

INCIDENT REPORT

INFORMATION ONLY

CASE NUMBER
2021000331

INQ. ENT'D.
Yes No

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. ASSAULT AND BATTERY THIRD	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DRUG STORE/DOCTOR'S		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst <input type="checkbox"/> Government <input type="checkbox"/> Rellig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
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)
2777 SPEISSEGGER DRIVE, NORTH CHARLESTON, SC

ZIP CODE: 29405 WEAPON TYPE: PERSONAL WEAPON

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	DISPATCH TIME	TIME ARRIVED	DEPART. TIME	LOCATION NO.
01/04/2021	18:50		01/04/2021	20:50	01/04/2021	18:51	18:55	19:45	001

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE): #1 #2 #3

RELATIONSHIP TO SUBJECT: RESIDENT RACE SEX AGE ETH DAYTIME PHONE EVENING PHONE

ADDRESS CITY STATE ZIP CODE LOCATION NO.

VICTIM'S NAME (LAST, FIRST, MIDDLE): #1 #2 #3

RELATIONSHIP TO SUBJECT: RESIDENT RACE SEX AGE ETH DAYTIME PHONE EVENING PHONE

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

ADDRESS CITY STATE ZIP CODE LOCATION NO.

VISIBLE INJURY (VICT:1) YES NO EXPLAIN: Minor COMPLAINT OF ANY NON-VISIBLE INJURES YES NO

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

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

SUSPECT NAME (LAST, FIRST, MIDDLE): SUTHERLAND, JAMAL, EUGENE RACE SEX AGE ETH DATE OF BIRTH HEIGHT WEIGHT HAIR EYES

RUNAWAY FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. RELATED OFFENSE(S) DAYTIME PHONE EVENING PHONE

WANTED ADDRESS CITY STATE ZIP CODE LOCATION NO.

WARRANT

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

JAIL DRUGS: YES NO UNK TYPE: TOTAL # ARRESTED 2

SUMMONS

DAY OF THE WEEK	HOW REPORTED	A= OFFICER DISPATCHED ON CALL	D= COMPLAINT WRITTEN IN	DIFF. FACTOR	A= RESISTANCE/HOSTILITY	E= COMPLAINANT FRE-QUENTLY INTOXICATED
S M T W T F S UNK		B= REPORT TAKEN BY PHONE	E= OFFICER INITIATED		B= WEAPONS	F= DOMESTIC
		C= COMPLAINANT WALKED IN	F= OTHER		C= UNFOUNDED CALLS	N= NORMAL

assault and battery third

On January 4, 2021, Officers responded to 2777 Speissegger Drive, in reference to a physical disturbance in progress. On scene, Officers were met by several staff members who advised that they had two patients who assaulted a staff and two other patients. Officers were advised that in Unit #3 on one side, patient [redacted] who were in the same unit as him. Those patients were identified as [redacted]. [redacted] advised that [redacted] used a closed fist to punch one of the patients. While [redacted] was assaulting one of the patients, another patients stepped in to help. At that time, Mr. [redacted] started assaulting the other patient. On scene, it was not distinguished on who got assaulted first out of [redacted] and Mr. [redacted]. As staff members tried to calm [redacted], the staff advised that on the other side of unit #3 another patient [redacted] became irate, where he started damaging property in the unit. As staff members attempted to gain control of [redacted]

JURISDICTION OF THEFT: LAW ENFORCEMENT AGENCY

JURISDICTION OF RECOVERY: LAW ENFORCEMENT AGENCY

TYPE (GROUP)	TOTAL VALUE
STOLEN	
DAMAGED	
BURNED	
RECOVERED	
SEIZED	

SUBJECT IDENTIFIED YES NO

SUBJECT LOCATED YES NO

S. F. 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 PROSECUTION 3. EXTRADITION DENIED 4. VICTIM DECLINES COOPERATION 5. JUVENILE-NO CUSTODY.

REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
WASHINGTON, A	1/4/2021 6:51:00 PM	223	SHIVERS, SIERRA		88
THOMES, S	1/4/2021 6:51:00 PM	108	FOLLOWUP INVESTIGATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

ADDITIONAL NARRATIVE

Agency Name: NORTH CHARLESTON POLICE DEPARTMENT	ORI #: SC0100800	Report Date/Time: 01/04/2021 18:50	OCA #: 2021000331
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assault and battery third
he tackled one of the staff members [REDACTED] to the ground and physically assaulted him. All three victims sustained minor injuries and were evaluated by EMS personnel. [REDACTED] and [REDACTED] were both arrested for Assault and Battery Third. Mr. [REDACTED] was charged twice with assault and battery third, due to him assaulting two separate patients. Both subjects were transported to The Charleston County Detention Center, where they were both lodged.

BWC was activated.

**INCIDENT REPORT
 ADDITIONAL OTHERS**

PERSON TYPE VICTIM	NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH	
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECUALIARITIES, ETC.				RELATED OFFENSE(S) 13B					
	ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.	DAYTIME PHONE	EVENING PHONE				
VISIBLE INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN-				Minor				COMPLAINT OF ANY NON-VISIBLE INJURIES: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>						
USING: ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input checked="" type="checkbox"/> DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input checked="" type="checkbox"/> TYPE:														

PERSON TYPE SUSPECT	NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH	
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECUALIARITIES, ETC.				RELATED OFFENSE(S) 13B 13B					
	ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.	DAYTIME PHONE	EVENING PHONE				
VISIBLE INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN-								COMPLAINT OF ANY NON-VISIBLE INJURIES: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>						
USING: ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input checked="" type="checkbox"/> DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input checked="" type="checkbox"/> TYPE:														

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AGENCY : NORTH CHARLESTON
 ORI# : SC0100800
 Report Date/Time : 01/04/2021 18:50
 Incident# : 2021000331

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 ADDITIONAL OTHERS**

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	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						RELATED OFFENSE(S)				
	510	180	BLK	BRO							13B 13B				
ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.	DAYTIME PHONE		EVENING PHONE					
					SC										
VISIBLE INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN-												COMPLAINT OF ANY NON-VISIBLE INJURIES: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>			
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