

J. Al Cannon, Jr.
 SHERIFF

2016-011409

INCIDENT REPORT

SC0100000 DISPATCH NUMBER 2016-011409 ORIGINAL CASE NUMBER N/A PAGE 1 OF 3 PAGES

EVENT	INCIDENT TYPE	INCIDENT CODE	COMPLETED	FORCED ENTRY	PREMISE TYPE	TYPE VICTIM
1.	Disturbance	N/A	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Roadway	<input checked="" type="checkbox"/> INDIVIDUAL
2.	N/A	N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	<input type="checkbox"/> BUSINESS
3.	N/A	N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	<input type="checkbox"/> FINANCIAL/INS.
INCIDENT LOCATION: Beachwalker Dr. at Belmeade Hall Kiawah Island SC						<input type="checkbox"/> GOVERNMENT
ZIP CODE: 29455 WEAPON TYPE: None						<input type="checkbox"/> RELIG. ORG.
BEGINNING INCIDENT DATE: 7.23.16 24 HR. CLOCK: 1230						<input type="checkbox"/> SOC./PUB.
ENDING INCIDENT DATE: 7.23.16 24 HR. CLOCK: 1330						<input type="checkbox"/> OTHER
CSP. DATE: 7.23.16 DISP. TIME: 1230 TIME ADVISED: 1236 DEPART TIME: 1330						<input type="checkbox"/> UNKNOWN
NAME: (LAST, FIRST, MIDDLE) Same as victim						<input type="checkbox"/> POLICE OFF.

COMPLAINANT	RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	DOB	ETH
Same as victim	Self	J	W	M	43		N
HEIGHT: 600 WEIGHT: 195 HAIR: BRO EYES: BLU	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. N/A		DRIVERS LIC / ID & STATE		SOCIAL SECURITY #		
ADDRESS # 1679 STREET NAME Pixley St. CITY Charleston STATE SC ZIP CODE 29414	DAY PHONE		EVENING PHONE		H Same H		
OCCUPATION Unknown EMPLOYER Unknown ALIAS Unknown	NIC #		Unknown				

VICTIM #1

SUBJ. I.D.	NAME: (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	DOB	ETH
<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # <input checked="" type="checkbox"/> SUSPECT # <input checked="" type="checkbox"/> SUBJECT # 1 <input type="checkbox"/> WITNESS # <input type="checkbox"/> WANTED <input type="checkbox"/> WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/> RUNAWAY <input type="checkbox"/> MISSING PERSON	Leber, Matthew, Wayne	Self	J	W	M	43		N
HEIGHT: 600 WEIGHT: 195 HAIR: BRO EYES: BLU	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. N/A		DRIVERS LIC / ID & STATE		SOCIAL SECURITY #			
ADDRESS # 1679 STREET NAME Pixley St. CITY Charleston STATE SC ZIP CODE 29414	DAY PHONE		EVENING PHONE		H Same H			
<input type="checkbox"/> VEHICLE INJURY <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> COMPLAINT OF NON-VISIBLE SCARS <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> USING ALCOHOL <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK.		<input type="checkbox"/> TWO-WHEEL VEHICLE <input type="checkbox"/> DETAILING SPANIT <input type="checkbox"/> ALONE		<input type="checkbox"/> DREAMY VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED	
EXPLAIN N/A	OCCUPATION Unknown EMPLOYER Unknown ALIAS Unknown		NIC #		Unknown			

(A) CHARGE N/A	(C) CHARGE N/A
(B) CHARGE N/A	(D) CHARGE N/A

(Kiawah) Kiawah Security requested me to respond to incident location in reference to an injured dog that jumped from the bed of a pickup truck. Upon arrival, I met with [redacted] (complainant) who stated she approached M. Leber and S. Leber (subjects 1&2) to make sure their dog was ok. [redacted] stated she was met with harsh language from both subjects and that S. Leber pushed her. [redacted] stated that the dog appeared to be injured and wanted me to check to see if it was ok. [redacted] stated she did not want to press any charges in reference to the alleged assault. I was advised that the Lebers were being held at the gate of the county park. I met with the Lebers who were waiting for me near the county park. S. Leber appeared to be irritated and annoyed by the incident. S. Leber took an aggressive position when speaking. M. Leber stepped in to calm her down and explained to me what...

ORIGINAL COPY

PROPERTY EST.	TYPE (GROUP)	VALUE	TOTAL VALUE	JURISDICTION OF TROPIC LAW ENFORCEMENT AGENCY
STOLEN	N/A	N/A		N/A
DAMAGED	N/A	N/A		
BURNED	N/A	N/A		
RECOVERED	N/A	N/A		
SEIZED	N/A	N/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
		<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 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: Harrison, MShaka Dep	DATE: 7.23.16	BADGE NUMBER: 9312	APPROVING OFFICER: Cooke, K. Lt. Y/C	DATE: 07-29-16
Phillips, James Dep	DATE: 7.23.16	BADGE NUMBER: 8712	FOLLOWUP INVESTIGATION: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	N/A