

Rec.on Appeal 844

AGENCY I.D.  
SC0170100

DILLON POLICE DEPARTMENT  
SUPPLEMENTAL INCIDENT REPORT

INCIDENT NUMBER  
2009-07217

PAGE 1

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

V I C T I M # 02	<input type="checkbox"/> COMPLAINT	NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH			
	<input type="checkbox"/> VICTIM #	JUVENILE OFFENDER	#1	#2	#3	J	S	O	U	M	12	/	/	
	<input checked="" type="checkbox"/> SUBJECT #	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.								
	<input type="checkbox"/> RUNAWAY	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE	EVENING PHONE					
	<input type="checkbox"/> WANTED							H	B					

O V E R F L	<input type="checkbox"/> WARRANT	VICTIM NO. _____ VISIBLE INJURY: <input type="checkbox"/> NO <input type="checkbox"/> YES		VICTIM USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK.		<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> DETECTIVE/PLASMIT <input type="checkbox"/> ALONE	
	<input type="checkbox"/> JAIL	EXPLAIN:		DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE:		<input type="checkbox"/> UNK <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED	
	<input checked="" type="checkbox"/> SUMMONS	<input checked="" type="checkbox"/> SUBJECT NO. 02 USING ALCOHOL: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		USING DRUGS: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES TYPE:		<input type="checkbox"/> UNKNOWN	
	<input type="checkbox"/>						
	<input type="checkbox"/>						

V I C T I M # 03	<input type="checkbox"/> COMPLAINT	NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH			
	<input type="checkbox"/> VICTIM #	JUVENILE OFFENDER	#1	#2	#3	J	S	O	U	M	10	/	/	
	<input checked="" type="checkbox"/> SUBJECT #	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.								
	<input type="checkbox"/> RUNAWAY	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE	EVENING PHONE					
	<input type="checkbox"/> WANTED							H	B					

O V E R F L	<input type="checkbox"/> WARRANT	VICTIM NO. _____ VISIBLE INJURY: <input type="checkbox"/> NO <input type="checkbox"/> YES		VICTIM USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK.		<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> DETECTIVE/PLASMIT <input type="checkbox"/> ALONE	
	<input type="checkbox"/> JAIL	EXPLAIN:		DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE:		<input type="checkbox"/> UNK <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED	
	<input checked="" type="checkbox"/> SUMMONS	<input checked="" type="checkbox"/> SUBJECT NO. 03 USING ALCOHOL: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		USING DRUGS: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES TYPE:		<input type="checkbox"/> UNKNOWN	
	<input type="checkbox"/>						
	<input type="checkbox"/>						

A D M I N I S T	SUBJECT IDENTIFIED	SUBJECT LOCATED	<input type="checkbox"/> ACTIVE	<input type="checkbox"/> ADM. CLOSED	<input checked="" type="checkbox"/> ARRESTED UNDER 18	<input type="checkbox"/> EX-CLEAR UNDER 18
	<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR 18 AND OVER
	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY					
	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
SGT TONY J ROBERTS	07/24/2009	210	ASST CHIEF BOBBY MCLEAN	07/24/2009	202	
SGT JAMES HAYES	07/24/2009	212	FOLLOW-UP INVESTIGATION OFFICER			
			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

Rec.on Appeal 845

App'x 847

AGENCY I.D.  
SC0170100

DILLON POLICE DEPARTMENT  
PROPERTY LISTING

2,009-07217

INQ. ENTD.

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

7 STOLEN

CONSUMABLE GOODS	3.00
<b>TOTAL GROUP</b>	<b>3.00</b>

TOTAL PROPERTY

3.00

ADMINISTRATIVE	SUBJECT IDENTIFIED		SUBJECT LOCATED		<input type="checkbox"/> ACTIVE	<input type="checkbox"/> ADM. CLOSED	<input checked="" type="checkbox"/> ARRESTED UNDER 18	<input type="checkbox"/> EX-CLEAR UNDER 18
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR 18 AND OVER
	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY							
	REPORTING OFFICER(S)			DATE	UNIT NUMBER	APPROVING OFFICER		DATE
SGT TONY J ROBERTS			07/24/2009	210	ASST CHIEF BOBBY MCLEAN		07/24/2009	202
SGT JAMES HAYES			07/24/2009	212	FOLLOWUP INVESTIGATION OFFICER			
					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

Rec.on Appeal 846

App'x 848

AGENCY I.D.  
SC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

2009-07259

INQ. ENTD.

E V E N T	INCIDENT TYPE				COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM				
	1. 13A - POINTING & PRESENTING A FIREARM				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.				
	2.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO							
3.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO								
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)							ZIP CODE	WEAPON TYPE					
502 BEA CT., DILLON SC							28536	12					
INCIDENT DATE		24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK			LOCATION NO.				
07/29/2009		0100		07/29/2009	0110	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME				
						07/29/2009	0112	0117	0141				
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE	
SEWELL, ARETHA F.				#1	#2	#3	J	S	O	U	F	32	
ADDRESS				CITY		STATE	ZIP CODE	LOCATION NO.					
VICTIM'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE	
JUVENILE VICTIM				#1	#2	#3	J	S	O	U	M	16	
HEIGHT				WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						
ADDRESS				CITY		STATE	ZIP CODE	LOCATION NO.					
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -													
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.													
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown													
S U B J E C T	SUBJECT NAME (LAST, FIRST, MIDDLE)				RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
	HAYES, HATARI				M		19						
	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.												
ADDRESS				CITY		STATE	ZIP CODE	LOCATION NO.					
SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.				ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST					
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:				TOTAL # ARRESTED		0		07/29/2009		0100			
Offenses: POINTING & PRESENTING A FIREARM													
ON THE ABOVE DATE AND TIME, R/O WAS DISPATCHED TO THE ABOVE LOCATION IN REFERENCE TO THE ABOVE VICTIM BEING THREATENED BY THE SUBJECT. UPON ARRIVAL, THE SUBJECT WAS NOT ON SCENE. THE COMPLAINANT STATES THAT THE SUBJECT CAME BY THE RESIDENCE IN A DARK COLOR FORD EXPLORER WITH NC TAG. COMPLAINANT STATES THERE WAS A LARGE GROUP OF YOUNG MALES IN THE VEHICLE. THE COMPLAINANTS SON (VICTIM) WAS OUTSIDE AND THE ABOVE SUBJECT POINTED A HAND GUN, BLACK IN COLOR, AT THE VICTIM AND THREATENED TO SHOOT HIM. THE COMPLAINANT STATES WHEN SHE WENT TO CALL FOR POLICE THE SUBJECT LEFT. ACCORDING TO THE COMPLAINANT THERE HAS BEEN A FEUD FOR SOMETIME BETWEEN HER FAMILY AND THE SUBJECTS FAMILY. THE R/O MADE CONTACT WITH THE SUBJECT AT 811 EAST DARGAN ST. ACCORDING TO THE SUBJECT, HE STATES THAT HE WAS AT HOME FOR SOME TIME AND THE SUBJECTS MOTHER STATES THAT SHE CAN CONFIRM THIS. THE SUBJECT ALLOWED THE R/O TO CHECK THE VEHICLE FOR A WEAPON. THE R/O CHECKED THE VEHICLE AND DID NOT LOCATE A HAND GUN. COMPLAINANT STATES SHE WILL SECURE A WARRANT.													

				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY			
P R O P E R T Y	TYPE (GROUP)										TOTAL VALUE
	Burned										
	Count/Forged										
	Dist/Damaged										
	Recovered										
A D M I N I S T	SUBJECT IDENTIFIED		SUBJECT LOCATED		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18		<input type="checkbox"/> EX-CLEAR UNDER 18		
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR 18 AND OVER		
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY											
REPORTING OFFICER(S)			DATE	UNIT NUMBER	APPROVING OFFICER			DATE	UNIT NUMBER		
PFC RONALD GRAHAM			07/29/2009	220	ASST CHIEF BOBBY MCLEAN			07/29/2009	202		
FOLLOW-UP INVESTIGATION OFFICER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO											

Rec.on Appeal 847

App'x 849

AGENCY I.D.  
SC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
**2009-07256**

E V E N T	INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM	
	1. 200 - ARSON		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.	
	2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
V I C T I M	INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)						ZIP CODE	WEAPON TYPE
	414 S. LONGSTREET RD. APT. B-7, DILLON SC						29536	
	INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK		LOCATION NO.
	07/28/2009	1415		07/28/2009	1420	DISP. DATE	DISP. TIME	TIME ARRIVED
					07/28/2009	1424	1428	1532
	COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
	HARGROVE, SHANNON			#1	#2	#3	J S O U	F
	ADDRESS			CITY		STATE	ZIP CODE	LOCATION NO.
	DOVER VILLAGE APTS			RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
	HEIGHT			WEIGHT		HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
ADDRESS			CITY		STATE	ZIP CODE	LOCATION NO.	
S U B J E C T	VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN -							
	VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.							
	<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED							J - This Jurisdiction S - State O - Out of State U - Unknown
	<input checked="" type="checkbox"/> SUSPECT		SUBJECT NAME (LAST, FIRST, MIDDLE)			RACE	SEX	AGE
	<input type="checkbox"/> RUNAWAY		JUVENILE OFFENDER			M		10
	<input type="checkbox"/> WANTED		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					
	<input type="checkbox"/> WARRANT		ADDRESS			CITY	STATE	ZIP CODE
	<input checked="" type="checkbox"/> ARREST							
	<input type="checkbox"/> JAIL		SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.			ARRESTED NEAR OFFENSE SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DATE/TIME OF OFFENSE
	<input type="checkbox"/> SUMMONS		DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. TYPE:			TOTAL # ARRESTED	2	07/28/2009 1415
					DATE/TIME OF ARREST	07/28/2009	1530	
N A R R A T I V E	Offenses: ARSON							
	ON THE ABOVE DATE AND TIME R/O WAS DISPATCHED TO THE ABOVE LOCATION IN REFERENCE TO A FIRE. UPON ARRIVING, R/O NOTICED SMOKE COMING FROM THE INCIDENT LOCATION. THE COMPLAINANT STATED THAT THE SUSPECTS KNOCKED ON HER DOOR AND ASKED HER FOR A CIGARETTE LIGHTER PRIOR TO THE INCIDENT. THE COMPLAINANT STATED THAT SHE HEARD A LOT OF NOISES OUTSIDE HER DOOR A FEW MINUTES LATER. WHEN THE COMPLAINANT OPENED THE DOOR TO SEE WHAT WAS GOING ON, SHE NOTICED A FIRE ACROSS THE HALL. THE SUSPECTS WERE ALSO OUT THERE AND ASKED THE COMPLAINANT FOR SOME WATER. THE SUSPECTS THEN RAN ACROSS TO MAPLEWOOD APARTMENTS. INVESTIGATORS HAYES AND OWENS WERE ON SCENE. DAMAGE IS ESTIMATED TO BE APPROXIMATELY \$2500.00. THE SUSPECTS WERE RELEASED TO THEIR PARENTS. SGT. HAYES WILL SIGN A PETITION.							

		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		
P	TYPE (GROUP)	30-Structure -			TOTAL VALUE	
R	Burned	2500.00			2500.00	
O	Count/Forged					
P	Dest/Damaged					
E	Recovered					
R	Seized					
T	Stolen					
Y	Unknown					
A	SUBJECT IDENTIFIED		SUBJECT LOCATED		ACTIVE <input type="checkbox"/> ADM. CLOSED <input type="checkbox"/>	
D	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18	
M					<input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER	
I	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY					
R	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
I	PFC WILLIE BERRY	07/28/2009	219	ASST CHIEF BOBBY MCLEAN	07/28/2009	202
S	FOLLOW-UP INVESTIGATION OFFICER					
T	<input type="checkbox"/> YES <input type="checkbox"/> NO					

Rec.on Appeal 848

AGENCY I.D.  
SC0170100

DILLON POLICE DEPARTMENT  
SUPPLEMENTAL INCIDENT REPORT

2009-07256

INQ. ENTD.

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

VICTIM SUBJECT OVERFLOW WARRANTIVE	<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH	
	<input checked="" type="checkbox"/> VICTIM # 002	HARGROVE, SHANNON			#1	#2	#3	J	S	O	U	F	21	
	<input type="checkbox"/> SUBJECT #	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.								
	<input type="checkbox"/> RUNAWAY	ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE	EVENING PHONE	H	B	H	B
	<input type="checkbox"/> WANTED													
	<input type="checkbox"/> WARRANT													
	<input type="checkbox"/> ARREST	<input checked="" type="checkbox"/> VICTIM NO. 002 VISIBLE INJURY: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES			VICTIM USING ALCOHOL: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK.			<input type="checkbox"/> TWO-MAN VEH <input type="checkbox"/> DETECTIVE/SPASMIT <input type="checkbox"/> ALONE						
	<input type="checkbox"/> JAIL	EXPLAIN:												
	<input type="checkbox"/> SUMMONS	<input type="checkbox"/> SUBJECT NO. _____ USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES			DRUGS: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES TYPE:			<input type="checkbox"/> UNK <input type="checkbox"/> ONE-MAN VEH <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED						
	<input type="checkbox"/>	USING DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE:			<input type="checkbox"/> UNKNOWN									
JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY												JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		

ADJUST	SUBJECT IDENTIFIED	SUBJECT LOCATED	<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	<input checked="" type="checkbox"/> ARRESTED UNDER 18	<input type="checkbox"/> EX-CLEAR UNDER 18
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR 18 AND OVER
	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY				
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
PFC WILLIE BERRY	07/28/2009	219	ASST CHIEF BOBBY MCLEAN	07/28/2009	202
			FOLLOW-UP INVESTIGATION OFFICER		
			<input type="checkbox"/> YES <input type="checkbox"/> NO		

Rec.on Appeal 849

AGENCY I.D.  
SC0170100

DILLON POLICE DEPARTMENT  
SUPPLEMENTAL INCIDENT REPORT

2009-07256

INC. ENTD.

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

VICTIM SUBJECT OVERFLOW	<input type="checkbox"/> COMPLAINT	NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH	
	<input type="checkbox"/> VICTIM #	JUVENILE OFFENDER		#1	#2	#3	J	S	O	U	M	09	/ /
	<input checked="" type="checkbox"/> SUBJECT # 02	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.							
	<input type="checkbox"/> RUNAWAY	ADDRESS											
	<input type="checkbox"/> WANTED	CITY			STATE	ZIP CODE	LOCATION NO.	DAY PHONE	EVENING PHONE				
	<input type="checkbox"/> WARRANT	VICTIM NO. _____ VISIBLE INJURY: <input type="checkbox"/> NO <input type="checkbox"/> YES			VICTIM USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK.			<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> DETECTIVE/PLASMT <input type="checkbox"/> ALONE					
<input type="checkbox"/> ARREST	EXPLAIN: DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE: <input type="checkbox"/> UNK <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED												
<input type="checkbox"/> JAIL	<input checked="" type="checkbox"/> SUBJECT NO. 02 USING ALCOHOL: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES												
<input type="checkbox"/> SUBMONS	USING DRUGS: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES TYPE: <input type="checkbox"/> UNKNOWN												

ADMINISTR	SUBJECT IDENTIFIED	SUBJECT LOCATED	<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	<input checked="" type="checkbox"/> ARRESTED UNDER 18	<input type="checkbox"/> EX-CLEAR UNDER 18
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR 18 AND OVER
	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY				
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
PFC WILLIE BERRY	07/28/2009	219	ASST CHIEF BOBBY MCLEAN	07/28/2009	202
			FOLLOW-UP INVESTIGATION OFFICER		
			<input type="checkbox"/> YES <input type="checkbox"/> NO		

Rec.on Appeal 850

App'x 852

AGENCY I.D.  
SC0170100

DILLON POLICE DEPARTMENT  
PROPERTY LISTING

2 0 0 9 - 0 7 2 5 6

INCL. ENTD.

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

2 BURNED

STRUCTURE - OTHER DWELLING	2,500.00
<b>TOTAL GROUP</b>	<b>2,500.00</b>

<b>TOTAL PROPERTY</b>						<b>2,500.00</b>
ADMINISTRATIVE	SUBJECT IDENTIFIED		SUBJECT LOCATED		<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED	<input checked="" type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER
	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY					
	REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER	DATE
PFC WILLIE BERRY		07/28/2009	219	ASST CHIEF BOBBY MCLEAN	07/28/2009	202
				FOLLOWUP INVESTIGATION OFFICER		
				<input type="checkbox"/> YES <input type="checkbox"/> NO		

Rec.on Appeal 851

App'x 853

# INCIDENT REPORT SUPPLEMENTAL

Page #: 1

Case Number: 2009-07256

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Officer: HAYES HAYES, JAMES

Date Entered/Changed: 07/29/2009

Reviewer:

Review Date:

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DETAILED STATEMENT OF INVESTIGATION: WHILE AT THE POLICE DEPT THE TWO SUSPECTS ADMITTED TO STARTING THE FIRE.

Rec.on Appeal 852

App'x 854

AGENCY I.D.  
SC0170100

DILLON POLICE DEPARTMENT  
INCIDENT REPORT

CASE NUMBER  
2009-07240

INQ. ENTD.

E V E N T	INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
	1. 13A - ASSAULT - AGGRAVATED		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
	2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
V I C T I M	INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)					ZIP CODE	WEAPON TYPE
	514 BEA CT, DILLON SC					29536	40 30
	INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	
07/26/2009	1800		07/26/2009	1805	DISP. DATE	DISP. TIME	TIME ARRIVED
					07/26/2009	1805	1809
							DEPART. TIME
							1830
	COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
	JUVENILE COMPLAINANT		#1	#2	J	S	O
	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	
	VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX
	JUVENILE VICTIM		#1	#2	J	S	O
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	
#	VISIBLE INJURY (VICT. 1) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN - Apparent Minor Injur						
1	VICTM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.						
	<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/PLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown						
S U B J E C T	SUBJECT NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.	DATE OF BIRTH
	JUVENILE OFFENDER		M		15		
	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						
	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	
#	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST
1	DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. TYPE:		TOTAL # ARRESTED 0		07/26/2009 1800		
	Offenses: ASSAULT - AGGRAVATED						
N A R R A T I V E	ON THE ABOVE DATE AND TIME, THE VICTIM CALLED AND REPORTED THAT THE SUSPECT AND SHE GOT INTO A FIGHT WHEN THE SUSPECT WOULD NOT REFRAIN FROM HITTING HER ABOUT THE FACE. THE VICTIM STATED SHE PRESENTED A KNIFE TO PROTECT HERSELF WHILE SHE CALLED THE POLICE. THE SUSPECT HAD A RAKE AND A METAL PIPE, AND ALSO ATTEMPTED TO ASSAULT THE VICTIM WITH THESE. ACCORDING TO THE VICTIM, THE SUSPECT MISSED HER. THE VICTIM ALSO STATED SHE BELIEVED SHE MAY HAVE INJURED HER RIGHT WRIST WHEN SHE ATTEMPTED TO STRIKE BACK AT THE SUSPECT DURING THE ASSAULT. THE VICTIM ALSO HAD A LARGE KNOT COVERING HALF OF HER FOREHEAD, AS A RESULT OF THE SUSPECT'S FIST.						

		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		
P	TYPE (GROUP)				TOTAL VALUE	
R	Burned					
O	Count/Forged					
P	Dest/Damaged					
E	Recovered					
R	Seized					
T	Stolen					
Y	Unknown					
A D M I N I S T	SUBJECT IDENTIFIED		SUBJECT LOCATED		ACTIVE	
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> ADM. CLOSED	
	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input checked="" type="checkbox"/> JUVENILE - NO CUSTODY		ARRESTED UNDER 18		EX-CLEAR UNDER 18	
	ARRESTED 18 AND OVER		EX-CLEAR 18 AND OVER			
	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
	CPL CRYSTAL G NORRIS	07/26/2009	215	ASST CHIEF BOBBY MCLEAN	07/26/2009	202
	PFC J C BRACEY	07/26/2009	222	FOLLOW-UP INVESTIGATION OFFICER		
				<input type="checkbox"/> YES <input type="checkbox"/> NO		

Rec.on Appeal 853

THE STATE OF SOUTH CAROLINA  
In the Court of Appeals

APPEAL FROM DILLON COUNTY  
Court of Common Pleas

Paul M. Burch, Circuit Court Judge

Case No. 2012-CP-17-295

Ebony Bethea.....Appellant,

v.

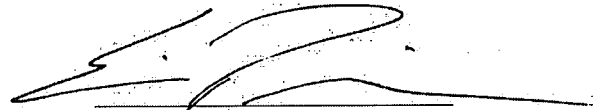
Derrick Jones, John Doe, Individually and  
As employee/agent of Citi Trends, Inc., Citi  
Trends, Inc., and Palmetto Properties, Inc.

Of Whom Citi Trends, Inc., and Palmetto  
Properties, Inc. are.....Respondents.

CERTIFICATE OF COUNSEL

The undersigned hereby certifies that the Record on Appeal contains all material  
proposed to be included by any of the parties and not any other materials.

August 5, 2014



Eric M. Poulin  
Anastopoulo Law Firm, LLC  
2557 Ashley Phosphate Road  
North Charleston, SC 29418  
(843) 614-8888

ATTORNEYS FOR APPELLANT

Rec. On Appeal 854

THE STATE OF SOUTH CAROLINA  
In the Court of Appeals

APPEAL FROM DILLON COUNTY  
Court of Common Pleas

Paul M. Burch, Circuit Court Judge

Case No. 2012-CP-17-295

Ebony Bethea.....Appellant,

v.

Derrick Jones, John Doe, Individually and  
As employee/agent of Citi Trends, Inc., Citi  
Trends, Inc., and Palmetto Properties, Inc.

Of Whom Citi Trends, Inc., and Palmetto  
Properties, Inc. are.....Respondents.

SUPPLEMENTAL RECORD ON APPEAL

Eric M. Poulin, Esquire  
Anastopoulo Law Firm  
2557 Ashley Phosphate Road  
North Charleston, SC 29418  
Attorney for Appellant

Catharine G. Griffin, Esquire  
Baker Ravenel & Bender, LLP  
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3710 Landmark Drive, Suite 400  
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Attorney for Respondent Citi Trends, Inc.

Robert W. Buffington, Esquire  
Haynsworth Sinkler Boyd  
134 Meeting Street, Third Floor  
Charleston, SC 29401  
Attorney for Respondent Palmetto Properties, Inc.

**INDEX**

Affidavit of William F. Booth, Page 11.....2  
Certificate of Counsel.....3  
Certificate of Service.....4

Supp. Rec. On Appeal 1

My opinions in this case are as follows:

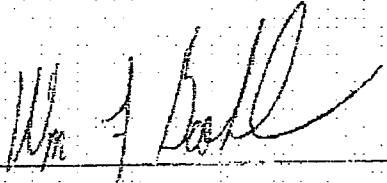
**Foreseeability:**

A violent crime such as attempted murder using a gun was not foreseeable to Citi Trends in December of 2010. The shooting of Ebony Bethea by her ex-boyfriend Derrick Jones on December 27, 2010 in Citi Trends in Dillon, South Carolina was not foreseeable by Citi Trends. The security measures that Citi Trends had in place on that date were reasonable and met the standards for a retail store on that date in that location. Information that is being relied upon by the plaintiff, as testified to by her expert Michael Hodge, is not reliable or valid and, in many cases, simply not true.

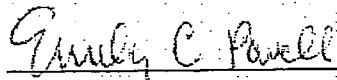
**Deterability:**

There are no reasonable measures that could have been in place at Citi Trends that would have deterred Derrick Jones from shooting Ebony Bethea on December 27, 2010 at Citi Trends. Reasonable measures that Plaintiff's Expert Michael Hodge recommends were already in place at Citi Trends.

This the 3rd day of January, 2014.

  
WILLIAM F. BOOTH, CPP

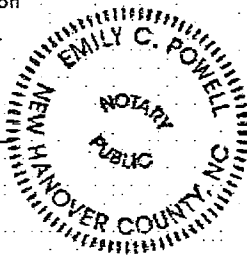
Sworn to and Subscribed before me on  
This 3<sup>rd</sup> day of January, 2014.



NOTARY PUBLIC

New Hanover County, NC

My Commission Expires: March 30, 2014



THE STATE OF SOUTH CAROLINA  
In The Court of Appeals

APPEAL FROM DILLON COUNTY  
Court of Common Pleas

Paul M. Burch, Circuit Court Judge

Case No. 2012-CP-17-295

Ebony Bethea,

Appellant,

v.

Derrick Jones, John Doe,  
Individually and As  
employee/agent of Citi  
Trends, Inc., and Palmetto  
Properties, Inc.,

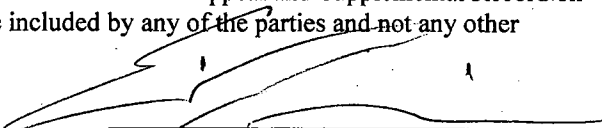
Of Whom Citi Trends, Inc.,  
and Palmetto Properties, Inc.,  
are,

Respondants.

CERTIFICATE OF COUNSEL

The undersigned hereby certifies that the Record on Appeal and Supplemental Record on Appeal contain all material proposed to be included by any of the parties and not any other materials.

August 28, 2014



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Supp. Rec. on Appeal 3

THE STATE OF SOUTH CAROLINA  
In The Court of Appeals

APPEAL FROM DILLON COUNTY  
Court of Common Pleas

Paul M. Burch, Circuit Court Judge

Case No. 2012-CP-17-295

Ebony Bethea,

Appellant,

v.

Derrick Jones, John Doe,  
Individually and As  
employee/agent of Citi  
Trends, Inc., and Palmetto  
Properties, Inc.,

Of Whom Citi Trends, Inc.,  
and Palmetto Properties, Inc.,  
are,

Respondents.

CERTIFICATE OF SERVICE

The undersigned certifies that I have served a copy of the Supplemental Record on Appeal on the individuals named below by hand delivery or by depositing a copy in a first class pre-paid envelope in the United States mail at North Charleston, South Carolina as follows:

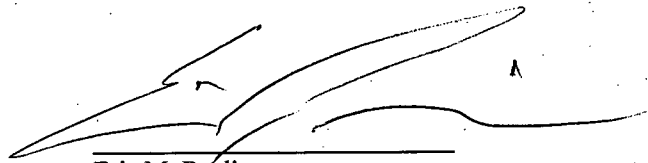
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*[Signature on following page]*

Supp. Rec. on Appeal 4

August 28, 2014



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Supp. Rec. on Appeal 5

App'x 862

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SC Court of Appeals

THE STATE OF SOUTH CAROLINA  
In the Court of Appeals

APPEAL FROM DILLON COUNTY  
Court of Common Pleas

Paul M. Burch, Circuit Court Judge

Case No. 2012-CP-17-295

Ebony Bethea.....Appellant,

v.

Derrick Jones, John Doe, Individually and  
As employee/agent of Citi Trends, Inc., Citi  
Trends, Inc., and Palmetto Properties, Inc.

Of Whom Citi Trends, Inc., and Palmetto  
Properties, Inc. are.....Respondents.

FINAL BRIEF OF APPELLANT

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**TABLE OF CONTENTS**

Table of Authorities.....ii

Statement of Jurisdiction.....1

Statement of Issues on Appeal.....1

Statement of the Case.....1

Statement of Facts.....2

Standard of Review.....4

Argument.....5

**I. The Trial Court erred in Granting Respondents’ Motions for Summary Judgment because Respondents owed a duty to protect Plaintiff, a retail invitee, from foreseeable violent crimes; Respondents breached this duty; their breach was the proximate cause of Appellant’s injuries; and Appellant was not, as a matter of law, comparatively negligent.....5**

**A. Respondents, as business owners and operators, owe their patrons a duty of protection from foreseeable harm.....5**

1. A business owner has a legal duty to take reasonable measures to protect his guests and invitees.....6

2. Violent criminal activity was foreseeable at Respondents’ location.....8

**B. Respondents breached this duty because their security measures were inadequate.....10**

1. Citi Trends breached its duty of care.....11

2. Palmetto Properties breached its duty of care.....15

**C. Economically feasible security measures were available to Respondents that would have prevented the harm suffered by Appellant.....17**

**D. Appellant was not Comparatively Negligent.....20**

Conclusion.....20

TABLE OF AUTHORITIES

Cases  
(Authoritative)

Bass v. Gopal, 395 S.C. 129, 716 S.E.2d 910 (2011).....6, 7, 8,  
11, 12, 14, 17, 20

Daniel v. Days Inn of America, Inc., 292 S.C. 291, 356 S.E.2d 129  
(Ct. App. 1987).....11

Helms Realty, Inc. v. Gibson-Wall Co., 363 S.C 334, 611 S.E.2d 485 (2005).....4

Holloman v. McAllister, 289 S.C. 183, 186, 345 S.E.2d 728, 729 (1986).....4

Jeffords v. Lesesne, 343 S.C. 656, 541 S.E.2d 847 (Ct. App. 2000).....10

Larimore v. Carolina Power & Light, 340 S.C. 438, 531 S.E.2d 535 (Ct. App.2000).....10

Miletic V. Wal-Mart Stores, Inc., 339 S.C. 327, 529 S.E.2d 68 (Ct. App. 2000).....6

Osborne v. Adams, 346 S.C. 4, 7, 550 S.E.2d 319, 321 (2001).....4

Piggly Wiggly St. Andrews, Inc., 269 S.C. 479, 238 S.E.2d 167 (1977).....7

Singleton v. Sherer, 377 S.C. 185, 659 S.E.2d 196 (Ct. App. 2008).....9

South Carolina State Ports Authority v. Booz-Allen & Hamilton, Inc.,  
289 S.C. 373, S.E.2d 324 (1986).....5

Verenes v. Alvanos, 387 S.C. 11, 690 S.E.2d 771 (2010).....4

Vinson v. Hartley, 324 S.C. 398, 477 S.E.2d 715 (Ct. App. 1996).....9

Cases  
(Persuasive)

Allen v. Greenville Hotel Partners, Inc., 405 F. Supp.2d 653.(D.S.C. 2005).....6

Ann M. v. Pacific Plaza Shopping Cntr., 25 Cal. Rptr. 137, 863 P.2d 207 (1993).....7

McClung v. Delta Square Ltd. P'ship, 937 S.E.2d (Tenn. 1996).....7, 12

Shadday v. Omni Hotels Mgmt. Corp., 447 F.3d 511, 514 (7<sup>th</sup> Cir. 2007).....8, 14, 17

Taylor v. Hocker, 101 Ill. App.3d 639, 428 N.E.2d 662 (Ill. App. 1981).....7

**Statutes**

S.C. Code Ann. § 14-3-330.....1

**Rules**

Rule 56(c), SCRPC.....4

## STATEMENT OF JURISDICTION

This appeal arises out of an Order of the Circuit Court granting Respondents' Motions for Summary Judgment and dismissing Appellant's causes of action with prejudice.

The Trial Court's final judgment was entered on February 3, 2014 and disposed of all claims of all parties. Appellants filed a Notice of Appeal on February 17, 2014. This Court has jurisdiction to entertain the appeal and correct errors of law pursuant to S.C. Code Ann. § 14-3-330.

## STATEMENT OF ISSUES ON APPEAL

**I. Did the Trial Court err in finding that Respondents owed no duty to Appellant and/or did not breach a duty; that Respondents were not the proximate cause of Appellant's injuries; and that Appellant was comparatively negligent, as a matter of law, therefore granting Respondents' Motions for Summary Judgment and dismissing Appellant's claims with prejudice?**

## STATEMENT OF THE CASE

Appellant was permanently injured when she was shot in the back while shopping at a Citi Trends, location in Dillon, South Carolina. Palmetto Properties, Inc owned the location. On July 16, 2012, Appellant filed suit in the Court of Common Pleas, Dillon County, alleging as against Derrick Jones (the shooter) causes of action for Assault, Battery, and Intentional Infliction of Emotional Distress, and alleging as against Respondents Citi Trends and Palmetto Properties causes of action for Negligence.

Respondents timely filed responsive pleadings and, following extensive discovery, filed Motions for Summary Judgment, alleging lack of duty and/or no breach of duty.

Respondents' Motions for Summary Judgment were argued before the Honorable Paul M. Burch on January 7, 2014. Subsequently, by Order filed February 3, 2014, the Circuit Court Granted Respondents' Motions for Summary Judgment and dismissed Appellant's claims with prejudice. R. at 1:3.

It is from that Order that Appellant appeals. Appellant's Notice of Appeal was served on the Respondents on February 17, 2014.

#### STATEMENT OF FACTS

Appellant Ebony Bethea and Derrick Jones were involved in an on-again, off-again, relationship. R. at 1:302-09 The relationship was off on December 27, 2010, although Jones was unhappy with that state of affairs, and had been calling Ms. Bethea. For her part, Appellant simply decided to go shopping, at Citi Trends, a chain operation with some 500 individual stores, primarily located east of the Mississippi and with its headquarters located in Savannah, Georgia. R. at 1:172. Citi Trends specifically targets areas that it identifies as being "distressed urban markets" when selecting store locations. R. at 1:179. Ms. Bethea regularly shopped at Citi Trends, and had done so in Jones' company on numerous occasions; Jones was familiar with the store and with the shopping center in which it was located. R. at 1:432.

Jones entered the Citi Trends store in order to confront Ms. Bethea, who had not been answering his phone calls. R. at 1:428. As he entered the store, Jones had no intention to shoot Ms. Bethea. *Id.* However, he was carrying a gun, as was his normal custom. Jones was wearing a ball cap that partially obscured his face at the time he entered the store.

Citi Trends' internal policies require that an employee greet each customer within 20 seconds of that customer entering the store. *See Store Training Manual*, R. at 1:465; R. at 1:193. Despite this policy, the Citi Trends employees working on December 27, 2010 did not approach, acknowledge, or talk to Jones as he entered the store. R. at 1:426. Citi Trends had only two employees working at the time. *Incident Report and Narrative*, R. at 2:491.

The Citi Trends store did have cameras at the door and the cash register. However, there is no visible signage indicating that such cameras exist. R. at 1:425. Moreover, the cameras are maintained primarily as a loss-prevention tool, and not for violent crime deterrence. R. at 1:185-86. Citi Trends admitted it does not consider proximate criminal activity when scouting locations for new stores or when making security-related decisions in existing ones. R. at 1:204. Instead, Citi Trends' security related focus is focused entirely on inventory control and theft prevention of its merchandise. *Id.*

Defendant Palmetto Properties, which owns and controls the parking lot, has instituted no security of any type; the parking lot is not under video surveillance and there are no guards or attendants. *See, generally, Holliday Dep.*, R. at 1:239.

There were only two employees on duty at the Citi Trends store in question on December 27, 2010. R. at 2:491. Jones entered the store and found Ms. Bethea in the young boys department. He approached her and the two had a loud verbal altercation. No employee ever approached them, ever said anything to them, or made any attempt to call law enforcement. Suddenly, as the argument became more heated, Jones lifted his shirt and revealed to Appellant that he had a gun in the waist of his pants. Ms. Bethea

attempted to escape Jones, and began screaming in apparent fear. As she ran toward the front of the store, Jones shot her in the back, leaving her paralyzed. Citi Trends instituted additional security measures immediately following the incident.

#### STANDARD OF REVIEW

Summary judgment is “an extreme remedy to be cautiously invoked.” *Holloman v. McAllister*, 289 S.C. 183, 186, 345 S.E.2d 728, 729 (1986). Summary judgment should only be granted “if the pleadings, depositions, answers to interrogatories, and admissions on file, together with the affidavits, if any, show that there is no genuine issue as to any material fact and the moving party is entitled to judgment as a matter of law. Rule 56, S.C.R.C.P. When reviewing the grant of summary judgment, the Appellate Court applies the same standard that governs the trial court. *Helms Realty, Inc. v. Gibson-Wall Co.*, 363 S.C 334, 340, 611 S.E.2d 485, 488 (2005). An appellate court may decide questions of law with no particular deference to the trial court. *Verenes v. Alvanos*, 387 S.C. 11, 690 S.E.2d 771 (2010). “On appeal from an order granting summary judgment, the appellate court will review all ambiguities, conclusions, and inferences arising in and from the evidence in a light most favorable to the non-moving party below.” *Osborne v. Adams*, 346 S.C. 4, 7, 550 S.E.2d 319, 321 (2001). This Court therefore has the authority to review this question presented *de novo*.

## ARGUMENT

**I. The Trial Court erred in Granting Respondents' Motions for Summary Judgment because Respondents owed a duty to protect Plaintiff, a retail invitee, from foreseeable violent crimes; Respondents breached this duty; their breach was the proximate cause of Appellant's injuries; and Appellant was not, as a matter of law, comparatively negligent.**

A "cause of action for negligence requires: 1) the existence of a duty on the part of the defendant to protect the plaintiff; 2) the failure of the defendant to discharge the duty; 3) injury to the plaintiff resulting from the defendant's failure to perform." *South Carolina State Ports Authority v. Booz-Allen & Hamilton, Inc.*, 289 S.C. 373, 346 S.E.2d 324, 325 (1986). Because there is at least a scintilla of evidence that could allow a reasonable jury to find in Appellant's favor as to each element, the trial court erred in granting summary judgment for Respondents and the order should be reversed and the matter remanded for a trial on the merits.

**A. Respondents, as business owners and operators, owe their patrons a duty of protection from foreseeable harm.**

At the heart of this case is the question of whether Respondents, as the owner of the shopping center in which Citi Trends is located, and the operator of the store itself, owe patrons such as Appellant a duty to protect them from foreseeable dangers. In answering this question, the Trial Court incorrectly viewed the duty as one to protect a single specific individual, on a specific date, against a single specific threat. The duty is, however, to patrons generally, and the question looks not to the acts of Derrick Jones, but to the foreseeability of danger to business invitees on the premises of the Respondents generally.

**1. A business owner has a legal duty to take reasonable measures to protect his guests and invitees.**

By analyzing the duty as one to protect this particular Appellant from this particular crime, the Trial Court failed to recognize a significant body of South Carolina case law. Appellant was at the Citi Trends location for the purpose of patronizing the Citi Trends' business, for the benefit of the Respondents. Therefore, it should be undisputed that Appellant was a business invitee. Our courts have long recognized the duty owed by business owners and operators to this type of guest.

In *Bass v. Gopal*, 395 S.C. 129, 716 S.E.2d 910 (2011), the South Carolina Supreme Court made it expressly clear that, while a business owner is not the absolute insurer of its invitees, it nonetheless "is under a duty to its guests to take reasonable action to protect them against unreasonable risk of physical harm." *Id.* at 134, 716 S.E.2d at 913 (quoting *Allen v. Greenville Hotel Partners, Inc.*, 405 F. Supp. 2d 653, 659 (D.S.C. 2005)). Although both *Bass* and *Allen* are hotel cases, the Court specifically discussed the issue in light of all business owners, concluding that an owner has a duty "to take reasonable action to protect its invitees against the foreseeable risk of physical harm." *Id.* (emphasis in original).

The *Bass* court extensively examined the state of the law regarding the duties of business owners to their invitees in other jurisdictions before rejecting the primary theories which had been adopted both previously in this state and elsewhere. First, *Bass* concluded that the "prior or similar incidents test" and the "imminent harm rule," both of which had been employed in earlier cases such as *Miletic v. Wal-Mart Stores, Inc.*, 339 S.C. 327, 529 S.E.2d 68 (Ct. App. 2000), were either outmoded or violated public policy.

Under the imminent harm rule, applied in *Shipes v. Piggly Wiggly St. Andrews, Inc.*, 269 S.C. 479, 238 S.E.2d 167 (1977)(used as the basis for denying liability), the business owner owed no duty to protect an invitee from third party assault. The *Bass* Court specifically rejected this doctrine. It further held that the prior incidents rule, enunciated in cases such as *Taylor v. Hocker*, 101 Ill. App. 3d 639, 428 N.E.2d 662 (Ill. App. 1981), violated public policy. Under the prior incidents rule, recovery was predicated upon the occurrence of an identical or nearly similar prior event, therefore, the first victim of any crime would always lose. Finally, it rejected the “totality of the circumstances” doctrine as overly burdensome to business. The Court settled instead on a balancing test, which was first adopted in *Ann M. v. Pacific Plaza Shopping Cntr.*, 6 Cal. 4<sup>th</sup> 666, 25 Cal. Rptr. 137, 863 P.2d 207 (Cal. 1993) and since accepted in several other jurisdictions. *See, e.g., McClung v. Delta Square Ltd. P’ship*, 937 S.E.2d (Tenn. 1996).

Under the balancing test, the presence or absence of prior criminal activity is a significant factor in the analysis. However, the absence of prior criminal activity, alone, does not foreclose the duty to provide some level of security if other factors exist. Similar to the totality of circumstances approach in some ways, the balancing test allows the business owner to weigh the relative gain of each dollar spent in security against the economic feasibility of spending each additional dollar. It permits the business to balance the foreseeability of criminal activity against the cost of heightened security measures intended to protect invitees. The balancing test does not establish any kind of bright line that would determine what type or how much security must be provided, let alone what the cost of the security must be. But, the Court stated that the appropriate

balance occurred when the business owner “increase[ed] its expenditures on security until the last dollar buys a dollar in reduced expected crime costs... to the [owner’s] guests.” *Bass* at 139, 716 S.E.2d at 915 (quoting *Shadday v. Omni Hotels Mgmt. Corp.*, 477 F.3d 511, 514 (7<sup>th</sup> Cir. 2007)).

The significance of the balancing test in the instant action cannot be understated, and does not appear to have been fully considered by the Trial Court. Rather than looking to the presence of reasonable security in light of the foreseeable level of criminal activity in the shopping center and Citi Trends store, the Trial Court focuses exclusively on the possibility that on December 27, 2010, Derrick Jones might decide to shoot his ex-girlfriend. Were the duty of business owners dependent on a showing that the owner might be able to predict whether or not any specific individual would commit a particular crime on a given day – under no circumstances would there ever be a duty. Such an argument effectively imitates the old “prior incidents” rule that has been specifically rejected.

Under the balancing test in *Bass*, a Plaintiff need only show – and certainly all she need demonstrate in order to withstand summary judgment – is that Respondents failed to provide adequate security to protect patrons generally, in light of known risks existing at Citi Trends and the surrounding shopping center and parking lot.

**2. Violent criminal activity was foreseeable at Respondents’ location.**

Foreseeability of criminal activity can be demonstrated by expert testimony, by criminal activity reports prepared by law enforcement agencies, or by another method acceptable to the Court. In the present action, Appellant produced the Affidavit of Michael A. Hodge, Board Certified in Security Management, certified as a Security

Officer by the Department of Defense, and a retired Secret Service Agent. R. at 1:434.

Mr. Hodge reviewed both Dillon City police records/incident reports, and the FBI's Uniform Crime reporting statistics in order to reach his conclusions regarding the level of safety, the extent of violent crime, and the foreseeability of criminal activity in the vicinity of the store at which Appellant was shot. R. at 1:435-36.

Mr. Hodge's research revealed that violent crime is prevalent in the area in which the particular Citi Trends store at issue is located. In a general sense, FBI statistics show that the violent crime rate of the State of South Carolina is 56% greater than the national average, and the rate within Dillon City is 359% higher than the State as a whole. R. at 1:438. Specifically, Mr. Hodge studied actual crime reports from the police department and concluded that the area within one half-mile of the Citi Trends store had a high record of police incident reports of violent crime. R. at 1:437. These figures, especially when combined with Citi Trend's corporate policy of locating its stores in "distressed urban neighborhoods," led him to draw one conclusion: in his expert opinion, the lack of security measures taken by Defendants falls well below the standard of reasonable care within the industry. R. at 1:436.

An event is "foreseeable" if it is the "natural and probable consequence of a breach of duty." *See, e.g., Singleton v. Sherer*, 377 S.C. 185, 659 S.E.2d 196 (Ct. App. 2008); *Vinson v. Hartley*, 324 S.C. 398, 477 S.E.2d 715 (Ct. App. 1996). Foreseeability is, of course, tied to the concept of duty and difficult to separate from it. With respect to invitees, generally, our courts have stated that the owner – or, as in this case, the owner and the lessee in control of a portion of the premises – owes a business invitee the duty of exercising reasonable or ordinary care for her safety, and is liable for injuries resulting

from the breach of that duty. *Larimore v. Carolina Power & Light*, 340 S.C. 438, 444, 531 S.E.2d 535, 538 (Ct. App. 2000). The breach occurs when the injury is foreseeable; if the possessor of the property can anticipate the occurrence of a certain type of injury, he is liable to the invitee.

As an initial matter, common sense would seemingly suggest that operations which intentionally target, and establish facilities in areas of urban distress are more likely to suffer violent crimes than businesses in suburban malls. As Mr. Hodge notes, this fact, alone, would tend to make it more foreseeable to such businesses that crime would occur on their premises. As Mr. Hodge also notes, Respondents either knew, or should have known, of the significantly higher incidence of violent crime in the City of Dillon, and in the neighborhood in which they were located. R. at 1:438. They had a duty to take reasonable steps to protect their invitees from becoming the victims of such crimes on their premises.

Respondents' focus on the foreseeability of a violent attack by Derrick Jones on Ebony Bethea is a red herring. It is highly unlikely that any particular event, any singular attack by one individual on another, would ever be foreseeable. That violent crime of some type would occur is, however, highly foreseeable, and Respondents had a duty to ensure that they took reasonable measures to protect the public under South Carolina law.

**B. Respondents breached this duty because their security measures were inadequate.**

As noted, although there is no duty to act as an absolute insurer, a property owner must nevertheless exercise reasonable care to protect invitees from known dangers, including dangers created by third parties. Where the owner negligently fails to do so, he may be found liable: *Jeffords v. Lesesne*, 343 S.C. 656, 541 S.E.2d 847 (Ct. App.

2000)(bar owner is not the insurer of the safety of his patrons but if the place or character of the business is such that he should reasonably anticipate criminal conduct on the part of third parties, he has a duty to take adequate precautions); *Daniel v. Days Inn of America, Inc.*, 292 S.C. 291, 356 S.E.2d 129 (Ct. App. 1987)(innkeeper is bound to exercise reasonable care with respect to the safety of guests, and may be liable for negligent failure to do so; he need not have contemplated the actual event that occurred, and proximate cause is a jury question).

All of the cases, and all of the facts and supporting deposition testimony in this action, lead to one inescapable conclusion: Respondents took not even the most rudimentary safety precautions, despite knowledge of extensive criminal activity in the neighborhood in which they ran their businesses.

**1. Citi-Trends breached its duty of care.**

The primary aim of our Supreme Court in adopting the “balancing test” rather than the “totality of circumstances test” was to give business owners more control over the decision making process and more certainty as to when liability might arise. Under the totality test, the court must consider all relevant factual circumstances. Bass at 129, 137, 716 S.E.2d 910, 914 (emphasis added). The criticism of this test, of course, is that the court has the luxury of hind-sight, and the ability to look back and second guess the business owner based upon information presently available to the court, but not previously available to the business owner.

Thus, our Supreme Court adopted the balancing test, which is intended to give slightly more deference to the safety related decisions made by the business owner at the time those decisions were made. However, even under the balancing test, the business

owner must actually consider patron safety and weigh alternative solutions. The business owner is not entitled to any such deference if he chooses to ignore the issue of safety altogether.

Stated differently, the totality of circumstances test and the balancing test are essentially the same with respect to factors considered, except that the former considers the factors at the time of trial, and the latter allows some deference to the considerations that the business owner made prior to the harm. In either event, in adopting the balancing test, the Court did not intend to shield business owners from liability altogether, or to give deference to business owners who failed to consider safety issues at all. Indeed, in adopting the balancing test, our Court explicitly rejected the old, more restrictive, “imminent harm test.” As Chief Justice Toal stated, “In replacing our imminent harm test with a balancing test, we hope to ‘encourage [] a reasonable response to the crime phenomenon without making unreasonable demands.’” *Bass* at 139, 716 S.E.2d 910, 915-16 (quoting *McClung*, 937 S.W.2d at 902).

Thus, the Court both acknowledges the growing “crime phenomenon” in our retail establishments, and explicitly expects business owners to take reasonable measures in response. Because Citi Trends failed to consider patron safety altogether, and further failed to comply with its own internal policies, the Trial Court erred in granting its Motion for Summary Judgment.

**a. Citi Trends failed to take any measures whatsoever to protect patrons from foreseeable harm.**

A business owner is required to consider and take reasonable precautions to protect its patrons from foreseeable danger. In the present case, Citi Trends openly admits that it never made any such considerations. Ivy Council, Citi Trends’ Executive

Vice President of Human Resources, Chief Compliance Officer, and 30(b)(6) designee, summed it up quite succinctly: “The crime rate in that area, I don’t know, it doesn’t impact us. We’re a retailer. People are there to shop. Our issue and our concern is the theft of merchandise. That’s where we may be exposed.” R. at 1:204.

Indeed, the facts seem to substantiate Ms. Council’s testimony. Although the Citi Trends location in question had some security cameras, these cameras were designed and placed for the function of deterring actions that cause the company to experience inventory loss, not for the protection of customers. R. at 1:185-86.

Likewise, Citi Trends employees are not trained or instructed on how to deal with a violent crime within the store, such as an armed robbery. R. at 1:196. Employees are not trained to look for or identify out of place customers such as those demonstrating suspicious or erratic behavior, nor are employees trained on how to deal with such people. R. at 1:208-09.

Citi Trends makes no effort to track or chart the occurrences of specific violent crimes from store to store, or to compare the level of violent crimes from one store to another in order to assess security measures. R. at 1:198-201. Perhaps not surprisingly, and in sharp contrast to its efforts to identify violent crime trends, Citi Trends does have a method of tracking and monitoring the prevalence of merchandise theft. R. at 1:200.

Likewise, when opening a store in a new location, Citi Trends has a process through which a team of loss prevention personnel survey the new location to determine the relative “risk” of the location with respect to possible loss of merchandise. R. at 1:180-81; *Loss Prevention New Site Survey*, R. at 1:487.

However, importantly, while inspecting the new site for possible problems with theft of merchandise, Citi Trends makes no effort to ascertain the prevalence of violent crime. There is no attempt to evaluate the crime statistics for neighborhoods surrounding the location. R. at 1:207. Citi Trends does not independently conduct any neighborhood crime studies. R. at 1:231. The survey team is not even required to make contact with the local police department. R. at 1:206.

From this evidence, it seems clear that Citi Trends gave no consideration to patron safety when making any financial decisions. Thus, there is at least a scintilla of evidence, if not a mountain, that Citi Trends has breached its duty under the balancing test because they failed to take reasonable measures to prevent foreseeable crime. Citi Trends did not, as required by the balancing test, “increase its expenditures on security until the last dollar buys a dollar in reduced expected crime costs ... to guests.” *Bass* at 138-9, 716 S.E.2d 910, 915 (citing *Shadday v. Omni Hotels Mgmt. Corp.*, 477 F.3d 511, 514 (7th Cir.2007)). Thus, summary judgment was inappropriate.

**b. Citi Trends failed to follow its own internal procedures.**

Even though Citi Trends made no effort to protect its customers from foreseeable violent crime, it might be said that Citi Trend’s vigorous efforts to protect its merchandise could have an incidental, though not intentional, impact on customer safety. Even assuming this is the case, the evidence suggests that Citi Trends failed to even abide by its own internal policies in this matter.

Pursuant to the corporate “Store Training Manual” employees are required to greet all customers within 20 seconds of the customer’s entering the store. R. at 1:466.

This is a corporate policy that is supposed to be followed by every store. R. at 1:193.

Local stores are not given any leeway to deviate from this policy. R. at 1:177.

Notwithstanding this policy, Derrick Jones testified that he was not greeted when he entered the store on December 27, 2010. R. at 1:426. In fact, there were only 2 people working in the entire store on December 27, 2010 – seemingly not enough to carry out the corporate meet and greet policy. R. at 2:491. Nor does this problem of understaffing appear to be an anomaly. Instead, Citi Trends makes staffing decisions not on safety considerations, but on cost considerations. R. at 1:215. Each store is allocated a certain number of associate hours, and the store managers are left to staff the store within those restrictions. *Id.*

Thus, the evidence demonstrates not only a corporate failure to properly consider questions of customer safety, but a broader failure of the Dillon store to even follow what limited regulations Citi Trends had in place.

## **2. Palmetto Properties breached its duty of care.**

In addition to the deposition of Defendant Citi Trends, Appellant also produced the 30(b)(6) deposition of Defendant Palmetto Properties. The officer produced by this Defendant was James Holliday, its Vice President. Unlike Citi Trends, which at least does some site evaluation (if only for selfish purposes) when it decides to open new stores, Palmetto Properties makes no investigation at all, nor does it keep records.

Mr. Holliday testified that Palmetto Properties had been in existence since the 1950s, and was formed and headquartered in Dillon. R. at 1:249. It owns approximately two-dozen properties, including South of the Border. R. at 1:252.<sup>1</sup> Although Palmetto

---

<sup>1</sup> South of the Border, which is located just off Interstate 95 outside Dillon, describes itself on its website as being "America's favorite highway oasis & gateway to the southeast." It consists of several general

Properties maintains and manages most of the properties it owns, the only maintenance or security personnel affiliated with it are those employed by South of the Border.

Defendant Palmetto Properties is responsible for the parking lots of all of its properties. R. at 1:255. It does not provide cameras or other security in any of them; to the extent that there are cameras in some of its parking lots, those have been installed by its tenants. R. at 1:257-59. There are no signs in any of the lots indicating that there might be video surveillance, or that the Dillon Police or local sheriff's department patrol the area. R. at 1:283-84. Palmetto Properties does not investigate the clients to whom it rents; Mr. Holliday noted that he talks to people who might be familiar with a company if he does not already know the name, but that the primary consideration is the ability to pay. R. at 1:262.

In keeping with its casual approach to rental, Palmetto Properties makes no investigation into local crime, nor does it keep records other than copies of a tenant's lease, any correspondence with the tenant, and a register showing rent payments. Contacts with local police departments run through the security department at South of the Border, and problems might never even come to the attention of Palmetto Properties' management. The company would respond if there was property damage at one of its locations, but otherwise maintains no records of phone calls or reports of other types of criminal or potentially criminal activity received from law enforcement. R. at 272-77.

Accordingly, summary judgment was inappropriate as to this defendant as well.

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"attractions," a Fun Park containing amusement park style rides, and numerous souvenir shops and general travel stores, all of it set up in an area with a Mexican - i.e., south of the border - theme.

**C. Economically feasible security measures were available to Respondents that would have prevented the harm suffered by Appellant.**

In *Bass*, the court hoped to “encourage a reasonable response to the crime phenomenon without making unreasonable demands.” 395 S.C. 139. The court listed these factors to consider when distinguishing a business owner’s duty to protect: (1) if a crime is foreseeable, and (2) given the foreseeability, determine the economically feasible security measures required to prevent such harm. The court’s goal should be to decide the optimal point at which a dollar spent equals a dollar’s worth of prevention which may be ascertained with the aid of experts, or some other testimony. *Id.* (citing *Shadday*, 477 F.3d at 514.) As Chief Justice Toal stated by quoting Judge Posner of the United States Court of Appeals for the Seventh Circuit, when discussing a business owner’s duty, “the hotel should increase its expenditures on security until the last dollar buys a dollar in reduced expected crime costs ... to guests.” *Bass*, 395 at 138-9 (citing *Shadday v. Omni Hotels Mgmt. Corp.*, 477 F.3d 511, 514 (7th Cir.2007).

Here, there were several measures that Defendants could have employed to make the premises safer for customers, ranging the gamut from something as cheap (or free) as establishing a relationship with local law enforcement, to something as expensive as employing uniformed security personnel. Respondents’ failure to implement any of these measures was the direct and proximate cause of Appellant’s harm.

In the instant case, Appellant’s expert set forth a number of reasonable and cost effective measures that Respondents could have, and should have taken. First and foremost, the evidence suggests that, as a generally accepted principle in the security industry, an owner or occupier of a public retail establishment, such as Respondents,

should reach out to the local police department and establish a good working relationship. R. at 1:439. The police should be asked to periodically patrol the premises – a safety measure that would be absolutely free to Respondents, and one that would likely be easily accomplished, given the store’s location within city limits. *Id.* Likewise, something as simple and cost effective as a warning sticker or other indicator that closed circuit surveillance cameras existed within the store would have greatly enhanced the level of security afforded to patrons of Defendants’ premises. R. at 439-40.

In addition to the methods that could have been employed at the management level, discussed above, better training at the associate level would have also reduced the risk of violent crime for a relatively inexpensive investment. As already noted, the associates were supposed to greet customers as the customers entered the store, although this did not happen. R. at 1:465; R. at 1:426 Likewise, the associates and other employees should have been given at least basic training on how to spot and deter suspicious subjects, such as those wearing hoods, caps, unseasonably heavy clothing, etc. According to Mr. Hodge, such training was not made available to an adequate degree. R. at 1:439.

Finally, Defendants could have taken measures as simple as thinking about safety when organizing inventory and stocking the store. Merchandise can be displayed in any number of ways, some increasing or obstructing visibility more than others, and thus impacting safety. It is custom practice within the industry to consider such things on the corporate level. *Id.* However, Citi Trends had no such policy. R. at 1:191.

The sworn statement of Derrick Jones makes it absolutely clear that minimal security measures at Defendants’ premises would have prevented the attack on Plaintiff.

Jones testified that if he had known there were security cameras in the Citi Trends store, he would not have entered with a gun. R. at 1:425. He would not have gone in had there been a security guard. R. at 1:426. He would not have confronted Plaintiff had there been more than a single employee on duty, or if anyone in the store had mentioned an intention to call law enforcement. *Id.* He testified that this was a crime of passion, and that if he had time to think – time he testified he would have had if he had seen cameras, or guards, or additional personnel – he would never have committed the shooting. R. at 428-30.

He also testified that he was familiar with not only the store itself but the shopping center in which it is located. *Id.* He would never have gone to the vicinity of the Citi Trends store if there had been cameras in the parking lot. *Id.* He would not have gone if there had been any kind of security patrolling the lot. R. at 431. In fact, his testimony was clear that had he seen any indication that there might be any interference, or if he had had any belief that he might be seen or identified, he would never have accosted his ex-girlfriend.

Jones' testimony regarding the actual event that took place would be secondary but for the fact that the security measures mentioned are, for the most part, free or relatively inexpensive. Many of them are already in place in other Citi Trends locations, locations that are – simply based upon the numbers obtained by Mr. Hodge – presumably less dangerous than the Dillon store. Several of them are required by Citi Trends' internal policies. Therefore, under the balancing test, there appears at least a scintilla of evidence that Defendants herein were negligent in failing to install security devices, or take other reasonable measures, that would have protected Appellant, and Appellant has

shown that there is considerably more than a scintilla of evidence to suggest that Respondents' breaches of this duty were a proximate cause of her injuries.

**D. Appellant was not Comparatively Negligent.**

At the end of its Order granting summary judgment, the Trial Court, seemingly in dicta, notes that Appellant might also be barred because her comparative negligence, as a matter of law, would be more than that of either Respondent. However, the question of comparative negligence is one for a jury. Moreover, all facts must be viewed and inferences drawn in favor of Appellant. Here, there are no facts to suggest that she did anything wrong. She was simply shopping. If she is comparatively negligent at all, she is not so negligent as to be barred as a matter of law. Instead, the question is one for the trier of fact.

**CONCLUSION**

Appellant is required to show no more than the existence of a genuine issue of material fact in order to withstand a motion for summary judgment. She has done considerably more. Respondents asked the Trial Court to focus on whether or not they could have foreseen that, on December 27, 2010, Derrick Jones would enter onto their property and shoot the Plaintiff. In so holding, the Trial Court deviated from the legal standard as set forth in *Bass*. The question is whether Respondents should have foreseen that there was a likelihood of violent crime occurring on their property, and whether they could have taken reasonable and cost-effective measures to prevent it.

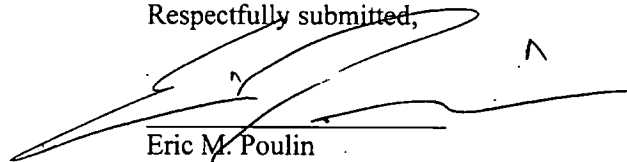
Appellant has set forth evidence showing that the incidence of violent crime in the neighborhood in which she was injured is high. She has also provided evidence showing that Respondents neither investigated these statistics nor took steps to prevent crime from

entering upon their own land and injuring third parties, business invitees on the property. Most tellingly, the testimony of Derrick Jones was that had any of the inexpensive security measures Respondents declined to put in place – including placing signs, making certain that visitors knew of the possibility that there would be a police presence, or that they would be shown on a video camera, or that a security guard or store employee would approach them – existed, he would never have left his car with a firearm, would never have entered Citi Trends while carrying a gun, and would never have accosted Appellant.

Appellant has come forward with facts sufficient to demonstrate that Respondents owed her a duty, and breached it. She has also shown that their breach was the proximate cause of her injuries. Appellant would, consequently, respectfully argue that the Trial Court's Order granting Summary Judgment was in error, should be reversed, and that the case be remanded to the Circuit Court for a trial on the merits.

August 15, 2014

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Eric M. Poulin", is written over a horizontal line. There are some small, illegible marks above the signature.

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THE STATE OF SOUTH CAROLINA  
In The Court of Appeals

APPEAL FROM DILLON COUNTY  
Court of Common Pleas

Paul M. Burch, Circuit Court Judge

Case No. 2012-CP-17-295

**RECEIVED**  
AUG 22 2014  
**SC Court of Appeals**

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Individually and As  
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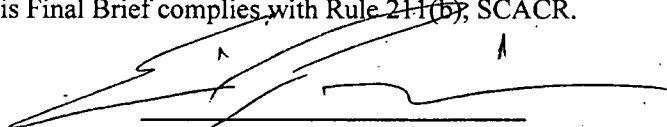
Of Whom Citi Trends, Inc.,  
and Palmetto Properties, Inc.,  
are,

Respondants.

CERTIFICATE OF COUNSEL

The undersigned certified that this Final Brief complies with Rule 211(b), SCACR.

August 15, 2014



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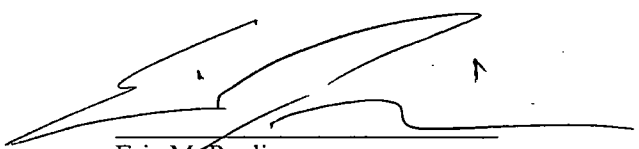
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Trends, Inc., and Palmetto Properties, Inc.

Of Whom Citi Trends, Inc., and Palmetto  
Properties, Inc. are.....Respondents.

PROOF OF SERVICE

I certify that I have served a copy of the Record on Appeal and Appellant's Final Brief on Citi Trends, Inc. and Palmetto Properties, Inc. by depositing a copy of it in the United States Mail, postage prepaid, on August 19, 2014, addressed to their attorneys of record as shown below.

August 19, 2014



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Of whom Citi Trends, Inc., and  
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Respondents.

**FINAL BRIEF OF RESPONDENT CITI TRENDS, INC.**

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TABLE OF CONTENTS

TABLE OF AUTHORITIES.....ii

STATEMENT OF ISSUES ON APPEAL.....1

STATEMENT OF THE CASE.....1

STATEMENT OF THE FACTS.....2

STANDARD OF REVIEW.....6

ARGUMENT

I. THE TRIAL COURT PROPERLY FOUND THAT APPELLANT FAILED TO PRESENT ANY EVIDENCE THAT THE CRIMINAL ACT OF DEFENDANT JONES WAS FORESEEABLE AND THAT SHE FAILED TO PRESENT ANY EVIDENCE THAT RESPONDENT CITI TRENDS' SECURITY MEASURES WERE UNREASONABLE .....7

II. APPELLANT PRESENTED NO EVIDENCE THAT RESPONDENT CITI TRENDS WAS THE PROXIMATE CAUSE OF HER INJURIES.....22

III. THE TRIAL COURT PROPERLY FOUND THAT APPELLANT'S COMPARATIVE NEGLIGENCE WAS GREATER THAN ANY NEGLIGENCE OF RESPONDENT CITI TRENDS, INC.....24

CONCLUSION.....26

**TABLE OF AUTHORITIES**

**CASES**

*Anderson v. Liberty Lobby, Inc.*, 477 U.S. 242, 248 (1986)..... 12

*Ann M. v. Pac. Plaza Shopping Ctr.*, 6 Cal. 4th 666, 678,  
863 P.2d 207, 215 (1993) *disapproved on different grounds*  
by *Reid v. Google, Inc.*, 50 Cal. 4th 512, 235 P.3d 988 (2010)..... 15

*Bass v. Gopal, Inc.*, 395 S.C. 129, 133, 716  
S.E.2d 910, 912 (2011)..... 6, 7, 8,  
..... 11, 13,  
..... 14, 15,  
..... 16, 17  
..... 18,20

*Blakely v. Moore*, No. 5:12-cv-1214-RMG, 2013 WL 980412  
at \*2 (D.S.C. Mar. 12, 2013) ..... 12

*Bloom v. Ravoira*, 339 S.C. 417, 423, 529 S.E.2d 710, 713 (2000)  
(citation omitted) ..... 24

*BPS, Inc. v. Worthy*, 362 S.C. 319, 608 S.E.2d 155 (Ct. App. 2005)..... 6

*Burnette v. Family Kingdom, Inc.*, 387 S.C. 183, 691 S.E.2d 170 (2010) ..... 7

*Ellis v. Davidson*, 358 S.C. 509, 518, 595 S.E.2d 817, 822 (Ct. App. 2004)..... 6

*Gauld v. O'Shaughnessy Realty Co.*, 380 S.C. 548, 671 S.E.2d 79 (Ct. App. 2008)..... 6

*Hancock v. Mid S. Mgmt. Co.*, 381 S.C. 326, 330, 673 S.E.2d 801, 803 (2009)..... 6

*Harris v. Rose's Stores, Inc.*, 315 S.C. 344, 433 S.E.2d 905 (Ct. App. 1993)..... 6

*Lord v. D & J Enterprises, Inc.*, Op. no. 27376 (S.C. Sup. Ct. filed Apr. 9, 2014)  
(Shearouse Adv. Sh. No. 14 at 21) reh'g denied (May 22, 2014) ..... 8, 9,  
..... 12, 13  
..... 15, 16  
..... 18

*Main v. Corley*, 281 S.C. 525, 316 S.E.2d 406 (1984)..... 6

*Moore v. Weinberg*, 373 S.C. 209, 644 S.E.2d 740 (Ct. App. 2007) ..... 6

<i>Nelson v. Concrete Supply Co.</i> , 303 S.C. 243, 245, 399 S.E.2d 783, 784 (1991).....	23, 24
<i>Parks v. Characters Night Club</i> , 345 S.C. 484, 491, 548 S.E.2d 605, 609 (Ct. App. 2001).....	22, 23
<i>Posecai v. Wal-Mart Stores, Inc.</i> , 752 So. 2d 762, 764.....	15, 16
.....	17
<i>Vinson v. Hartley</i> , 324 S.C. 389, 402, 477 S.E.2d 715, 721 (Ct. App. 1996) .....	23
<i>Young v. Tide Craft, Inc.</i> , 270 S.C. 453, 468, 242 S.E.2d 671, 678 (1978) .....	12, 18

**RULES**

Rule 56(c), SCACR .....	5, 6
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### STATEMENT OF ISSUES ON APPEAL

- I. DID THE TRIAL COURT PROPERLY FIND THAT APPELLANT FAILED TO PRESENT EVIDENCE THAT THE CRIMINAL ACT OF DEFENDANT JONES WAS FORESEEABLE AND FAILED TO PRESENT EVIDENCE THAT RESPONDENT CITI TRENDS, INC.'S SECURITY MEASURES WERE UNREASONABLE?
- II. DID THE TRIAL COURT PROPERLY FIND THAT APPELLANT PRESENTED NO EVIDENCE THAT RESPONDENT CITI TRENDS, INC. WAS THE PROXIMATE CAUSE OF HER INJURIES?
- III. DID THE TRIAL COURT PROPERLY FIND THAT APPELLANT'S COMPARATIVE NEGLIGENCE WAS GREATER THAN ANY NEGLIGENCE OF RESPONDENT CITI TRENDS, INC.?

### STATEMENT OF THE CASE

Appellant, Ebony Bethea, commenced this action by filing a Summons and Complaint on July 16, 2012. (R. p. 25). Appellant alleged causes of action of assault, battery and intentional infliction of emotional distress against Defendant Derrick Jones and of negligence against Respondents Citi Trends, Inc. ("Citi Trends") and Palmetto Properties, Inc. ("Palmetto Properties"). (R. pp. 33-39). Citi Trends denied Appellant's allegations of negligence and defended, *inter alia*, on the grounds of intervening superseding criminal acts of a third party, lack of proximate cause, and Appellant's contributory negligence. (R. pp. 44-45, 47-48).

On July 17, 2013, Citi Trends filed a motion for summary judgment. (R. p. 63). Thereafter, Citi Trends filed a memorandum in support of its motion for summary judgment, along with exhibits. (R. p. 67). On January 7, 2014, the Honorable Paul M. Burch heard the arguments of the parties on the motion for summary judgment and granted Citi Trends' motion for summary judgment. (R. pp. 119-159). A formal order granting summary judgment to both Citi Trends and Palmetto Properties was filed on February 3, 2014. (R. pp. 3-24). On February 17, 2014, Appellant served a notice of appeal from the February 3, 2014 order.

## STATEMENT OF FACTS

Appellant brought this action after being shot by her former boyfriend, Defendant Jones, in a Citi Trends' store. Citi Trends operates a retail clothing store in the city of Dillon, South Carolina, which opened in March 2010. This store is located in the Dillon Plaza Shopping Center, owned by Palmetto Properties. The plaza is considered an area with a low incidence of crime. (R. p. 413, lines 14-17). Prior to opening this store, Citi Trends surveyed the shopping center and determined the location was a low security risk. (R. p. 487) The assessment was based on various considerations such as the security measures used by the other stores in the Dillon Plaza Shopping Center; the prior history of break-ins and armed robberies in the stores in this shopping center; and, the proximity to and response from the city and county law enforcement departments. (R. p. 487). Specifically, there were no bars in the windows of the other stores in the shopping center; there were no security guards employed by any stores in the shopping center or by the property owner; only one store had an EAS (sensor) system and cameras; there had been no break-ins or armed robberies in this shopping center during the previous few years; and, there was a good response time from the police departments, which was within about 1.1 miles from the shopping center. (R. p. 487).

Furthermore, prior to the events giving rise to this action, no violent crimes occurred anywhere in the Dillon Plaza Shopping Center and no shootings or other violent crimes occurred in the Dillon Citi Trends store. (R. p. 235, lines 5-6; R. p. 291, lines 4-7; R. p. 364, lines 12-15; R. p. 412, lines 22-25; R. p. 448). Prior to Appellant being shot, the only types of crimes that took place in the stores located in the Dillon Plaza Shopping Center were shoplifting, copper theft from a vacant store, and embezzlement. (R. p. 366, line 1-p. 367, line 17; R. p. 416, line 17-p. 417, line 20). In December 2010, Citi Trends was using several security measures in its

Dillon store: a video monitor at the front door, in view of the customer entering the store; stickers on each side of the cash register to notify the customers they were under video surveillance, and security cameras. (R. p. 186, lines 3-15; R. p. 194, lines 4-6; R. p. 451).

On December 27, 2010, Appellant was shot by her former boyfriend, Defendant Jones, in the Citi Trends' store located in the Dillon Plaza Shopping Center. The shooting was the result of the acrimonious long term relationship between Appellant and Defendant Jones, who had a son together. (R. p. 302, line 15-p. 304, line 25; R. p. 307, line 4-p. 309, line 5). Appellant and Defendant Jones had been in a relationship for about ten years which continued through approximately the Fall of 2010 until Appellant started dating another man. (R. p. 307, lines 4-5; R. p. 318, lines 7-24; R. p. 319, line 9-p. 320 line 13; R. p. 323, lines 16-18). Appellant's relationship with Defendant Jones had been deteriorating due to Defendant Jones's inability to control his anger, a problem of which Appellant was aware. (R. p. 307, line 22-p. 308 line 12). For example, Defendant Jones had beaten Appellant on November 15, 2009, because he believed she was "talking" to another man. (R. p. 311, lines 17-19; R. p. 314, line 13-p. 315, line 24). During the Fall of 2010, Defendant Jones engaged in a pattern of stalking Appellant and her new boyfriend and of threatening to kill them. (R. p. 320, line 13-p. 321, line 16; R. p. 323, line 10-p. 324, line 6; R. p. 355, lines 18-23; R. p. 408, 12-17; R. p. 414, lines 11-21). On one occasion, Appellant called the police because of Defendant Jones's aggressive behavior and the police recommended that she take out a restraining order against Defendant Jones. (R. p. 322, lines 3-7, 21-24; R. p. 323, lines 3-6). Appellant did not believe that a restraining order would stop Defendant Jones's aggressive conduct, recognizing that "[Jones] was just at that moment to where he just didn't really care about what he would do now. It was just how I felt, like this thing is – this restraining order is not going to scare [Jones]," who was "so far gone to where he

didn't care what he did . . . ." (R. p. 324, line 22-p. 325, line 5; R. p. 333, line 20-p. 334, line 14).

Appellant was aware of Defendant Jones's numerous threats of violence against her, which were made either by threatening voicemail messages to her cell phone or directly to her when she was visiting him with their son on Christmas day, two days before the shooting incident. (R. p. 326, line 5-p. 327, line 9; R. p. 332, lines 13-18; R. p. 339, lines 5-19; R. p. 503-513; Voicemail Recordings). In one particular chilling voicemail message, Defendant Jones told Appellant he was not going to kill her, but make her suffer for the rest of her life, and that she would be paralyzed by Christmas. (R. p. 512; Voicemail Recordings). Additionally, Defendant Jones's cousin sent Appellant a Facebook message to warn her that Defendant Jones was telling others he was going to shoot Appellant after Christmas. (R. p. 336, lines 1-23). Appellant was also aware that ten years earlier, Defendant Jones had shot a former girlfriend and another woman at a club. (R. p. 305, line 23-p. 306, line 13; R. p. 310, lines 15-24; R. p. 338, lines 15-20; R. p. 516).

On December 27, 2010, at approximately 6:00 p.m., Appellant entered Citi Trends' store while talking on the phone with Defendant Jones, whom she informed she could no longer continue the conversation because she was entering Citi Trends. (R. p. 327, line 21-p. 328, line 14; R. p. 341, lines 12-15; R. p. 353, lines 3-16; R. p. 356, lines 20-23). Despite her knowledge of Defendant Jones's threats against her and her knowledge of his use of violence against her and others in the past and after having just told him where she was, Appellant did not ask the employees of Citi Trends to be on the lookout for Defendant Jones. (R. p. 348, lines 3-7; R. p. 354, lines 13-22; R. p. 360, lines 13-20). After about fifteen minutes, Defendant Jones, who lived about ten minutes from the store, entered Citi Trends and, without appearing to be in a

hurry, walked towards Appellant, who was in the back of the store. (R. p. 102, lines 2-3; R. p. 343, lines 5-17; R. p. 41, lines 19-24; Surveillance Tape; R. p. 536; R. p. 538). Defendant Jones' movements were recorded by the surveillance camera positioned at the store's entrance. (Surveillance Tape). Appellant described the conversation she initially had with Jones, which was held in a calm voice. (R. p. 329, lines 14-15). During the conversation when Jones accused Appellant of disrespecting him, Appellant admonished Defendant Jones not "to be putting [his] fingers in [her] face." (R. p. 330, lines 3-6). Defendant Jones replied, while he lifted his shirt, "Oh, I ain't going to put my fingers in your face." (R. p. 330, lines 6-9). At this moment, Appellant started running towards the front of the store without taking the time to look at what was under Defendant Jones's shirt. (R. p. 330, lines 9-14). As Jones pursued Appellant toward the front of the store, he shot her in the back, causing her to be paralyzed from the chest down. (R. p. 330, line 14-p. 331, line 9; R. p. 349, line 24-p. 350, line 8).

Based on the time stamp of the surveillance video, only about one minute passed from the time when Defendant Jones entered the store until the time he exited after having shot Appellant. (R. p. 359, lines 4-10; R. p. 411, lines 9-14; Surveillance Tape; R. pp. 534, 536, 558). Only about three or four seconds passed from the moment Appellant screamed and ran away from Defendant Jones until he shot her. (R. p. 362, lines 1-13; Surveillance Tape; R. pp. 540-549). Appellant acknowledged that the events unraveled so fast that the two woman employees of Citi Trends working that evening did not have time to do anything; obviously, there was not enough time for the store employees to call 911 to get a police officer to protect Appellant from Defendant Jones. (R. p. 347, lines 7-13). Defendant Jones pled guilty to charges of attempted murder and felon in possession of a firearm and was incarcerated.

## STANDARD OF REVIEW

“An appellate court reviews a grant of summary judgment under the same standard required of the circuit court under Rule 56(c), SCRCP.” *Bass v. Gopal, Inc.*, 395 S.C. 129, 133, 716 S.E.2d 910, 912 (2011). A trial court may properly grant summary judgment when “the pleadings, depositions, answers to interrogatories, and admissions on file, together with the affidavits, if any, show that there is no genuine issue as to any material fact and that the moving party is entitled to a judgment as a matter of law.” Rule 56(c), SCRCP. When plain, palpable, and indisputable facts exist on which reasonable minds cannot differ, summary judgment should be granted. *Ellis v. Davidson*, 358 S.C. 509, 518, 595 S.E.2d 817, 822 (Ct. App. 2004). However, when triable issues exist, those issues must go to the jury. *BPS, Inc. v. Worthy*, 362 S.C. 319, 608 S.E.2d 155 (Ct. App. 2005). The burden is on the moving party to clearly establish an absence of a genuine issue of material fact. *Gauld v. O’Shaughnessy Realty Co.*, 380 S.C. 548, 671 S.E.2d 79 (Ct. App. 2008). Once the moving party meets the initial burden of showing an absence of evidentiary support for the non-moving party’s case, the non-moving party is required to submit a mere scintilla of evidence in order to withstand a motion for summary judgment. *Hancock v. Mid S. Mgmt. Co.*, 381 S.C. 326, 330, 673 S.E.2d 801, 803 (2009). In meeting its burden, the non-moving party cannot simply rest on mere allegations or denials contained in the pleadings. *Moore v. Weinberg*, 373 S.C. 209, 644 S.E.2d 740 (Ct. App. 2007). It is not sufficient that a party create an inference which is not reasonable or an issue of fact that is not genuine. *Main v. Corley*, 281 S.C. 525, 316 S.E.2d 406 (1984). A trial court should grant summary judgment against a party who has failed to make a showing sufficient to establish the existence of an essential element of that party’s case. *Harris v. Rose’s Stores, Inc.*, 315 S.C. 344, 433 S.E.2d 905 (Ct. App. 1993).

## ARGUMENT

I. THE TRIAL COURT PROPERLY FOUND THAT APPELLANT FAILED TO PRESENT ANY EVIDENCE THAT THE CRIMINAL ACT OF DEFENDANT JONES WAS FORESEEABLE AND THAT SHE FAILED TO PRESENT ANY EVIDENCE THAT RESPONDENT CITI TRENDS' SECURITY MEASURES WERE UNREASONABLE

The trial court properly granted summary judgment in favor of Respondent Citi Trends because Appellant failed to present competent evidence for the court to find a duty under the facts of the instant case. "In any negligence action, the threshold issue is whether the defendant owed a duty of care to the plaintiff." *Bass*, 395 S.C. at 134, 716 S.E.2d at 913. The issue of whether a duty is owed to the Plaintiff is a question of law to be decided by this court. *Burnette v. Family Kingdom, Inc.*, 387 S.C. 183, 691 S.E.2d 170 (2010). "[A] business owner has a duty to take reasonable action to protect its invitees against the *foreseeable* risk of physical harm." *Bass*, 395 S.C. at 135, 716 S.E.2d at 913. In *Bass*, the Supreme Court reviewed "the four basic approaches to the foreseeability issue" used by the courts nationwide and adopted the balancing approach to determine the business owner's duty. *Id.*, at 135-39, 716 S.E.2d at 913-15. "In adopting a balancing approach, [it] do not alter this duty, but merely elucidate[d] how to determine (1) if a crime is foreseeable, and (2) given the foreseeability, determine the economically feasible security measures required to prevent such harm." *Id.*, at 139, 716 S.E.2d at 915.

The Supreme Court acknowledged the criticism expressed by at least one court in regard to the balancing test, which is "bleeding the line between the duty and breach." *Id.* at 139, 716 S.E.2d at 915. The *Bass* court evaluated the facts of the case for indicia of foreseeability and only after finding that Bass "produced at least some evidence the aggravated assault was foreseeable," it determined based on the evidence he introduced that he "failed to provide any

evidence that [Super 8] should have expended more resources to curtail the risk of criminal activity that might have been probable.” *Id.*, at 139-42, 716 S.E.2d at 916-17.

a. Appellant failed to present any evidence that the criminal act of Defendant Jones was foreseeable to Citi Trends

Respondent Citi Trends contends that the *Bass* standard does not apply to this domestic attack which occurred at Citi Trends because *Bass* is premised on the crime being random. However, even if the *Bass* standard applies in the instant case, Appellant failed to present a scintilla of evidence that her shooting on Citi Trends’ premises was foreseeable to the store.

*Bass* involved an attempted robbery at a Super 8 motel. In *Bass*, the court found some evidence of foreseeability in the CRIMECAST report presented by Bass, showing the risk of crimes against persons (i.e. homicide, rape, robbery, and aggravated assault) at the Super 8 motel. *Bass*, at 140, 716 S.E.2d at 916. “The CRIMECAST model produces probability measures that place any location in the United States in context with national, state and county levels of criminality.” *Id.* at 141 n.3, 716 S.E.2d at 916 n.3. The court found the CRIMECAST report that showed an “especial high probability of crime at Super 8 compared to the national and state averages raised at least a scintilla of evidence that the crime against [Bass] was foreseeable.” *Id.* at 141, 716 S.E.2d at 916.

More recently, the Supreme Court found that a person shot while inside a business presented at least some evidence that the shooting was foreseeable through the deposition testimony of the owner and the manager of the business. *Lord v. D & J Enterprises, Inc.*, Op. no. 27376 (S.C. Sup. Ct. filed Apr. 9, 2014) (Shearouse Adv. Sh. No. 14 at 21) reh’g denied (May 22, 2014).<sup>1</sup> Lord was shot inside a “Cash on the Spot” business. *Id.* The owner and the manager testified they were aware of a string of armed robberies in the county because the local

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<sup>1</sup> 2014 WL 1386678

newspapers had covered the incidents and the owner discussed these robberies with his employees, warning them “to be on their toes to look out for suspicious people” because there was a “madman on the loose.” *Id.* The shooter at the Cash on the Spot was also the perpetrator of the previous armed robberies, which happened at businesses that Lord’s expert opined “fit the profile of [Cash on the Spot’s] business.” *Id.* The court found the business recognized it was susceptible to an armed robbery because it had security cameras, bars on the windows of the building, bulletproof glass on its teller’s windows, panic buttons, and immediate access to a silent alarm by the employees. *Id.*

In the present case, the evidence indicates there were no prior criminal incidents involving shooting or other types of violent crimes at Citi Trends or in the shopping plaza where Citi Trends was located. (R. p. 291, lines 4-15; R. p. 235, lines 4-7; R. p. 448). Sergeant James Hayes and Sergeant Jason Turner, both of the City of Dillon Police Department, testified that there have been no other shootings in Citi Trends prior to the shooting involving Plaintiff. (R. p. 364, lines 12-15; R. p. 412, lines 22-25). Furthermore, Sergeant Turner testified that Citi Trends was located in a low-crime area, where the most common crimes were shoplifting, theft, or embezzlement, and not violent crimes against persons. (R. p. 416, line 17-p. 417, line 20). Likewise, Sergeant Hayes only investigated copper theft at the Dillon Plaza Shopping Center and had knowledge about shoplifting incidents. (R. p. 366, line 1-p. 367, line 17). Sergeant Hayes indicated that the part of town where Citi Trends was located was not a high-crime area. (R. p. 368, lines 2-4). Mr. Holliday, the representative who testified on behalf of the landlord, Respondent Palmetto Properties, stated that from 2001 until December 27, 2010, that there had been no shootings in the parking lot of the shopping center. (R. p. 291, line 4-12). Mr. Holliday also testified that there were no shootings in any of the leased spaces. (R. p. 291, lines 13-16).

Mr. Holliday was also not aware of any assaults at the shopping center. (R. p. 292, lines 3-11). He stated that there had not been any trouble in or around the shopping center. (R. p. 292, lines 15-18). Mr. Holliday also characterized the crime rate as a “very low crime area.” (R. p. 298, lines 14-19).

Appellant argues that violent criminal activity was foreseeable in Citi Trends because her expert, Michael A. Hodge, opined in an affidavit that “violent crime is prevalent in the area in which the particular Citi Trends store at issue is located.” (App. Br. 8). Appellant specifies that Mr. Hodge relied on “actual crime reports from the police department” and FBI statistics. However, Mr. Hodge’s conclusion in his affidavit is not supported by the incident reports he contended he relied upon and which were presented to the trial court as an exhibit to Citi Trends’ Memorandum in Support of its Motion for Summary Judgment. (R. pp. 563-853).

In his affidavit, Mr. Hodge maintained generally that his “review of the Dillon City’s incident reports indicated that violent crime is very prevalent within a half-mile radius of the [Citi Trends] immediate location.” (R. p. 437). Considering the crimes within a half-mile radius from the store is a distance customarily used when conducting a security analysis. (R. p. 448). Mr. Hodge explained in his deposition that he ascribed a 95% weight to these City of Dillon incident reports in determining foreseeability. (R. p. 397, line 20-p. 398, line 25). However, Mr. Hodge acknowledged during his deposition that he did not prepare a summary of the types, number, and location of crimes within a half-mile radius of Citi Trends’ location. (R. p. 373, line 14-p. 25). He also could not point to the violent crimes he was referring to, only that they could be found among the incident reports that he was provided because he believed the Appellant’s counsel provided him only incident reports for crimes within a mile radius from the store. (R. p. 375, line 1-p. 377, line 13; R. p. 387, lines 18-23; R. p. 403, lines 3-4). Mr. Hodge admitted that

he did not independently evaluate the distances between the store and the location of the crimes in the incident reports. (R. p. 375, lines 7-11; R. p. 377, lines 10-13; R. p. 385, line 20-p. 386, line 13; R. p. 387, line 24-p. 389, line 2; R. p. 400, line 6-p. 401, line 23; R. p. 402, line 3-p. 403, line 4). Mr. Hodge testified that some of the incidents were outside a mile radius based on information provided by the plaintiff's office. (R. p. 402, lines 7-24). He also stated that he would consider ten to fifteen "assaults, batteries, various violent crimes" to be a "high amount." (R. p. 149, lines 10-13). On one hand, Mr. Hodge could identify no specific incidents of specific crimes in a specific location upon which he based his flawed opinion. On the other hand, Mr. Hodge admitted that no violent crimes took place inside Citi Trends prior to Plaintiff's injury. (R. p. 384, lines 6-12). He agreed that there had been no shootings in Dillon in retail stores before this incident. (R. p. 393, lines 7-16). Mr. Hodge had no evidence of shootings occurring in a retail store in Dillon County. (R. p. 394, lines 19-25).

Appellant failed to present any evidence of foreseeability when the opinion expressed by Mr. Hodge in his affidavit is considered together with the statements he made in his deposition concerning his review of the incident reports and together with the incident reports that purportedly formed the basis of his opinions. In *Bass*, when explaining how to determine whether a crime is foreseeable, the court stated: "the presence or absence of prior criminal incidents is a significant factor in determining the amount of security required of a business owner, but their absence does not foreclose the duty to provide some level if other factors support a heightened risk." *Bass*, at 139, 716 S.E.2d at 915. Prior incident reports for Super 8 were not available in *Bass*. *Id.*, at 140, 716 S.E.2d at 916. However, it is very significant that the CRIMECAST report considered by the *Bass* court a factor supporting a heightened risk was showing the risk of crimes at the Super 8 motel, the specific location where the attempted

robbery against Bass took place. Even in the more recent case referenced above, the court did not look at the two prior armed robberies that happened some miles away from the store as a factor supporting a heightened risk of harm. *Lord*, Op. no. 27376. In a footnote, the *Lord* court characterized as erroneous the dissent's statement that "Today the Court holds that a merchant has a duty to provide a security guard where random acts of criminal violence occur miles away from the business." *Id.* The court specified: "we make no such definitive determination regarding a merchant's duty." *Id.* Instead, the court found some evidence the shooting was foreseeable based on the store owner's actually foreseeing an attack of the "madman" who committed the "rash" of armed robberies described in the newspapers. *Id.*

Appellant does not present competent evidence of foreseeability because Mr. Hodge cannot create a "genuine" issue of material fact regarding the foreseeability of the crime by misinterpreting the reports he contended he relied upon. A fact is genuine "if the evidence is such that a reasonable person could return a verdict for the non-moving party." *Anderson v. Liberty Lobby, Inc.*, 477 U.S. 242, 248 (1986). Conclusory or speculative allegations are not facts. *Blakely v. Moore*, No. 5:12-cv-1214-RMG, 2013 WL 980412 at \*2 (D.S.C. Mar. 12, 2013). "The opinion of the expert 'must be based upon facts . . . sufficient to form a basis for an opinion. . . . Expert opinion is inadmissible if its factual foundation is nebulous.'" *Young v. Tide Craft, Inc.*, 270 S.C. 453, 468, 242 S.E.2d 671, 678 (1978). "[The expert] must show that in formulating his opinion, he has taken into consideration the material facts of the case being tried which was necessary to the formation of an intelligent opinion." *Id.*, at 469, 242 S.E.2d at 678.

In contrast to Mr. Hodge's nebulous claims, the 911 calls from Dillon Plaza Shopping Center and the Dillon Police Department Incident Reports referred to by Mr. Hodge show, in actuality, rather than generalities, only a handful of violent crimes within half of a mile from Citi

Trends: one aggravated assault half of a mile away; one carjacking a third of a mile away; two simple assaults half of a mile away; and one simple assault (cursing only) in the theater parking lot across the street from Dillon Plaza. (R. pp. 448, 500). Mr. Hodge did not identify any calls made from Citi Trends to the Police Department. (R. p. 395, lines 12-15).

Here, Appellant failed to provide evidence indicative of foreseeability because there are no prior incidents in the store. In their absence, while the duty of the store to provide some level of security is not foreclosed, Appellant must show that "other factors support a heightened risk." *Bass*, at 139, 716 S.E.2d at 915. As a matter of law, Appellant failed to bring evidence of other factors supporting a heightened risk. First, incident reports of an unknown distance from the store and of a dissimilar nature do not provide evidence that an attempted murder or an assault with a firearm by a third party against a customer in the store was foreseeable. This is not a situation like in *Lord* because Defendant Jones was not a person who had previously committed a string of shootings in businesses that fit the profile of Citi Trends and of whom the store employees were aware. Even if incidents within half a mile from the Citi Trends, as Mr. Hodge contends, should be considered in implementing security measures to determine whether they are a factor supporting a heightened risk, there are only five incidents within a half mile radius that include two simple assaults and a "cursing" across the street. Since Mr. Hodge defines a high crime rate within an area of half-mile as ten to fifteen incidents, then these incidents would not be deemed a "high crime rate." (R. p. 401, lines 10-13). Additionally, it is unclear what supports Mr. Hodge's opinion, and consequently Appellant's contention, that violent crimes are more likely to occur in stores located in economically distressed areas. (R. p. 438; App. Br. 9-10). Therefore, this contention cannot constitute evidence of a heightened risk of harm to Citi Trends' customers.

Secondly, the *Bass* court implicitly indicated it would not consider criminal acts foreseeable to a business owner when the evidence only indicated that a business was located in a high crime area. Specifically, the *Bass* court rejected the totality of the circumstances test because this test “effectively requires businesses to anticipate crime by virtue of the unfortunate fact that crime is endemic in today’s society.” *Bass*, 395 S.C. at 138, 716 S.E.2d at 915. Consequently, the fact that shootings may have occurred around the country in shopping malls, like the one in Annapolis, Maryland, referenced by Mr. Hodge in his deposition, is not evidence of foreseeability of violent criminal acts against Citi Trends’ customers in Dillon, South Carolina.

Furthermore, FBI’s Uniform Crime Reporting statistics for the year of 2009, which weighed at most 5% in Mr. Hodge’s opinion, are not evidence of foreseeability. (R. p. 404, lines 5-8). These FBI statistics compared the violent crime rate of the State of South Carolina with the national average, and the rate of Dillon City with that of the state as a whole. (R. pp. 437-438). Similarly, *Bass* attempted to rely, as evidence of foreseeability on a report indicating that the robbery rate in the county for the year of his attempted robbery exceeded the state benchmark by approximately 190 percent. The *Bass* court specified:

We do not believe evidence of an elevated crime rate covering the expanse of an entire county, on its own, is sufficient to prove foreseeability by a preponderance of the evidence. Such a finding would diminish a business’s economic incentive to expand into higher crime counties, which arguably are in the greatest need of commercial stimulus.

*Bass*, at 140, 716 S.E.2d at 916.

The FBI statistics do not show the probability of violent crime taking place inside the Citi Trends’ store. Furthermore, Appellant’s expert characterized the FBI statistics as “challenged”

for their reliability. (R. p. 404, lines 3-5). Therefore, Appellant failed to provide evidence of factors supporting a heightened risk of harm from violent crimes to customers of Citi Trends.

Furthermore, the deposition of Ms. Ivy Council, the Citi Trends' Rule 30(b)(6) representative, shows that Citi Trends did not foresee and had no reason to foresee any violent crimes happening in their stores because of the nature of their business-- a retail clothing store, where people go to shop and where only theft of merchandise is a problem-- but not violent crimes. (R. p. 200, line 19-p. 201, line 7; R. p. 204, lines 4-7). Furthermore, Ms. Council stated that safety had not been an issue in Citi Trends' stores and Citi Trends did not have a problem with violent crime at their Dillon location. (R. p. 205, lines 5-7; R. p. 235, lines 3-6).

Aside from the lack of evidence indicating foreseeability or of other factors supporting a heightened risk, Respondent submits that the approach established in *Bass* is not applicable to the facts and circumstances of this case and has not been endorsed by the South Carolina Supreme Court as applicable when the criminal act is not random. In *Ann M. v. Pac. Plaza Shopping Ctr.*, 6 Cal. 4th 666, 678, 863 P.2d 207, 215 (1993) *disapproved on different grounds by Reid v. Google, Inc.*, 50 Cal. 4th 512, 235 P.3d 988 (2010), the first case recognized by the *Bass* court as originally formulating the balancing approach, the court states: "Unfortunately, **random**, violent crime is endemic in today's society." (emphasis added). *Bass* and the cases cited therein, including *Ann M.*, and *Lord*, are all cases in which a third party committed a violent act against a random victim – a victim that the assailant happened to find at that particular time in those particular places. For example, in *Posecai v. Wal-Mart Stores, Inc.*, 752 So. 2d 762, 764, one of the cases cited in *Bass*, the plaintiff was robbed at gun point in Sam's parking lot. The court reviewed three prior incidents in Sam's parking lot in analyzing the foreseeability of that plaintiff being robbed in Sam's parking lot. *Posecai*, 752 So.2d at 762. One

of the three incidents involved an attack of an employee of the store in the parking lot where the employee's purse was taken by her husband. *Id.* The *Posecai* court implicitly found this incident dissimilar with the robbery of the plaintiff by an unknown assailant when it did not consider it in its determination of foreseeability. *Id.*

In the present case, the violent crime was not committed against a random victim. Defendant Jones did not go to Citi Trends to find a random person to shoot. Defendant Jones went to Citi Trends to find Appellant, knowing from her that she was there, and not to rob a random Citi Trends' customer. (R. p. 328, lines 10-14). Defendant Jones did not try to shoot anyone else in Citi Trends. (R. p. 345, line 143-p. 346, line 7). Even if, under *Bass*, the foreseeability may be established in the absence of prior criminal incidents on the store's premises but in the presence of other factors supporting a heightened risk, in this case, Appellant's burden is different. Appellant must show Citi Trends had foreseen that Mr. Jones would attempt to murder his ex-girlfriend or, at a minimum, that women in abusive relationships are likely to be hunted down by their spouses, boyfriends, or exes, inside Citi Trends' store. As stated in the Affidavit of the security expert, Bill Booth:

This crime had nothing to do with location and everything to do with a terribly deteriorating relationship between two people. Domestic violence is famously difficult for a landowner or business to prevent because it has nothing to do with the location and everything to do with an interpersonal relationship. Citi Trends was not aware of the relationship, the nature of the relationship, or the impending violence that was going to result from the relationship.

(R. pp. 448-449).

Appellant argues that the trial court's and Respondent Citi Trends' focus on the foreseeability of a violent attack by Defendant Jones on Appellant is a misleading red herring. (App. Br. 7-8, 10). However, the Supreme Court in both *Bass* and *Lord* considered the specific

facts of those cases to determine whether Bass and Lord met their burden to present the scintilla of evidence required under the balancing approach for determining foreseeability of the crimes against them and reasonableness of the security measures in light of the particular risk of harm. *Bass*, 395 S.C. at 139, 716 S.E.2d at 916 (“We turn now to the facts of the instant case.”); *Lord* (“Under the specific facts presented in this case . . .”).

Therefore, the trial court properly granted summary judgment in favor of Respondent Citi Trends because Appellant did not present a scintilla of evidence that the attempted murder against her was foreseeable to Citi Trends.

b. Appellant failed to present any evidence that the Citi Trends’ security measures were unreasonable

Under the *Bass* standard for determining the existence of a duty of a business owner to an invitee, a determination by the court of the lack of foreseeability of a particular risk of harm to a business invitee ends the analysis of the owner’s duty. *Bass*, 395 S.C. at 139, 716 S.E.2d at 915 (indicating that in the balancing approach to analyze the business owner’s duty to take reasonable action to protect its invitees against the foreseeable risk of physical harm, the determination of the economically feasible security measures required to prevent such a harm is made given the foreseeability). *See also Posecai*, 752 So.2d at 769 (concluding that business owner did not owe a duty to customer to protect her from criminal acts of third parties after holding that the business owner did not possess the requisite degree of foreseeability to provide any security in its parking lot).

Nevertheless, Appellant failed to present any evidence indicating that the security measures taken by Citi Trends were unreasonable given the foreseeable risk of harm to its customers. Appellant argues that economically feasible security measures were available to Citi Trends that would have prevented the harmed she suffered. (App. Br. 16). Appellant seemingly

relies on the opinions of her expert expressed in his affidavit and deposition. (App. Br. 17-18). However, in formulating his opinions, Mr. Hodge did not consider the security measures existing at the store on December 27, 2010. In his affidavit, Mr. Hodge listed the materials he reviewed to arrive at his opinions, and at his deposition, he reiterated that those were the materials upon which his opinions were based. (R. pp. 435-436; R. p. 371, lines 4-14). Even so, none of the documents or other materials listed purports to contain an exhaustive list of all the security measures in place in the Dillon Citi Trends on the evening in question. Furthermore, these documents, even taken together, do not show all the security measures existing in the store on December 27, 2010. Therefore, Mr. Hodge never became aware of all the security measures that were in place in Citi Trends when he opined that Citi Trends “did not have adequate security measures in place to prevent the criminal activity that was reasonably foreseeable to occur at their premises.” (R. p. 437). As stated above, an expert’s opinion ““must be based upon facts . . . sufficient to form a basis for an opinion. . . . Expert opinion is inadmissible if its factual foundation is nebulous.”” *Young*, 270 S.C. at 468, 242 S.E.2d at 678.

Furthermore, Mr. Hodge never visited Dillon or the store. (R. p. 370, line 17-p. 371, line 3; R. p. 379, lines 6-24). To the contrary, the plaintiff’s expert in *Bass* visited the hotel on three occasions, and the plaintiff’s expert in *Lord* “conducted a field investigation of the security measures” used at the business. *Bass*, 395 S.C. at 141, 716 S.E.2d at 917; *Lord*. Additionally, Mr. Hodge never interviewed police officers in Dillon to determine how often they were patrolling the area. (R. p. 372, lines 1-3). He never surveyed the other retail stores in the area as to their security measures. Mr. Hodge pointed to Ms. Council’s deposition, which he claimed indicated that the store had only one camera focused on the cash register that he characterized as deficient. (R. p. 380, lines 18-22). However, Ms. Council was never asked how many cameras

were in Citi Trends' location in Dillon in her deposition. Furthermore, Appellant acknowledges in her brief at least two cameras in the store that evening: at the door and the cash register. (App. Br. 3). In fact, there were four recording cameras in the Dillon Citi Trends' store. (R. p. 451). Since the store was equipped with four cameras on the day of Appellant's incident, which is the number of cameras Mr. Hodges recommended in his deposition, Citi Trends had complied with the reasonable measures he suggested.

Mr. Hodge also contends, without factual support, that there was no monitor at the front door. (R. p. 381, lines 14-24). Mr. Hodge agreed that a monitor at the front door would give notice to a person walking in that there are surveillance cameras and would be a good security practice. (R. p. 381, line 25-p. 383, line 6). Ms. Council, whose deposition transcript Mr. Hodge claimed he reviewed before formulating his opinions, testified that the Dillon Citi Trends had a monitor near the front door in December 2010. (R. p. 187, lines 4-10). Therefore, Citi Trends was equipped with another security system that Mr. Hodge approved.

Furthermore, Appellant contends that the layout of the store was somehow deficient from a security perspective because the aisles were horizontal and not vertical. (App. Br. 18). This contention is baseless as the police photographs taken on the day of the incident show that the aisles were vertical, as Hodge recommended, and that the clothing racks did not block anyone's view. (R. pp. 561-562).

Appellant claims that a reasonable security measure for Citi Trends to take was to train its employees "on how to spot and deter suspicious subjects, such as those wearing hoods, caps, unseasonably heavy clothing, etc." (App. Br. 18). Aside from the fact that stopping customers for wearing hoods, caps, or unseasonably heavy clothing would most likely be perceived, at least, as offensive and unjustified, there would have been no reason to confront Defendant Jones

when he walked in the store. While Defendant Jones was wearing a baseball cap and a jacket, there was nothing suspicious about his clothing, as these events took place in the winter on December 27<sup>th</sup> when such clothing would be considered appropriate. Furthermore, contrary to Mr. Hodge's repeated assertions during his deposition that Defendant Jones's face was obscured by a hood, the video from the surveillance camera shows he was not wearing a hood, but the baseball cap, which was not obscuring his face. (R. p. 378, lines 2-9; R. p. 450; Surveillance Tape).

Appellant also asserts that Citi Trends gave no consideration to customer safety and that Citi Trends did not make an effort to identify violent crime trends. (App. Br. 13). To the contrary, Ms. Council testified the employees were trained not to leave an empty box in the middle of the floor where it could cause a customer to be injured and not to leave empty racks opened and exposed but hang at least one piece of clothing on them so a customer would see the racks and not get injured. (R. p. 195, line 25-p. 196, line 16) (Council Dep. 34). These were the types of injuries that Citi Trends foresaw as a potential risk to their customers. Additionally, the same incident report forms that were used in case of theft of merchandise were also used in other instances, for example in case of a robbery, and Ms. Council would have been informed if a robbery occurred. (R. p. 198, lines 1-17; R. p. 201, lines 15-19).

The *Bass* standard requires a determination of the economically feasible security measures required to prevent foreseeable risk of harm to an invitee of the store through balancing the foreseeability with the reasonable security measures. Given that the attack on Appellant was not foreseeable, the security measures in place in Citi Trends in December 2010 -- four security cameras, an EAS monitoring system, and the monitor by the front door indicating that the store was under security surveillance -- were reasonable. Mr. Hodge formulated his opinion without

evaluating these security measures. This situation is not exemplary of “an instance where a business would be required to employ costly security guards” due to the lack of evidence of prior crimes. *See Bass*, 395 S.C. at 141, 716 S.E.2d at 916-17. Even Mr. Hodge stated that he did not believe security guards or metal detectors were reasonable security measures that should have been taken. (R. p. 397, lines 7-17). Appellant also conceded at the summary judgment hearing that her argument was not that security guards or metal detectors were necessary. (R. p. 158, lines 19-21). Furthermore, no reasonable security measures were going to prevent the enraged ex-boyfriend from doing what he was repeatedly threatening to do before he entered Citi Trends and shot Appellant. (Supp. R. p. 2). Moreover, reasonable measures recommended or approved by Appellant’s expert were already in place in Citi Trends. (Supp. R. p. 2).

Mr. Hodge also appears to base his opinion of what security measures were reasonable for the store to take on Defendant Jones’ statement taken by the Appellant’s counsel that he did not know there were security cameras inside Citi Trends and that had known, he would not have entered and shot Plaintiff. (R. p. 425, lines 12-19). Mr. Hodge’s reliance is misplaced in light of the *Bass* standard in which the reasonable security measures to be taken by a store are to be balanced with the foreseeability by the store of future criminal acts of third parties. What a third party who committed a criminal act gratuitously contends after the fact that would have deterred him does not have any relevance for this standard.

Consequently, Appellant did not and cannot present any evidence that the security measures taken by Citi Trends were unreasonable given the foreseeable risk of harm to its customers when her expert has not evaluated the security measures in place in Citi Trends on the night of the shooting, when measures that were recommended or considered a good security

practice by Appellant's expert were already in place, and when Appellant conceded that security guards or metal detectors were not required.

Accordingly, this Court should affirm the trial court's grant of summary judgment in favor of Respondent Citi Trends because Appellant did not show that Citi Trends had a duty to take any specific, additional security measures to protect Appellant from an unforeseeable risk of physical harm arising out of domestic violence. Consequently, Appellant failed to show as a matter of law that Citi Trends owed a duty to Appellant in these circumstances and, consequently, that it breached it.

II. APPELLANT PRESENTED NO EVIDENCE THAT RESPONDENT CITI TRENDS WAS THE PROXIMATE CAUSE OF HER INJURIES

The trial court properly found that Appellant failed to present evidence showing that any action or inaction of Respondent Citi Trends was the proximate cause of her injuries.

"It is apodictic that a plaintiff may only recover for injuries proximately caused by the defendant's negligence." *Parks v. Characters Night Club*, 345 S.C. 484, 491, 548 S.E.2d 605, 609 (Ct. App. 2001). "To prove causation, a plaintiff must demonstrate both causation in fact and legal cause." *Id.* "Causation in fact is proved by establishing the plaintiff's injury would not have occurred 'but for' the defendant's negligence." *Id.* "Legal cause turns on the issue of foreseeability." *Id.* "An injury is foreseeable if it is the natural and probable consequence of a breach of duty." *Id.* "Foreseeability is not determined from hindsight, but rather from the defendant's perspective at the time of the alleged breach." *Id.* "It is not necessary for a plaintiff to demonstrate the defendant should have foreseen the particular event which occurred but merely that the defendant should have foreseen his or her negligence would probably cause injury to someone." *Id.* "Ordinarily, the question of proximate cause is one of fact for the jury

and the trial judge's sole function regarding the issue is to inquire whether particular conclusions are the only reasonable inferences that can be drawn from the evidence." *Vinson v. Hartley*, 324 S.C. 389, 402, 477 S.E.2d 715, 721 (Ct. App. 1996). "Only when the evidence is susceptible to only one inference does [the question of proximate cause] become a matter of law for the court." *Id.* In this situation, the evidence is susceptible to only one inference: Appellant's injury was not proximately caused by any alleged negligence of Citi Trends.

No evidence exists that there is anything that could have been done to prevent Appellant being shot by Defendant Jones. Because the foreseeability in the context of proximate cause is judged from the store's perspective, not that of the perpetrator, at the time of the incident, and not in hindsight, Defendant Jones's statement that he would not have entered Citi Trends and shot Appellant if he had known of the existence of the surveillance cameras in the store is irrelevant. It is not foreseeable to the store that a customer who enters a store equipped with a monitor displaying that the customer was under surveillance would not know that the store had surveillance cameras and would brazenly choose to shoot someone in a public place with numerous witnesses to the criminal act.

Sergeant Turner, a nineteen-year employee of the City of Dillon Police Department, described the shooting as "outside the ordinary." (R. p. 409, line 23-p. 410, line 1). He opined that he did not think "there's anything that anyone in that store could have done to have stopped what happened that night without getting hurt or possibly hurt." (R. p. 412, lines 2-5). The employees of Citi Trends had no knowledge of the nature of Appellant's relationship with Defendant Jones. (R. p. 361, lines 3-7). Sergeant Hayes, a member of the City of Dillon Police Department, who personally investigated Appellant's case, opined that there was nothing that the store employees could have done to have prevented the shooting from happening in the store.

(R. p. 362, lines 19-23). He believed that Defendant Jones chose Citi Trends to shoot Appellant because that was the location where he knew Appellant was going to be at that time. (R. p. 363, lines 19-24). Appellant's encounter with Defendant Jones lasted less than one minute, with only a few seconds of the exchange indicating that Appellant was in danger as she began to run away from him. Appellant herself testified that she "really wouldn't know if [the employees] would have time to do anything, it happened so fast." (R. p. 347, lines 7-13). Therefore, there is no evidence in the record that the store's alleged negligence in allegedly not having additional security measures had proximately caused Appellant's injury. *See Parks*, 345 S.C. at 500, 548 S.E.2d at 613 (noting that the attack on plaintiff "was unexpected and occurred abruptly" as one reason for a finding that a nightclub's alleged breach of a duty to protect a guest from the criminal acts of third parties did not proximately caused guest's injury). This Court, thus, should affirm the trial court's grant of summary judgment in favor of Respondent Citi Trends.

III. THE TRIAL COURT PROPERLY FOUND THAT APPELLANT'S COMPARATIVE NEGLIGENCE WAS GREATER THAN ANY NEGLIGENCE OF RESPONDENT CITI TRENDS, INC.

As the trial court found, Citi Trends was not negligent. Even if it was, Appellant's negligence is so great that Appellant is barred as a matter of law from claiming that Citi Trends caused her injuries. In South Carolina, "a plaintiff in a negligence action may recover damages if his or her negligence is not greater than that of the defendant." *Nelson v. Concrete Supply Co.*, 303 S.C. 243, 245, 399 S.E.2d 783, 784 (1991). On a motion for summary judgment, though the facts are viewed in the light most favorable to the non-moving party, a court "cannot ignore facts unfavorable to that party and it must determine whether a verdict for the party opposing the motion would be reasonably possible under the facts." *Bloom v. Ravoira*, 339 S.C. 417, 423, 529 S.E.2d 710, 713 (2000) (citation omitted). "Where evidence of the plaintiff's *greater* negligence


is overwhelming, evidence of slight negligence on the part of the defendant is simply not enough for a case to go to the jury.” *Id.* at 424, 529 S.E.2d at 714.

Appellant had actual knowledge of her ex-boyfriend Defendant Jones’ propensity to act criminally since he had shot and injured a former girlfriend. (R. p. 305, line 20-p. 306, line 1; R. p. 310, lines 15-22; R. p. 338, lines 15-20). She also was cognizant of his goal to physically harm her because Defendant Jones left at least seventeen (17) voicemails on her phone, threatening in some of them to kill her or paralyze her. (R. p. 503-513; Voicemail Recordings). Defendant Jones had also appeared at her house uninvited, scaring her mother. (R. p. 323, line 10-p. 324, line 6). Defendant Jones followed Appellant to the country where she was spending the night with her new boyfriend and banged on the door. (R. p. 321, line 11-p. 322, line 7). Appellant called the police after Defendant Jones appeared at her boyfriend’s house, but his harassment did not stop. (R. p. 323, line 8-p. 325, line 5). Despite the threats made by Defendant Jones, Appellant did not take any additional actions to protect herself by involving the police. She proceeded to enter Citi Trends on the night of the incident while informing Defendant Jones that she would be in the store. (R. p. 328, lines 10-14; R. p. 341, lines 12-15) (Bethea Dep. 101, 135). Though she was fearful that Defendant Jones would also enter the store, Appellant failed to inform the employees of her worries. (R. p. 348, lines 3-7). Appellant also failed to call the police upon seeing Defendant Jones in the store. Appellant did not scream out for help when she first saw him because she was not aware of his intentions. Instead, Appellant calmly talked to Defendant Jones until he made it known to her that he had a gun. (R. p. 329, line 14-p. 330, line 14; R. p. 344, lines 4-16). It was at that moment that Appellant screamed out and employees of Citi Trends became aware of the threat posed by Defendant Jones. (R. p. 330, lines 14-20; R. p. 347, lines 7-13). Appellant was shot within three to four seconds from that

moment. (R. p. 362, lines 1-13; Surveillance Tape; R. pp. 540-549) Appellant was in the better position to protect herself against the criminal act of Defendant Jones and, thus, her negligence was greater than that of any alleged negligence of Citi Trends as the trial court properly found. As such, this Court should affirm the trial court's grant of summary judgment.

### CONCLUSION

As the trial court found, Appellant failed to bring even a scintilla of evidence that violent criminal acts or, more specifically, that an attempted murder arising out of a domestic dispute were foreseeable to Citi Trends in their Dillon store in December 2010. Furthermore, Appellant failed to bring any evidence that the security measures existing in the store were unreasonable in protecting its customers against the foreseeable risk of physical harm. Also, no evidence exists that any alleged negligence of Citi Trends was the proximate cause for Appellant's injury. Additionally, Appellant's negligence was as a matter of law greater than any alleged negligence of Citi Trends. For all the above reasons, this Court should affirm the trial court's grant of summary judgment to Respondent Citi Trends.



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August 25, 2014

THE STATE OF SOUTH CAROLINA  
In the Court of Appeals

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APPEAL FROM DILLON COUNTY  
Court of Common Pleas

Paul M. Burch, Circuit Court Judge

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Appellate Case No. 2014-000332  
Case No. 2012-CP-17-00295

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Ebony Bethea,

Appellant,

v.

Derrick Jones, John Doe, Individually and as  
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and Palmetto Properties, Inc., Defendants,

Of whom Citi Trends, Inc., and  
Palmetto Properties, Inc. are

Respondents.

Appellate Case No. 2014-000332

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**CERTIFICATE OF COUNSEL**

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The undersigned certified that this Final Brief complies with Rule 211(b), SCACR.



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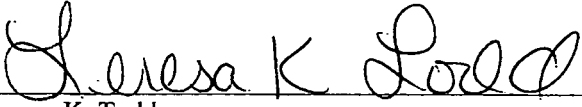
**CERTIFICATE OF SERVICE**

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Of whom Citi Trends, Inc. and Palmetto  
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**TABLE OF CONTENTS**

TABLE OF CONTENTS..... i

TABLE OF AUTHORITIES ..... ii

STATEMENT OF ISSUES ON APPEAL ..... 1

STATEMENT OF THE CASE..... 2

FACTS ..... 3

    I.    THE RELATIONSHIP BETWEEN JONES AND BETHEA. .... 3

    II.   THE SHOOTING. .... 5

    III.  THE HISTORY OF CRIMES IN AND AROUND CITI TRENDS AND DILLON PLAZA. .... 6

STANDARD OF REVIEW ..... 6

ARGUMENTS..... 7

    I.    PALMETTO DID NOT OWE ANY DUTY TO PROTECT OR WARN BETHEA AGAINST THE  
DANGER OF INJURY AT THE HANDS OF JONES. .... 8

        A.   Jones’s action was not foreseeable by Palmetto. .... 9

        B.   Palmetto’s security measures were reasonable. .... 12

        C.   The shooting occurred at Citi Trends, a location outside the control of Palmetto.  
..... 13

    II.   PALMETTO DID NOT PROXIMATELY CAUSE BETHEA’S INJURIES. JONES WAS  
DETERMINED TO HURT HER AND THE FACT THE SHOOTING OCCURRED WITHIN A LEASED  
PREMISES AT DILLON PLAZA IS MERELY INCIDENTAL. .... 14

    III.  BETHEA IS BARRED FROM RECOVERY BECAUSE HER NEGLIGENCE IN THIS CASE  
EXCEEDS THAT OF PALMETTO AS A MATTER OF LAW. .... 17

        A.   Bethea has abandoned this issue on appeal..... 17

        B.   Bethea’s comparative negligence in failing to protect herself from the known  
danger posed by Jones necessarily exceeds any negligence on the part of Palmetto as  
a matter of law. .... 18

CONCLUSION..... 20

**TABLE OF AUTHORITIES**

**CASES**

*Anderson v. Liberty Lobby, Inc.*, 477 U.S. 242, 248 (1986)..... 7

*Bass v. Gopal, Inc.*, 395 S.C. 129, 134-36, 716 S.E.2d 910, 913-16 (2011) ..... 8, 9, 12, 13, 18

*Baughman v. AT&T*, 306 S.C. 101, 115, 410 S.E.2d 537, 545 (1991) ..... 7

*Belton v. Cincinnati Ins. Co.*, 360 S.C. 575, 580, 602 S.E.2d 389, 392 (2004)..... 7

*Bishop v. S.C. Dep't of Mental Health*, 331 S.C. 79, 88, 502 S.E.2d 78, 83 (1998) ..... 14

*Bloom v. Ravoirra*, 339 S.C. 417, 422, 529 S.E.2d 710, 713 (2000) ..... 18

*Bridges v. Elite, Inc.*, 212 S.C. 514, 520, 48 S.E.2d 497, 499 (1948) ..... 16

*Bullard v. Ehrhardt*, 283 S.C. 557, 559, 324 S.E.2d 61, 62 (1984)..... 8

*Burnette v. Family Kingdom*, 387 S.C. 183, 189, 691 S.E.2d 170, 173 (2010)..... 7

*Celotex Corp. v. Catrett*, 477 U.S. 317, 322-23 (1986)..... 7

*Cook v. Micro Craft, Inc.*, 585 S.E.2d 628 (Ga. Ct. App. 2003) ..... 19

*Cyrus v. Miller Tire Serv.*, 208 S.C. 545, 548-49, 38 S.E.2d 761, 762 (1946)..... 16

*David v. McLeod Reg'l Med. Ctr.*, 367 S.C. 242, 247, 626 S.E.2d 1, 3 (2006)..... 6

*Glasscock, Inc. v. U.S. Fid. & Guar. Co.*, 348 S.C. 76, 81, 557 S.E.2d 689, 692 (Ct. App. 2001) ..... 17

*Hall v. Fedor*, 349 S.C. 169, 175, 561 S.E.2d 654, 657 (Ct. App. 2002)..... 7

*Jackson v. Swordfish Invs., L.L.C.*, 365 S.C. 608, 613, 620 S.E.2d 54, 56 (2005)..... 13

*Lee v. Food Lion*, 534 S.E.2d 507, 509 (Ga. Ct. App. 2000)..... 19

*Lord v. D & J Enters.*, 407 S.C. 544, 757 S.E.2d 695 (2014)..... 9

*Parks v. Characters Night Club*, 345 S.C. 484, 491, 548 S.E.2d 605, 608-09 (Ct. App. 2001) ..... 7, 15

*Rice v. Six Flags over Ga.*, 572 S.E.2d 322 (Ga. Ct. App. 2002)..... 19

*Shealy v. Doe*, 370 S.C. 194, 205-06, 634 S.E.2d 45, 51 (Ct. App. 2006) ..... 17

*Snow v. City of Columbia*, 305 S.C. 544, 554, 409 S.E.2d 797, 803 (Ct. App. 1991)..... 8

*Staples v. Duell*, 329 S.C. 503, 506-07, 494 S.E.2d 639, 641 (Ct. App. 1997) ..... 7

*Stone v. Bethea*, 251 S.C. 157, 161, 161 S.E.2d 171, 173 (1968) ..... 14

*Stone v. Traylor Bros., Inc.*, 360 S.C. 271, 275, 600 S.E.2d 551, 553 (Ct. App. 2004) ... 17

*Young v. Tide Craft, Inc.*, 270 S.C. 453, 468, 242 S.E.2d 671, 678 (1978)..... 10, 14

**RULES**

Rule 220, SCACR..... 13

Rule 56, SCRCP..... 7

**OTHER AUTHORITIES**

62A Am. Jur. 2d Premises Liability § 709..... 19

**STATEMENT OF ISSUES ON APPEAL**

1. DID THE TRIAL COURT CORRECTLY RULE THAT THERE WAS NO DUTY TO PROTECT EBONY BETHEA FROM BEING SHOT BY HER EX-BOYFRIEND, DERRICK JONES, AT A STORE LOCATED WITHIN A SHOPPING CENTER OWNED BY PALMETTO PROPERTIES, INC. BECAUSE THE INCIDENT WAS NOT FORESEEABLE AND THE SECURITY MEASURES AT THE SHOPPING CENTER WERE NOT UNREASONABLE?
  
2. DID THE TRIAL COURT CORRECTLY RULE THAT NO ACTIONS OR INACTIONS ON THE PART OF PALMETTO PROPERTIES, INC. WERE THE PROXIMATE CAUSE OF EBONY BETHEA'S INJURIES?
  
3. DID THE TRIAL COURT CORRECTLY RULE THAT EBONY BETHEA'S COMPARATIVE NEGLIGENCE EXCEEDED THAT OF PALMETTO PROPERTIES, INC.?

## STATEMENT OF THE CASE

This case stems from injuries suffered by Ebony Bethea in a shooting committed by her on again/ off again boyfriend, Derrick Jones, on December 27, 2010. On July 16, 2012, Bethea brought this action against Jones; the store where the shooting occurred, Citi Trends, Inc. ("Citi Trends"); and the owner of the Dillon Plaza Shopping Center ("Dillon Plaza") where the shooting occurred, Palmetto Properties, Inc. ("Palmetto"). (R. at 25-41). The Complaint alleged causes of action for negligence against Palmetto. (*Id.*) Palmetto answered on April 12, 2013, asserting various defenses including: general denial, comparative/ contributory/ sole negligence, intervening acts/ criminal acts/ intentional acts of third parties, assumption of risk, and negligence of others. (R. at 50-61).

After extensive discovery, Palmetto joined Citi Trends' motion for summary judgment on the grounds that Palmetto owed no duty to protect Bethea from Jones or to warn Bethea about Jones, given the lack of foreseeability of this crime and Bethea's specific knowledge that Jones was threatening to shoot and paralyze her. (R. at 95-99). Palmetto also sought summary judgment because there was no evidence any action by Palmetto caused Bethea's injury, or stated another way, there was no evidence that Palmetto reasonably could have protected Bethea from the shooting. (*Id.*) The motions were heard on January 7, 2014. At the hearing, Palmetto raised an additional argument that it was entitled to summary judgment because Bethea's injuries occurred in Citi Trends, an area that was not under Palmetto's control. (R. at 137:6-10).

After acknowledging the tragedy of the facts in this case, the trial court granted summary judgment to Citi Trends and Palmetto. (R. at 158:9-17). The trial court formalized that decision in a written order dated January 22, 2014, granting summary

judgment based on its findings that (1) that Palmetto did not owe Bethea any duty with respect to Jones's criminal actions, (2) that there was no evidence Palmetto's security measures were unreasonable, (3) that there was no evidence Palmetto proximately caused Bethea's injuries, and (4) that Palmetto was entitled to summary judgment because Bethea's comparative negligence exceeded that of Palmetto as a matter of law. (R. at 3-24). This appeal followed.

### FACTS<sup>1</sup>

#### **I. THE RELATIONSHIP BETWEEN JONES AND BETHEA.**

The facts surrounding the tumultuous relationship between Bethea and Jones are not in dispute and are at the heart of this appeal. Bethea and Jones have a son together and were in a relationship off and on for approximately ten years. (R. at 303, 305, 318). Bethea knew Jones had an anger problem and could not control his anger, particularly when it came to her spending time with other men. (R. at 307-09, 311, 314-16). She also knew from experience that this anger could turn violent. (*Id.*). On November 15, 2009, Defendant Jones assaulted Plaintiff when he believed she was "talking" to another man. (R. at 314-16). She also knew about an incident in which Jones shot a former girlfriend. (R. at 305-06).

When Bethea started dating someone else in late 2010, Jones took every opportunity to try to catch the couple together, waiting outside the new boyfriend's apartment and following Bethea. (R. at 320-22). Bethea called the police after she learned Jones was banging on the door to her new boyfriend's mother's house. (R. at 322-24). She told police that Jones had threatened to kill her and her boyfriend. (*Id.*)

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<sup>1</sup> Palmetto hereby joins in the factual background recited by Citi Trends and notes that much of this factual recitation was drawn from Citi Trends' memorandum in support of its motion for summary judgment.

Bethea declined to seek a restraining order against Jones at that time because “[h]e was just at that moment to where he just didn’t really care about what he would do now. It was just how I felt, like this thing is– this restraining order is not going to scare Derrick.” (R. at 324-25). When questioned whether anything could have prevented Jones from shooting her, Bethea responded that if Jones had been incarcerated after this incident it might have helped, but concluded that she “didn’t know if this would have helped or not because I’m thinking maybe if he would have got out, he probably still would have done what he’s done.” (R. at 333-34). Bethea further testified that Jones was so angry with her that it did not matter if she saw him at day or night or in front of the Sheriff’s Department because he was determined to hurt her. (R. at 340).

Jones continued to stalk Bethea. He threatened that Bethea would be “paralyzed by Christmas.” (R. at 339). He left at least seventeen (17) threatening voice mail messages for Bethea and warned if he were going to go to prison, it would be for “something big.” (R. at 506, Message 6). The following are samples of the messages:

You know Ebony, you think I’mma f\*\*\* up and go to prison and leave y’all out here. I kill y’all anytime I want to, I can kill you anytime I want.... Take me to the police man, b\*\*\*\*. I can kill y’all motherf\*\*\*ers anytime I want to Ebony. . . .

(R. at 504-05, Message 4).

I’mma make you suffer, but I’mma do life in prison, though. I ain’t go kill you, but I betcha.... Hey dis for the b\*\*\*\* a\*\* polices. I betcha I’mma make you suffer for da rest of your life.... I bet your ass be paralyze by Christmas.

(R. at 512, Message 4). One of Jones’s cousins warned Bethea that Jones was telling people that he was going to shoot her after Christmas. (R. at 336).

Bethea began to take precautions regarding interaction with Jones and would not go to his house after dark. (R. at 333, 340). On Christmas day, Bethea took their son to open presents at Jones's house. (R. at 326). While there, Jones threatened to hit Bethea and started "talking crazy mess about [Bethea]." (*Id.*).

## II. THE SHOOTING.

Two days later at around 6:00 p.m., Bethea went to Citi Trends to exchange some clothes for her son. (R. at 327, 342). She testified that minutes earlier she was on the phone with Jones and told him that she was going inside Citi Trends so she could not talk. (R. at 326, 341). At that time, she did not tell anyone at Citi Trends about Jones and the threats he had made. (R. at 348). There is no evidence that either Citi Trends or Palmetto had any knowledge of the relationship between Jones and Bethea or Jones's threats to Bethea.

Roughly fifteen minutes after Bethea started shopping, Jones arrived at Citi Trends. (R. at 343). As shown on the store's surveillance tape, when Jones entered the store he was not wearing a hood, both hands were visible, and no gun was apparent. (Tape). There was no outward indication that Jones had any criminal motive. Jones found Bethea in the back of the store, approached her, and calmly stated he was "tired of [Bethea] disrespecting" him and put his fingers in her face. (R. at 329-30). Bethea then told Jones that he was "not going to be putting [his] fingers in [her] face." (*Id.*). Jones then lifted his shirt and said "Oh, I ain't going to put my fingers in your face." (*Id.*). Bethea then began running towards the front of the store. (R. at 330-31). Three to four seconds later, Jones shot her in the back, leaving her paralyzed from the chest down. (*Id.*). Jones then fled. (Tape).

Based on the time stamp on the surveillance video, Jones was in the store for around a minute. (*Id.*). Bethea testified that the incident happened so fast that the two women working at Citi Trends did not have time to do anything to protect her. (R. at 347). Law enforcement further corroborated that there was nothing the store employees could have done. (R. at 362-63). The shooting occurred in the store, not the common areas under Palmetto's control.

Jones pled guilty to attempted murder and possession of a firearm. He is currently incarcerated.

### **III. THE HISTORY OF CRIMES IN AND AROUND CITI TRENDS AND DILLON PLAZA.**

Law enforcement testified that there is about one shooting a month in Dillon, mostly at nightclubs or residences. (R. at 364-65). Prior to Bethea's injury, there had not been any shootings or any other violent crime at Dillon Plaza, and police considered it a low crime area. (R. at 413). In fact, the only other crimes in the stores located at Dillon Plaza were shoplifting, copper theft from a vacant store, and financial crimes, such as embezzlement. (R. at 366-67, 416-17). Even considering the crime statistics presented by Bethea's expert for the half-mile radius surrounding the shopping center, the only evidence of specific crimes were an aggravated assault (1/2 mile away), one carjacking without weapon, (1/3 of a mile away), two simple assaults (1/2 mile away), and one simple assault (cursing only), that occurred in the theatre parking lot across the street. (R. at 448).

### **STANDARD OF REVIEW**

On appeal from a grant of summary judgment, this Court's standard of review is the same as that of the trial court. *David v. McLeod Reg'l Med. Ctr.*, 367 S.C. 242, 247, 626 S.E.2d 1, 3 (2006). Summary judgment is warranted when there is no genuine issue

of material fact, and it appears that the moving party is entitled to a judgment as a matter of law. Rule 56(c), SCRCP; *Celotex Corp. v. Catrett*, 477 U.S. 317, 322-23 (1986). Material facts are those identified by controlling substantive law as essential elements of claims and defenses. *Anderson v. Liberty Lobby, Inc.*, 477 U.S. 242, 248 (1986). A court must view the facts and inferences reasonably drawn from them in the light most favorable to the non-moving party. *Baughman v. AT&T*, 306 S.C. 101, 115, 410 S.E.2d 537, 545 (1991). Issues of existence and scope of duty, however, are questions of law for the court. *Burnette v. Family Kingdom*, 387 S.C. 183, 189, 691 S.E.2d 170, 173 (2010); *Staples v. Duell*, 329 S.C. 503, 506-07, 494 S.E.2d 639, 641 (Ct. App. 1997).

If a summary judgment motion has been properly made and supported, the non-moving party may not rest on its pleadings but must come forward with specific facts showing that there is a genuine issue for trial. Rule 56(e), SCRCP; *Belton v. Cincinnati Ins. Co.*, 360 S.C. 575, 580, 602 S.E.2d 389, 392 (2004). This showing must be based on evidence that would be admissible at trial. *Hall v. Fedor*, 349 S.C. 169, 175, 561 S.E.2d 654, 657 (Ct. App. 2002).

### ARGUMENTS

In an action for negligence, a plaintiff has the burden of proving the following elements: “(1) the defendant owed her a duty of care; (2) the defendant breached that duty of care; and (3) the defendant’s breach proximately caused her damage.” *Parks v. Characters Night Club*, 345 S.C. 484, 491, 548 S.E.2d 605, 608-09 (Ct. App. 2001). In this case, the trial court granted summary judgment for three specific and independent reasons: (1) Palmetto and Citi Trends did not owe any duty to Bethea, (2) Palmetto and Citi Trends did not proximately cause Bethea’s injuries, and (3) Bethea’s negligence exceeded that of Palmetto and Citi Trends as a matter of law.

**I. PALMETTO DID NOT OWE ANY DUTY TO PROTECT OR WARN BETHEA AGAINST THE DANGER OF INJURY AT THE HANDS OF JONES.**

In South Carolina, a landowner or merchant only has a duty to protect invitees from foreseeable criminal harm. *Bullard v. Ehrhardt*, 283 S.C. 557, 559, 324 S.E.2d 61, 62 (1984). The mere fact that an injury occurs on the defendant's premises does not establish any liability on the part of the defendant, and no such liability may be presumed. *Snow v. City of Columbia*, 305 S.C. 544, 554, 409 S.E.2d 797, 803 (Ct. App. 1991).

With respect to random crimes occurring on a business premises, the South Carolina Supreme Court refined the rules relating to duties with respect to criminal acts of third parties in *Bass v. Gopal, Inc.*, 395 S.C. 129, 134-36, 716 S.E.2d 910, 913-16 (2011). There, the court adopted a balancing approach requiring an analysis of "(1) if a crime is foreseeable, and (2) given the foreseeability, [a determination of] the economically feasible security measures required to prevent such harm." *Id.* at 139, 716 S.E.2d at 915. The balance is between the degree of foreseeability and the cost of additional safety measures. "As the foreseeability of a potential harm increases, so, too, does the duty to prevent against it." *Id.* If there is some evidence a crime was foreseeable, the reviewing court must determine whether the defendant's preventative actions were unreasonable given the risk. *Id.*

**A. Jones's action was not foreseeable by Palmetto.**

The factual evidence in this case is clear. As shown in Section III of the Facts above, there was no history of violent crime in or around Dillon Plaza. With respect to foreseeability, “the presence or absence of prior criminal incidents is a significant factor in determining the amount of security required of a business owner, but their absence does not foreclose the duty to provide some level of security if other factors support a heightened risk.” *Id.* In this case, there is no evidence that other factors support a heightened risk, and therefore, the foreseeability prong of the *Bass* test has not been satisfied.

In *Bass*, the Supreme Court found that there was evidence of a heightened risk and therefore foreseeability for a shooting incident at a hotel based on a report showing the incidence of crimes against persons *at the hotel site* was well above the national state average risk. *Id.* at 140, 716 S.E.2d at 916. The court was careful to note that it “[did] not believe evidence of an elevated crime rate covering the expanse of an entire county, on its own, is sufficient to prove foreseeability by a preponderance of the evidence. Such a finding would diminish a business’s economic incentive to expand into higher crime counties, which arguably are in the greatest need of commercial stimulus.” *Id.* In *Bass*, the court was careful to state that South Carolina businesses are not required to “anticipate crime by virtue of the unfortunate fact that crime is endemic in today’s society.” *Id.* Thus, generalized evidence relating to a large geographic area alone will not support a finding that there is a heightened risk of crime at a location with no history of similar crimes.

Heightened risk can also be shown by evidence of knowledge of recent, similar crimes in the area. *Lord v. D & J Enters.*, 407 S.C. 544, 757 S.E.2d 695 (2014). *Lord*

stemmed from a shooting at a lending business committed by an armed robber who had committed numerous similar crimes in the area. The court there found the foreseeability prong of the *Bass* test was met based on a wave of high profile crimes in the area targeting similar businesses, and the business owner's warning to his employees to be careful because "there's a madman on the loose." In *Lord*, the record showed that not only was the crime foreseeable, it was actually foreseen by the business owner.

Here, however, there was no location specific or other, specific rather than general, evidence that this crime was foreseeable. Local police and the corporate representatives of Citi Trends and Palmetto all testified that there was no history of violent crime in the store and shopping center. (R. at 235, 291, 364, 412, 448). Local police further testified this event occurred in a low crime area. (R. at 368, 416-17). Further, there is no indication that Palmetto had any knowledge of the danger Jones posed to Bethea. (R. at 298). Thus, there is no evidence showing a heightened risk of a violent attack or shooting at Dillon Plaza.

In her brief, Bethea attempts to avoid this evidence by reliance on conclusory statements made by her expert, Michael Hodge, to the effect that Citi Trends and Dillon Plaza are in a high crime area. However, "the opinion of the expert 'must be based upon facts . . . sufficient to form a basis for an opinion. . . . Expert opinion is inadmissible if its factual foundation is nebulous.'" *Young v. Tide Craft, Inc.*, 270 S.C. 453, 468, 242 S.E.2d 671, 678 (1978) (citations omitted). "[The expert] must show that in formulating his opinion, he has taken into consideration the material facts of the case being tried which was necessary to the formation of an intelligent opinion." *Id.* at 469, 242 S.E.2d at 678. Hodge's testimony does not meet this standard.

The two bases for Hodge's opinion are (1) FBI statistics for South Carolina and the City of Dillon and (2) "actual crime reports from the police department." With respect to the FBI statistics, Hodge conceded in his deposition that those statistics have been challenged and he only placed a five percent weight on them. (R. at 404). Further, as set forth above, *Bass* expressly declined to hold that broad, general statistics were enough to trigger foreseeability and noted that such a holding would deter investment in underprivileged areas. With respect to the crime reports, the actual crime reports submitted to the trial court at the summary judgment stage simply do not support Hodge's conclusion. (R. at 563-863). As noted in the trial court's order, Hodge acknowledged the following points when challenged on this point in his deposition:

- He did not prepare a summary of the types, number, and location of crimes within a half-mile radius of the incident. (R. at 373-74).
- He could not point to the violent crimes he was referring to, only that they could be found among the incident reports that he was provided. (R. at 375-77, 387, 403).
- He admitted that he did not independently evaluate the distances between this incident and the crimes in the incident reports. (R. at 375, 377, 385-389, 400-03).
- He testified that some of the incidents included in his opinion were outside a mile radius of the incident. (R. at 402).
- He considers ten to fifteen "assaults, batteries, various violent crimes" to be a "high amount," but did not identify any set of crimes that would satisfy that definition in this case. (R. at 401).
- He agreed that there had been no shootings in Dillon in retail stores before this incident. (R. at 393-94).

Bethea has not clarified these discrepancies either at the summary judgment stage or on appeal. Given the lack of evidentiary basis for Hodges's opinion, there simply was no competent evidence in the record that this was a high crime area or that this crime was in

any way foreseeable by Palmetto. Thus, the trial court correctly granted summary judgment on the legal issue of duty.

**B. Palmetto's security measures were reasonable.**

In the event this Court determines there was some evidence of foreseeability, it must then determine whether Bethea presented evidence that Palmetto's actions were unreasonable given the risk. *Bass* at 139-40, 716 S.E.2d at 916. Here, Palmetto was merely the landlord to Citi Trends. It did not manage the Citi Trends location. (R. at 255, 267). Nor did it have any kind of control over the security measures deployed by Citi Trends; thus, any argument relating to the store premises is inapplicable to Palmetto.

With respect to Palmetto, the evidence shows that Palmetto is a Dillon business run by Dillon residents that owns roughly two dozen properties, including South of the Border. (R. at 251-52). Palmetto has its roots in Dillon, its owners and employees know the Dillon landscape and Dillon residents, and it has good connections with the local police and sheriff's departments. (R. at 265, 267). The Citi Trends lease with Palmetto included some provisions for Citi Trends to install security equipment. (R. at 265). In addition, Palmetto "would check the property periodically. And other tenants or the local police would have told us [] if there was a problem." (R. at 266). Palmetto's 30(b)(6) representative, James Holliday, testified that Dillon Plaza was quiet and very different from South of the Border in terms of security needs, stating "[c]ompared to South of the Border, sure, it's a cakewalk in a church." (R. at 297-98).

Contrary to Bethea's brief, the evidence shows that Palmetto had a relationship with local law enforcement. (R. at 265, 267). The evidence further showed that Palmetto had owned Dillon Plaza since 2001 without incident. As far as the other measures suggested, Bethea does not provide any evidence of the cost of those measures or the

degree of additional security those measures would provide. As stated in *Bass*, a business “should increase its expenditures on security until the last dollar buys a dollar in reduced expected crime costs ... to the [invitees].” *Id.* at 138-39, 716 S.E.2d at 915. However, in this case, history showed that the expected crime costs for physical assaults were zero; thus, Palmetto should not have been expected to increase its spending on security by even a dollar.

For all of these reasons, the trial court correctly analyzed the legal issue of whether there was a duty in this case. Neither prong of the balancing test set forth in *Bass* is met here, and Palmetto was entitled to summary judgment.

**C. The shooting occurred at Citi Trends, a location outside the control of Palmetto.**

In addition to all of the above arguments and pursuant to Rule 220, SCACR, Palmetto contends that it was entitled to summary judgment because the injuries to Bethea occurred in Citi Trends, an area outside the control of Palmetto. (R. at 255, 267). Absent an exception, a landlord owes no duty to protect a tenant’s customers from the criminal acts of third parties. *Jackson v. Swordfish Invs., L.L.C.*, 365 S.C. 608, 613, 620 S.E.2d 54, 56 (2005) (upholding grant of summary judgment in “a negligence action against a commercial landlord arising out of a shooting which occurred inside the leased premises”). There is no evidence that Palmetto, the commercial landlord, controlled or possessed Citi Trends or that it undertook to provide security within Citi Trends. Therefore, the trial court correctly granted summary judgment in Palmetto’s favor.

**II. PALMETTO DID NOT PROXIMATELY CAUSE BETHEA'S INJURIES. JONES WAS DETERMINED TO HURT BETHEA, AND THE FACT THE SHOOTING OCCURRED WITHIN A LEASED PREMISES AT DILLON PLAZA IS MERELY INCIDENTAL.**

"Proximate cause requires proof of both causation in fact and legal cause."

*Bishop v. S.C. Dep't of Mental Health*, 331 S.C. 79, 88, 502 S.E.2d 78, 83 (1998).

"Causation in fact is proved by establishing the plaintiff's injury would not have occurred 'but for' the defendant's action." *Mellen v. Lane*, 377 S.C. 261, 278, 659 S.E.2d 236, 245 (Ct. App. 2008). "Legal cause is proved by establishing foreseeability." *Id.* "Foreseeability of some injury from an act or omission is a prerequisite to its being a proximate cause of the injury for which recovery is sought." *Stone v. Bethea*, 251 S.C. 157, 161, 161 S.E.2d 171, 173 (1968). To determine foreseeability, courts look to the "natural and probable consequences of the complained of act." *Young* at 462-66, 242 S.E.2d at 675-77. A defendant cannot be charged with "that which is unpredictable or that which could not be expected to happen." *Id.* When the evidence permits but one reasonable inference as to causation, a question of law is presented for the court. *Id.* at 464, 242 S.E.2d at 676.

Bethea relies heavily on *Bass* in her brief. However, that case addresses the threshold issue of duty, it does not address the issue of causation. The relationship between Jones and Bethea is central to the causation analysis here.

The testimony of Bethea and law enforcement indicates that Jones was determined to hurt Bethea and there was nothing Palmetto or Citi Trends could do to stop him. One officer testified that he did not think "there's anything that anyone in that store could have done to have stopped what happened that night without getting hurt or possibly hurt." (R. at 412). Moreover, the officer who investigated the shooting said that there was nothing that the store employees could have done to prevent the shooting from

happening in the store and that he believed that Jones went to Citi Trends to shoot Bethea for the sole reason that he knew she was going to be there at that time. (R. at 362-63). The entire incident lasted less than one minute, and it was only apparent that Bethea was in danger in the 3-4 seconds where she was running away from Jones. (Tape). As Bethea testified, she “really wouldn’t know if [the employees] would have time to do anything, it happened so fast.” (R. at 347). Bethea also testified that she did not think the police could help, stating among other things:

Q. And what did you say about the restraining order . . . ?

A. In my mind, I knew it wouldn’t help. When I did it—because I knew that Derrick, he just looked like he was just so far gone to where he didn’t care what he did, and I knew that that wasn’t going to scare him, not a piece of paper. That wasn’t going to do anything to Derrick.

(R. at 333-34). She went as far as testifying that Jones was determined to hurt her and it did not matter where it was. (R. at 340).

Given this testimony, there is no evidence in the record showing proof of causation in fact or legal cause. As argued above, there is no indication this crime was foreseeable by Palmetto and there was no opportunity to act given the sudden and abrupt nature of this crime, which occurred in an area that was not controlled by Palmetto. *See Parks* at 500, 548 S.E.2d at 613 (noting that the attack on plaintiff “was unexpected and occurred abruptly” as one reason for a finding no proximate cause in a case alleging breach of a nightclub’s duty to protect a guest from the criminal acts of third parties). In addition, the nature of the threats and the relationship of Jones and Bethea establishes that Bethea’s injuries did not occur “but for” any action or inaction on Palmetto’s part because the location of the shooting was merely incidental to Jones’s crime.

Even under the lower evidentiary burdens in place under South Carolina's workers' compensation scheme, courts have long denied coverage for injuries arising from the relationship of the criminal and the victim and where the fact that the attack occurred at the victim's workplace was simply by happenstance. In a case where a worker was injured by a co-worker in a dispute about two packs of cigarettes and 3 cents, the court ruled as follows:

The only suggestion that the employment had any bearing upon the injury was that the employment brought the two men together. . . . *The fact that the killing took place on the employer's premises was a mere incident. It might equally as well have happened on the sidewalk in front of the building where the two men were employed; or at any other place. There was no causal relation between the work and the assault.*

*Cyrus v. Miller Tire Serv.*, 208 S.C. 545, 548-49, 38 S.E.2d 761, 762 (1946) (emphasis added). Similarly, in *Bridges v. Elite, Inc.*, 212 S.C. 514, 520, 48 S.E.2d 497, 499 (1948), the court found no causal link between the shooting of a restaurant hostess by an ex-boyfriend that had threatened her numerous times in the past.<sup>2</sup> In reaching this result, the court reasoned,

This accident arose out of a purely personal transaction between Eula Mae Bridges and Smawley, having no connection with the employment. The fact that she met her violent death on the employer's premises was purely coincidental. The conclusion is inescapable that Smawley intended to kill Eula Mae Bridges whenever and wherever he met her. She was not exposed to his attack by anything connected with her employment. No other employee was subject to the hazard which confronted her. The causative danger was peculiar to her and not to her work.

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<sup>2</sup> “[E]ven after her marriage . . . they corresponded, and [her shooter] persistently pursued her with his attentions on every occasion when he was in Spartanburg. It is evident from the record that [Victim] wished to terminate this affair, and in consequence thereof [Shooter] had more than once threatened to kill her.” *Bridges* at 517, 48 S.E.2d at 497.

*Id.* In a more recent example, this Court affirmed the denial of a workers' compensation claim where "the dispute between Claimant and [Attacker] originated from their personal relationship." *Stone v. Traylor Bros., Inc.*, 360 S.C. 271, 275, 600 S.E.2d 551, 553 (Ct. App. 2004). The analysis in these cases is instructive here, because Jones was set on harming Bethea and there was no "but for" relationship between her being at a store located at Dillon Plaza and the shooting.

For these reasons, the trial court correctly granted Palmetto's summary judgment motion based on the absence of causation evidence.

**III. BETHEA IS BARRED FROM RECOVERY BECAUSE HER NEGLIGENCE IN THIS CASE EXCEEDS THAT OF PALMETTO AS A MATTER OF LAW.**

**A. Bethea has abandoned this issue on appeal.**

Contrary to the statement in Bethea's brief, the trial court's determination that Bethea's negligence exceeded Palmetto's was an independent basis for the grant of summary judgment, not dicta. (R. at 23-24). Bethea fails to meaningfully address or provide any citations of authority regarding the trial court's grant of summary judgment based on comparative negligence. She has therefore abandoned any appeal of this issue. *See Shealy v. Doe*, 370 S.C. 194, 205-06, 634 S.E.2d 45, 51 (Ct. App. 2006) ("[W]hen an appellant fails to cite any supporting authority for his position and makes conclusory arguments, the appellant abandons the issue on appeal."). Bethea cannot correct this failure in her reply brief. *Glasscock, Inc. v. U.S. Fid. & Guar. Co.*, 348 S.C. 76, 81, 557 S.E.2d 689, 692 (Ct. App. 2001) ("Additionally, even though [Appellant] more fully addressed the issue in its reply brief, an argument made in a reply brief cannot present an issue to the appellate court if it was not addressed in the initial brief.").

**B. Bethea's comparative negligence in failing to protect herself from the known danger posed by Jones necessarily exceeds any negligence on the part of Palmetto as a matter of law.**

Bethea's argument fails on the merits as well. In the event the Court determines that Palmetto had a duty and further determines there is some causal link between Palmetto and Bethea's injuries, summary judgment was still appropriate because Bethea's claims are barred by her own negligence in failing to avoid Jones or seek police help in light of his history of violence and repeated threats to her.

"In a comparative negligence case, the trial court should only determine judgment as a matter of law if the sole reasonable inference which may be drawn from the evidence is that the plaintiff's negligence exceeded fifty percent." *Bloom v. Ravoira*, 339 S.C. 417, 422, 529 S.E.2d 710, 713 (2000) (upholding the trial courts grant of summary judgment because the plaintiff's fault was overwhelming). However, "[w]here evidence of the plaintiff's greater negligence is overwhelming, evidence of slight negligence on the part of the defendant is simply not enough for a case to go to the jury." *Id.* at 424, 529 S.E.2d at 714. The same rule applies in cases like this one. *See Bass* at 143, 716 S.E.2d at 917 (Pleicones, J., concurring) ("I concur in the majority's decision to affirm the Court of Appeals' decision upholding the circuit court's grant of summary judgment, but would do so on the ground that petitioner's negligence in leaving the safety of his motel room exceeded respondent's negligence, if any, as a matter of law.").

Here and as discussed above, Bethea was well aware of the threat Jones posed to her. Bethea did not avail herself of police protection, was out alone after dark, and did not tell anyone at Citi Trends to be on the alert for Jones. Palmetto, on the other hand had no indication there was anything amiss. Given these facts, Bethea was in the better

position to protect herself from the threat posed by Jones and, thus, her negligence necessarily exceeded that of Palmetto as found by the trial court.

In this situation, where the plaintiff's knowledge of a risk exceeds that of the defendant, there can be no liability. 62A Am. Jur. 2d Premises Liability § 709 ("When a defendant's knowledge of the hazard or defect that gave rise to a premises liability claim is equal to or less than that of the plaintiff, the defendant is entitled to summary judgment as a matter of law."); see *Lee v. Food Lion*, 534 S.E.2d 507, 509 (Ga. Ct. App. 2000). The case of *Cook v. Micro Craft, Inc.*, 585 S.E.2d 628 (Ga. Ct. App. 2003) is instructive. There, Anna Cook was killed by her estranged husband, Willie Jackson, in the parking lot of her place of employment. Cook had told her employer she feared her husband was going to kill her once he was out of prison; however, she also told her husband her address and the address of her workplace. Jackson followed Cook to work and, although she had several opportunities to run into the building and get behind locked doors, Cook hid in her vehicle. Jackson then approached the vehicle and stabbed Cook to death. *Id.* at 630-31. In affirming summary judgment for Micro-Craft, the *Cook* court ruled:

Even if an intervening criminal act may have been reasonably foreseeable, however, "the true ground of liability is the *superior knowledge* of the proprietor of the existence of a condition that may subject the invitee to an unreasonable risk of harm." Further, a property owner or occupier is not liable for a plaintiff's injuries caused by a dangerous condition if the plaintiff had equal or superior knowledge of the danger and failed to exercise ordinary care to avoid the danger. Although the issue of a plaintiff's exercise of due diligence for his own safety is ordinarily a question for the jury, it may be summarily adjudicated where the plaintiff's knowledge of the risk is clear and palpable.

*Id.* (citations omitted); see also *Rice v. Six Flags over Ga.*, 572 S.E.2d 322 (Ga. Ct. App. 2002) ("Although the issue of a plaintiff's exercise of due diligence for his own safety is ordinarily a question for the jury, it may be summarily adjudicated where the plaintiff's

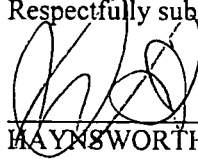
knowledge of the risk is clear and palpable. Where a plaintiff has equal or superior knowledge of a dangerous condition existing on [a property owner's] property, there can be no recovery if the plaintiff fails to exercise reasonable care to avoid the danger.”

The same rule should apply here. Bethea’s knowledge of the risk is undisputed, as is Palmetto’s lack of knowledge. Therefore, the trial court correctly ruled that Bethea’s negligence exceeded Palmetto’s as a matter of law.

#### **CONCLUSION**

Bethea’s injuries are tragic; however, that fact alone is not sufficient to give rise to tort liability in this case. For all of the above reasons, this Court should affirm the trial court’s grant of summary judgment in favor of Palmetto.

Respectfully submitted,



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*Attorneys for Respondent Palmetto  
Properties, Inc.*

August 21, 2014

THE STATE OF SOUTH CAROLINA  
In the Court of Appeals

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APPEAL FROM DILLON COUNTY  
Court of Common Pleas

The Honorable Paul M. Burch, Circuit Court Judge

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Case No. 2012-CP-17-00295

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Ebony Bethea,

Appellant,

v.

Derrick Jones, John Doe,  
Individually and as  
employee/agent of Citi  
Trends, Inc., Citi Trends, Inc.,  
and Palmetto Properties, Inc.,

Of whom Citi Trends, Inc. and  
Palmetto Properties, Inc. are

Respondents.

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**PROOF OF SERVICE**

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I certify I have served the Final Brief of Respondent Palmetto Properties, Inc. and Certificate of Compliance, by depositing a copy of it via U.S. Mail on August 21, 2014, addressed to the attorneys of record for Appellants:

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Respectfully submitted,



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August 21, 2014

**THE STATE OF SOUTH CAROLINA  
In the Court of Appeals**

**APPEAL FROM DILLON COUNTY  
Court of Common Pleas**

The Honorable Paul M. Burch, Circuit Court Judge

Case No. 2012-CP-17-00295

Ebony Bethea..... Appellant,

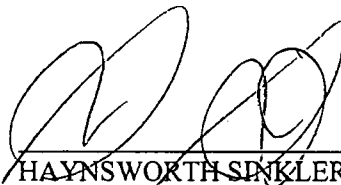
v.

Derrick Jones, John Doe, Individually  
and as employee/agent of Citi Trends, Inc.,  
Citi Trends, Inc., and Palmetto Properties,  
Inc.,

Of whom Citi Trends, Inc. and Palmetto  
Properties, Inc. are ..... Respondents.

**CERTIFICATE OF COMPLIANCE**

I certify that the Final Brief of Respondent in this matter complies with Rule 211(b), SCACR and the April 15, 2014 Order of the South Carolina Supreme Court relating to personal data identifiers.



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August 21, 2014

**THIS OPINION HAS NO PRECEDENTIAL VALUE. IT SHOULD NOT BE  
CITED OR RELIED ON AS PRECEDENT IN ANY PROCEEDING  
EXCEPT AS PROVIDED BY RULE 268(d)(2), SCACR.**

**THE STATE OF SOUTH CAROLINA  
In The Court of Appeals**

Ebony Bethea, Appellant,

v.

Derrick Jones, John Doe, Individually and as  
employee/agent of Citi Trends, Inc., Citi Trends, Inc.,  
and Palmetto Properties, Inc., Defendants,

Of whom Citi Trends, Inc., and Palmetto Properties, Inc.  
are the Respondents.

Appellate Case No. 2014-000332

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Appeal From Dillon County  
Paul M. Burch, Circuit Court Judge

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Unpublished Opinion No. 2015-UP-350  
Heard May 12, 2015 – Filed July 15, 2015

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**AFFIRMED**

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Garbee Griffin and Alina Dudau, both of Baker Ravenel  
& Bender, LLP, of Columbia, for Respondent Citi  
Trends, Inc.

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**PER CURIAM:** In this negligence action, Ebony Bethea argues the circuit court erred in granting summary judgment to Citi Trends, Inc. and Palmetto Properties, Inc. (collectively, the Respondents). Bethea contends (1) the Respondents had a duty to protect her, as an invitee, from foreseeable violent crime; (2) the Respondents proximately caused her injuries; and (3) she was not comparatively negligent. We affirm pursuant to Rule 220(b), SCACR, and the following authorities: *Edwards v. Lexington Cnty. Sheriff's Dep't*, 386 S.C. 285, 290, 688 S.E.2d 125, 128 (2010) (holding an appellate court reviews a grant of summary judgment under the same standard required of the circuit court under Rule 56(c), SCRCP); Rule 56(c), SCRCP (providing the trial court shall grant summary judgment if "there is no genuine issue as to any material fact and . . . the moving party is entitled to a judgment as a matter of law"); *Pye v. Estate of Fox*, 369 S.C. 555, 563, 633 S.E.2d 505, 509 (2006) ("In determining whether any triable issue of fact exists, the evidence and all inferences which can reasonably be drawn therefrom must be viewed in the light most favorable to the nonmoving party."); *Hancock v. Mid-South Mgmt. Co.*, 381 S.C. 326, 330, 673 S.E.2d 801, 803 (2009) (holding in a negligence case, where the burden of proof is a preponderance of the evidence standard, the non-moving party must only submit a mere scintilla of evidence to withstand a motion for summary judgment); *Singleton v. Sherer*, 377 S.C. 185, 200, 659 S.E.2d 196, 204 (Ct. App. 2008) ("To establish negligence in a premises liability action, a plaintiff must prove the following three elements: (1) a duty of care owed by defendant to plaintiff; (2) defendant's breach of that duty by a negligent act or omission; and (3) damage proximately resulting from the breach of duty."); *Bass v. Gopal, Inc.*, 395 S.C. 129, 135, 716 S.E.2d 910, 913 (2011) ("[A] business owner has a duty to take reasonable action to protect its invitees against the *foreseeable* risk of physical harm."); *Jackson v. Swordfish Invs., L.L.C.*, 365 S.C. 608, 613-14, 620 S.E.2d 54, 56-57 (2005) (upholding a grant of summary judgment in a negligence action against a commercial landlord arising out of a shooting which occurred inside a leased premise, and stating, absent an exception, a landlord owes no duty to protect a tenant's customers from the criminal acts of third parties); *Futch v. McAllister Towing of Georgetown, Inc.*, 335 S.C. 598, 613, 518 S.E.2d 591, 598 (1999) (holding appellate courts need not address remaining issues when disposition of prior issue is dispositive).

**AFFIRMED.**

**FEW, C.J., and LOCKEMY and McDONALD, JJ., concur.**