

# INCIDENT REPORT

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. TRAIN ACCIDENT 902 INJURY; NATURAL DEATH; DRUG OVERDOSE; ETC	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Park/Playground		<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) 141 N CLEVELAND PARK DR, Spartanburg, SC				ZIP CODE 29303-	WEAPON TYPE
INCIDENT DATE 03/19/2011	24 HR. CLOCK 13:03	TO	DATE 03/19/2011	24 HR. CLOCK 15:02	LOCATION NO. 1

DISPATCH DATE/TIME 24 HR. CLOCK DISP. DATE: 03/19/2011 DISP. TIME: 13:03 TIME ARRIVED: 13:10 DEPART. TIME: 16:00	COMPLAINANT'S NAME (LAST, FIRST, MIDDLE) BROWN, CHRISTOPHER, DEAL	RELATIONSHIP TO SUBJECT #1 #2 #3	RESIDENT S	RACE W	SEX M	AGE 24 /	ETH N	DAYTIME PHONE 864-706-6359	EVENING PHONE 864-562-4150
ADDRESS 234 COOL WATER CT	CITY BOILING SPRINGS	STATE SC	ZIP CODE 29316-	LOCATION NO.					

VICTIM'S NAME (LAST, FIRST, MIDDLE) HEWITT, ANAHI	RELATIONSHIP TO SUBJECT #1 #2 #3	RESIDENT S	RACE W	SEX F	AGE 9 /	ETH N	DAYTIME PHONE 864-279-1461	EVENING PHONE
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				
ADDRESS 551 OLD FURNACE RD	CITY SPARTANBURG	STATE SC	ZIP CODE 29316-	LOCATION NO.				

VISIBLE INJURY (VCT.1)  YES  NO  EXPLAIN- Other  COMPLAINT OF ANY NON-VISIBLE INJURIES:  YES  NO

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

TWO MAN VEH.  ONE MAN VEH.  DETECTIVE/SPASMT.  OTHER  ALONE  ASSISTED

\*J-This Jurisdiction. S-State. O-Out of State. U-Unknown.

SUSPECT	NAME (LAST, FIRST, MIDDLE)	RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES				
<input type="checkbox"/> RUNAWAY				/										
<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						DAYTIME PHONE	EVENING PHONE						
<input type="checkbox"/> WARRANT														
<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 type="checkbox"/> UNK. <input type="checkbox"/>		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		DATE/TIME OF OFFENSE	DATE/TIME OF ARREST								
<input type="checkbox"/> SUMMONS	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> TYPE:		TOTAL # ARRESTED											
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	C= UNFOUNDED CALLS	F= DOMESTIC	N= NORMAL
										C= COMPLAINANT WALKED IN F= OTHER	D= MENTAL SUBJECT			

ORIGINAL - SPURGEON, R

ON 03-19-11, R/O WAS ON ROUTINE PATROL ON FERNWOOD GLENDALE RD BEFORE BEING DISPATCHED TO 141 N CLEVELAND PARK DR. IN REFERENCE TO AN ACCIDENT INVOLVING THE TRAIN AT CLEVELAND PARK WITH ENTRAPMENT. R/O RESPONDED EMERGENCY RESPONSE AND UPON ARRIVAL, R/O INITIALLY WENT TO THE TRACKS NEAREST THE ASHVILLE HWY. SIDE. UPON ARRIVAL, R/O OBSERVED NUMEROUS EMS PERSONNEL AND FIRE PERSONNEL ASSISTING WITH HELPING THE INJURED THAT WERE INVOLVED IN THE ACCIDENT. SGT. FOSTER THEN INSTRUCTED POLICE PERSONNEL TO ASSIST IN RENDERING AID TO THE VICTIMS AND TO GATHER AS MUCH WITNESS INFORMATION AS POSSIBLE.

R/O INSTRUCTED OFFICER BROWN AND MPO HEARST TO SET UP AT SHELTER ONE IN THE PARK TO GET POSSIBLE WITNESS

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
TYPE (GROUP)			TOTAL VALUE
STOLEN			0
DAMAGED			0
BURNED			0
RECOVERED			0
SEIZED			0

SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SUBJECT LOCATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	S. F. <input type="checkbox"/>	<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) SPURGEON, R A	DATE 3/19/2011 1:03:00 PM	UNIT NUMBER 0118	APPROVING OFFICER FOSTER, WM	DATE 3/19/2011 1:03:00 PM	UNIT NUMBER 0055
FOLLOWUP INVESTIGATION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					

# ADDITIONAL NARRATIVE

Agency Name: SPARTANBURG PUBLIC SAFETY DEPARTMENT	ORI #: SC0420100	Report Date/Time:	OCA #: 03057011
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INFORMATION.

R/O THEN SPOKE WITH CHRIS BROWN AN EMPLOYEE AT THE PARK. HE STATED THAT THE TRAIN CONDUCTOR WAS NEAR THE ENTRANCE OF THE TRAIN DEPOT AND HE WAS THE ONE DRIVING THE TRAIN.

R/O THEN TRIED TO GATHER ADDITIONAL WITNESSES.

EACH OFFICER SPOKE WITH VARIOUS WITNESSES AND WILL BE DOCUMENTED IN THEIR SUPPLEMENTALS. VICTIMS WILL BE LISTED IN EACH OFFICER'S SUPPLEMENTALS ALSO.

REVIEWED BY SGT. G. BROWN 03-19-2011.

AGENCY : SPARTANBURG PUBLIC  
 ORI # :  
 Report Date/Time : 03/19/2011 13:03  
 Incident # : 03057011

## INCIDENT REPORT ADDITIONAL OTHERS

PERSON TYPE	NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH
		#1	#2	#3						
	RAVAN, LUCAS, TRAVIS				O	W	M	30 /	10/1/1980	N

Witness	HEIGHT	509	WEIGHT	210	HAIR		EYES		FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						
	ADDRESS									CITY		STATE	ZIP CODE	LOCATION NO.	DAYTIME PHONE
100 HUNTERS TRL									TRYON		NC	28782-		864-431-2938	828-894-8928
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 type="checkbox"/>										DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> TYPE:					

PERSON TYPE Witness	NAME (LAST, FIRST, MIDDLE) DEICHMAN, WILLIAM, B								RELATIONSHIP SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH
	HEIGHT	601	WEIGHT		HAIR	BROW	EYES	BROW	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.	#1	#2	#3	S	W	M	24 /	9/14/1986
ADDRESS									CITY		STATE	ZIP CODE	LOCATION NO.	DAYTIME PHONE	EVENING PHONE		
141 ANTRIM AVE									MOORE		SC	29369-		864-415-2376			
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 type="checkbox"/>										DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> TYPE:							

PERSON TYPE Witness	NAME (LAST, FIRST, MIDDLE) HOWELL, HERMAN								RELATIONSHIP SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH
	HEIGHT		WEIGHT		HAIR	BLACK	EYES	BROW	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.	#1	#2	#3	J	B	M	63 /	8/3/1947
ADDRESS									CITY		STATE	ZIP CODE	LOCATION NO.	DAYTIME PHONE	EVENING PHONE		
133 S CLEVELAND PARK DR									Spartanburg		SC	29303-	1	864-597-1459	800-922-7101		
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 type="checkbox"/>										DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> TYPE:							

PERSON TYPE Other	NAME (LAST, FIRST, MIDDLE) CONRAD, MATTHEW, MARK								RELATIONSHIP SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH
	HEIGHT	509	WEIGHT	214	HAIR	BROW	EYES	BROW	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. Glasses	#1	#2	#3	S	W	M	42 /	1/8/1969
ADDRESS									CITY		STATE	ZIP CODE	LOCATION NO.	DAYTIME PHONE	EVENING PHONE		
23 GARY AVE									TAYLORS		SC	29687-	1	--	--		
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 type="checkbox"/>										DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> TYPE:							

PERSON TYPE Witness	NAME (LAST, FIRST, MIDDLE) WEAVER, PATRICK, JOHN								RELATIONSHIP SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH
	HEIGHT	511	WEIGHT	210	HAIR	BROW	EYES	BROW	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.	#1	#2	#3	S	W	M	36 /	4/20/1974
ADDRESS									CITY		STATE	ZIP CODE	LOCATION NO.	DAYTIME PHONE	EVENING PHONE		
333 SWAMP FOX RD									SPARTANBURG		SC	29306-					
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 type="checkbox"/>										DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> TYPE:							

PERSON TYPE Witness	NAME (LAST, FIRST, MIDDLE) MULDERIG, JAMES								RELATIONSHIP SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH
	HEIGHT		WEIGHT		HAIR		EYES		FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. Glasses	#1	#2	#3	O	W	M	52 /	9/17/1958
ADDRESS									CITY		STATE	ZIP CODE	LOCATION NO.	DAYTIME PHONE	EVENING PHONE		
1315 PENIEL RD									COLUMBUS		NC	28722-		828-817-3417	--		
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 type="checkbox"/>										DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> TYPE:							

AGENCY : SPARTANBURG PUBLIC  
 ORI # :  
 Report Date/Time : 03/19/2011 13:03  
 Incident # : 03057011

**INCIDENT REPORT  
 ADDITIONAL OTHERS**

PERSON TYPE	NAME (LAST, FIRST, MIDDLE) DEPRA, ROGER								RELATIONSHIP SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH
	HEIGHT		WEIGHT		HAIR		EYES		FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.	#1	#2	#3	S	W	M	38 /	4/5/1972

Witness	ADDRESS 2727 BRIMSTONE LN	CITY Spartanburg	STATE SC	ZIP CODE 29301-	LOCATION NO.	DAYTIME PHONE 864-587-1886	EVENING PHONE --
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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 type="checkbox"/> DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> TYPE:	

PERSON TYPE VICTIM	NAME (LAST, FIRST, MIDDLE) SWAINPHARNE, AIDEN				RELATIONSHIP SUBJECT #1 #2 #3			RESIDENT	RACE W	SEX M	AGE 3 /	D.O.B.	ETH
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.								
	ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.	DAYTIME PHONE	EVENING PHONE			
623 KNEEWOOD CT				BOILING SPRINGS	SC	29316-		864-909-0048					
VISIBLE INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN-				Other				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 type="checkbox"/> DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> TYPE:													

PERSON TYPE VICTIM	NAME (LAST, FIRST, MIDDLE) HARRIS, MORGAN				RELATIONSHIP SUBJECT #1 #2 #3			RESIDENT J	RACE W	SEX M	AGE 5 /	D.O.B.	ETH N
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.								
	ADDRESS 623 KNEEWOOD CT				CITY BOILING SPRINGS	STATE SC	ZIP CODE 29316-	LOCATION NO.	DAYTIME PHONE 864-909-0048	EVENING PHONE			
623 KNEEWOOD CT				BOILING SPRINGS	SC	29316-		864-909-0048					
VISIBLE INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN-				Other				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 type="checkbox"/> DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> TYPE:													

PERSON TYPE VICTIM	NAME (LAST, FIRST, MIDDLE) HARRIS, CAMDEN				RELATIONSHIP SUBJECT #1 #2 #3			RESIDENT S	RACE W	SEX M	AGE 9 /	D.O.B.	ETH N
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.								
	ADDRESS 623 KNEEWOOD CT				CITY BOILING SPRINGS	STATE SC	ZIP CODE 29316-	LOCATION NO.	DAYTIME PHONE 864-909-0048	EVENING PHONE			
623 KNEEWOOD CT				BOILING SPRINGS	SC	29316-		864-909-0048					
VISIBLE INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN-				Other				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 type="checkbox"/> DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> TYPE:													

PERSON TYPE VICTIM	NAME (LAST, FIRST, MIDDLE) WOODRUFF, BEVERLY, ANN				RELATIONSHIP SUBJECT #1 #2 #3			RESIDENT S	RACE B	SEX F	AGE 54 /	D.O.B. 11/12/1956	ETH N
	HEIGHT	WEIGHT	HAIR BLACK	EYES BROW	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.								
	ADDRESS 435 ASPENCREEK CIR 102				CITY SPARTANBURG	STATE SC	ZIP CODE 29301-	LOCATION NO.	DAYTIME PHONE	EVENING PHONE			
435 ASPENCREEK CIR 102				SPARTANBURG	SC	29301-							
VISIBLE INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN-				Other				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 type="checkbox"/> DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> TYPE:													

PERSON TYPE VICTIM	NAME (LAST, FIRST, MIDDLE) GAFFNEY, ERIC				RELATIONSHIP SUBJECT #1 #2 #3			RESIDENT S	RACE B	SEX M	AGE 2 /	D.O.B. 1/15/2009	ETH N
	HEIGHT	WEIGHT	HAIR BLACK	EYES BROW	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.								
	ADDRESS 435 ASPENCREEK CIR 102				CITY SPARTANBURG	STATE SC	ZIP CODE 29301-	LOCATION NO.	DAYTIME PHONE 864-357-7708	EVENING PHONE			
435 ASPENCREEK CIR 102				SPARTANBURG	SC	29301-		864-357-7708					
VISIBLE INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN-				Other				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 type="checkbox"/> DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> TYPE:													

AGENCY : SPARTANBURG PUBLIC  
 ORI # :  
 Report Date/Time : 03/19/2011 13:03  
 Incident # : 03057011

**INCIDENT REPORT  
 ADDITIONAL OTHERS**

PERSON TYPE VICTIM	NAME (LAST, FIRST, MIDDLE) EASLER, BENJAMIN				RELATIONSHIP SUBJECT #1 #2 #3			RESIDENT S	RACE W	SEX M	AGE 6 /	D.O.B.	ETH N
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.								
	ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.	DAYTIME PHONE	EVENING PHONE			

187 CORINTH RD			GAFFNEY			SC	29340-				<input type="checkbox"/> H <input type="checkbox"/> B
VISIBLE INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN- Other						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 type="checkbox"/>						DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> TYPE:					

PERSON TYPE VICTIM	NAME (LAST, FIRST, MIDDLE) EASLER, MATTHEW					RELATIONSHIP SUBJECT #1 #2 #3			RESIDENT S	RACE W	SEX M	AGE 8 /	D.O.B.	ETH N
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.									
	ADDRESS 187 CORINTH RD			CITY GAFFNEY	STATE SC	ZIP CODE 29340-	LOCATION NO.	DAYTIME PHONE	EVENING PHONE					
VISIBLE INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN- Other						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 type="checkbox"/>						DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> TYPE:								

PERSON TYPE VICTIM	NAME (LAST, FIRST, MIDDLE) EASLER, SETH					RELATIONSHIP SUBJECT #1 #2 #3			RESIDENT S	RACE W	SEX M	AGE /	D.O.B.	ETH N
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.									
	ADDRESS 187 CORINTH RD			CITY GAFFNEY	STATE SC	ZIP CODE 29340-	LOCATION NO.	DAYTIME PHONE	EVENING PHONE					
VISIBLE INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN- Other						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 type="checkbox"/>						DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> TYPE:								

PERSON TYPE VICTIM	NAME (LAST, FIRST, MIDDLE) EASLER, DWIGHT, MOODY, JR					RELATIONSHIP SUBJECT #1 #2 #3			RESIDENT S	RACE W	SEX M	AGE 38 /	D.O.B. 8/15/1972	ETH N
	HEIGHT	WEIGHT	HAIR BROW	EYES BLUE	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.									
	ADDRESS 187 CORINTH RD			CITY GAFFNEY	STATE SC	ZIP CODE 29340-	LOCATION NO.	DAYTIME PHONE 864-489-8489	EVENING PHONE					
VISIBLE INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN- Other						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 type="checkbox"/>						DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> TYPE:								

PERSON TYPE VICTIM	NAME (LAST, FIRST, MIDDLE) EASLER, TABITHA, REECE					RELATIONSHIP SUBJECT #1 #2 #3			RESIDENT S	RACE W	SEX F	AGE 39 /	D.O.B. 2/3/1972	ETH N
	HEIGHT	WEIGHT	HAIR BROW	EYES HAZEL	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.									
	ADDRESS 187 CORINTH RD			CITY GAFFNEY	STATE SC	ZIP CODE 29340-	LOCATION NO.	DAYTIME PHONE 864-489-8489	EVENING PHONE					
VISIBLE INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN- Other						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 type="checkbox"/>						DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> TYPE:								

PERSON TYPE VICTIM	NAME (LAST, FIRST, MIDDLE) HARRIS, TIMOTHY, BROOKS, SR					RELATIONSHIP SUBJECT #1 #2 #3			RESIDENT S	RACE W	SEX M	AGE 29 /	D.O.B. 5/8/1981	ETH N
	HEIGHT	WEIGHT	HAIR BROW	EYES BROW	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.									
	ADDRESS 408 SARRATT SCHOOL RD			CITY GAFFNEY	STATE SC	ZIP CODE 29341-	LOCATION NO.	DAYTIME PHONE 864-504-8700	EVENING PHONE					
VISIBLE INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN- Other						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 type="checkbox"/>						DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> TYPE:								

AGENCY : SPARTANBURG PUBLIC  
 ORI # :  
 Report Date/Time : 03/19/2011 13:03  
 Incident # : 03057011

### INCIDENT REPORT ADDITIONAL OTHERS

PERSON TYPE VICTIM	NAME (LAST, FIRST, MIDDLE) HARRIS, TASHA					RELATIONSHIP SUBJECT #1 #2 #3			RESIDENT S	RACE W	SEX F	AGE 9 /	D.O.B.	ETH N
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.									
	ADDRESS 408 SARRATT SCHOOL RD			CITY GAFFNEY	STATE SC	ZIP CODE 29341-	LOCATION NO.	DAYTIME PHONE 864-504-8700	EVENING PHONE					
VISIBLE INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN- Other						COMPLAINT OF ANY NON-VISIBLE INJURIES: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>								

PERSON TYPE VICTIM	NAME (LAST, FIRST, MIDDLE) HARRIS, TIMOTHY, JR					RELATIONSHIP SUBJECT #1 #2 #3			RESIDENT S	RACE W	SEX M	AGE 5 /	D.O.B.	ETH N
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECUALIARITIES, ETC.									
	ADDRESS 408 SARRATT SCHOOL RD				CITY GAFFNEY	STATE SC	ZIP CODE 29341-	LOCATION NO.	DAYTIME PHONE 864-504-8700		EVENING PHONE			
VISIBLE INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN- Other												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 type="checkbox"/> DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> TYPE:														

PERSON TYPE VICTIM	NAME (LAST, FIRST, MIDDLE) HARRIS, BRYSON					RELATIONSHIP SUBJECT #1 #2 #3			RESIDENT S	RACE W	SEX M	AGE 3 /	D.O.B.	ETH N
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECUALIARITIES, ETC.									
	ADDRESS 408 SARRATT SCHOOL RD				CITY GAFFNEY	STATE SC	ZIP CODE 29341-	LOCATION NO.	DAYTIME PHONE 864-504-8700		EVENING PHONE			
VISIBLE INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN- Other												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 type="checkbox"/> DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> TYPE:														

PERSON TYPE VICTIM	NAME (LAST, FIRST, MIDDLE) AUDI, CALHOUN					RELATIONSHIP SUBJECT #1 #2 #3			RESIDENT U	RACE W	SEX F	AGE 26 /	D.O.B.	ETH N
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECUALIARITIES, ETC.									
	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- Other												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 type="checkbox"/> DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> TYPE:														

PERSON TYPE VICTIM	NAME (LAST, FIRST, MIDDLE) BULLOCK, KAYLA					RELATIONSHIP SUBJECT #1 #2 #3			RESIDENT U	RACE W	SEX F	AGE 11 /	D.O.B.	ETH N
	HEIGHT	WEIGHT	HAIR BLOND	EYES BLUE	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECUALIARITIES, ETC.									
	ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.	DAYTIME PHONE 864-490-2016		EVENING PHONE			
VISIBLE INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN- Other												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 type="checkbox"/> DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> TYPE:														

PERSON TYPE VICTIM	NAME (LAST, FIRST, MIDDLE) BURGESS, ANNABELLE					RELATIONSHIP SUBJECT #1 #2 #3			RESIDENT U	RACE W	SEX F	AGE 9 /	D.O.B.	ETH N
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECUALIARITIES, ETC.									
	ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.	DAYTIME PHONE 864-487-0374		EVENING PHONE			
VISIBLE INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN- Other												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 type="checkbox"/> DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> TYPE:														

AGENCY : SPARTANBURG PUBLIC  
 ORI # :  
 Report Date/Time : 03/19/2011 13:03  
 Incident # : 03057011

**INCIDENT REPORT  
 ADDITIONAL OTHERS**

PERSON TYPE VICTIM	NAME (LAST, FIRST, MIDDLE) BURGESS, TREY					RELATIONSHIP SUBJECT #1 #2 #3			RESIDENT U	RACE W	SEX M	AGE 7 /	D.O.B.	ETH N
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECUALIARITIES, ETC.									
	ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.	DAYTIME PHONE 864-487-0374		EVENING PHONE			
VISIBLE INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN- Other												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 type="checkbox"/> DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> TYPE:														

PERSON TYPE VICTIM	CHARLEY, JADEN				U										F	3 /
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECUALIARITIES, ETC.											
ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.	DAYTIME PHONE	EVENING PHONE		H	B				
VISIBLE INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN- Other											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 type="checkbox"/>											DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> TYPE:					

PERSON TYPE VICTIM	NAME (LAST, FIRST, MIDDLE) MORRISON, RODNEY				RELATIONSHIP SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH	
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECUALIARITIES, ETC.									
ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.	DAYTIME PHONE	EVENING PHONE		H	B		
VISIBLE INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN- Other											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 type="checkbox"/>											DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> TYPE:			

PERSON TYPE VICTIM	NAME (LAST, FIRST, MIDDLE) LANNING, DEBORAH				RELATIONSHIP SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH	
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECUALIARITIES, ETC.									
ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.	DAYTIME PHONE	EVENING PHONE		H	B		
VISIBLE INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN- Other											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 type="checkbox"/>											DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> TYPE:			

PERSON TYPE VICTIM	NAME (LAST, FIRST, MIDDLE) BROWN, JASMINE				RELATIONSHIP SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH	
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECUALIARITIES, ETC.									
ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.	DAYTIME PHONE	EVENING PHONE		H	B		
VISIBLE INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN- Other											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 type="checkbox"/>											DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> TYPE:			

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.									
ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.	DAYTIME PHONE	EVENING PHONE		H	B		
VISIBLE INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN- Other											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 type="checkbox"/>											DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> TYPE:			

# ADDITIONAL NARRATIVE

Agency Name: SPARTANBURG PUBLIC SAFETY DEPARTMENT	ORI #: SC0420100	Report Date/Time:	OCA #: 03057011
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SUPPLEMENTAL - ROBINSON,C

ON 03/19/2011 AT APPROX 1303 HRS I, OFFICER ROBINSON RESPONDED TO 141 N CLEVELAND PARK DR IN REFERENCE TO THE TRAIN BEING DERAILED AT PARK. UPON ARRIVAL I OBSERVED MULTIPLE EMERGENCY SERVICE UNITS ALREADY ON SCENE. I HELPED EMS AND FIRE ATTEND TO INJURED CITIZENS BY HELPING CARRYING STRETCHERS AND EQUIPMENT TO AND FROM EMERGENCY SERVICES VEHICLES. I SPOKE WITH SEVERAL WITNESSES AND WROTE DOWN THEIR INFO AND PLACED IT INTO EVIDENCE. LT B. MICHAELS DIRECTED ME TO STAY WITH THE TRAIN CONDUCTOR, MR MATTHEW MARK CONRAD(W/M DOB 01/08/1969). I RODE WITH MR CONRAD IN THE AMBULANCE TO SPARTANBURG REGIONAL WHERE HE WAS SEEN FOR HIS INJURIES. MR CONRAD WAS VISUALLY SHAKEN UP AND UPSET FROM THE INCIDENT. WHILE ON THE AMBULANCE RIDE TO SPARTANBURG REGIONAL, MR CONRAD KEPT STATING HE KNEW BETTER THAN TO DRIVE THE TRAIN THAT FAST. MR CONRAD STATED AGAIN BEFORE WE GOT TO THE HOSPITAL. "I WAS GOING TOO [REDACTED] FAST." I STAYED WITH MR CONRAD THE ENTIRE TIME HE WAS BEING SEEN AT SPARTANBURG REGIONAL. WHILE AT SPARTANBURG REGIONAL MR CONRAD STATED HE DID NOT KNOW HOW HE WAS GOING TO LIVE WITH HIMSELF OR HOW HE COULD GO ON LIVING. MR CONRAD STATED MULTIPLE AND VARIOUS TIMES THROUGHOUT THE TIME HE WAS AT SPARTANBURG REGIONAL THAT HE WAS GOING TO FAST. MR CONRAD STATED TO ME WITHOUT BEING QUESTION OR ASKED THAT HE WOULD GO SLOW ON THE FIRST LAP, GO A BIT FASTER ON THE SECOND LAP AND IT WAS ON THE THIRD LAP AROUND THE TRACK WHEN HE "OPENED IT UP" TO GO FASTER. MR CONRAD SAID THAT WHEN HE CROSSED ONTO THE BRIDGE HE FELT THE BACK END OF THE ENGINE COME OFF THE TRACK AND THE NEXT THING HE KNEW HE WAS OFF THE RAILS AND INTO THE CREEK. MR CONRAD SAID ONCE HE GAINED HIS COMPOSURE HE STARTED TO HELP THE INJURED RIDERS. MR CONRAD CHANGED CLOTHING AT THE HOSPITAL BEFORE THE HOSPITAL FINISHED UP THEIR TREATMENT OF HIM. I TOOK POSSESSION OF MR CONRAD'S CLOTHING AND PLACED THEM INTO EVIDENCE. ONCE THE HOSPITAL RELEASED MR CONRAD INVESTIGATOR HURNE TOOK HIM TO CITY HALL AND I RETURNED TO THE PARK TO RELIEVE OTHER OFFICERS AND HELP SECURE THE SCENE.



# ADDITIONAL NARRATIVE

Agency Name: SPARTANBURG PUBLIC SAFETY DEPARTMENT	ORI #: SC0420100	Report Date/Time:	OCA #: 03057011
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SUPPLEMENTAL-MOORE

ON 03-19-11 AT 1400 HRS I WAS CALLED IN BY LT MICHELS TO ASSIST WITH THE TRAIN DERAILMENT AT CLEVELAND PARK. I ARRIVED AND ASSISTED IN SECURING THE CRIME SCENE OF THE INCIDENT. UNTIL AROUND 1900 HRS.

# ADDITIONAL NARRATIVE

Agency Name: SPARTANBURG PUBLIC SAFETY DEPARTMENT	ORI #: SC0420100	Report Date/Time:	OCA #: 03057011
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## SUPPLEMENTAL - SGT WM FOSTER

AT 1303 HOURS ON 19 MAR 2011 I, SGT WILLIAM FOSTER, RESPONDED TO CLEVELAND PARK IN REFERENCE TO THE REPORT OF A TRAIN DERAILMENT WITH MULTIPLE INJURIES. MPO HEARST, MPO SPURGEON, SPO BOGGS, AND PSO ROBINSON ALSO RESPONDED TO THE SCENE. OFFICERS ARRIVED ON SCENE AT 1310 HOURS. UPON ARRIVAL, I FOUND AN EMS UNIT AND A SPSD FIRE UNIT ON SCENE.

I IMMEDIATELY MOVED TO THE TRAIN AREA AND STARTED TO ASSIST EMS AND FIRE PERSONNEL WITH MULTIPLE VICTIMS. I COORDINATED WITH THE EMS SUPERVISOR ON SCENE. I COORDINATED WITH THE SPSD FIRE COMMANDER ON SCENE. I DIRECTED OFFICERS TO ASSIST WITH VICTIMS ON SCENE. WE WORKED TO BEGIN EVACUATING THE MOST SERIOUSLY INJURED CHILDREN AND ADULTS. WE EVACUATED 27 VICTIMS FROM THE SCENE.

I DIRECTED OFFICERS TO SECURE THE SCENE. I DIRECTED MPO SPURGEON TO SECURE THE TRAIN CONDUCTOR AND ENSURE HE RECEIVED A MEDICAL ASSESSMENT. PSO ROBINSON AND MPO HEARST SECURED WITNESSES. I DIRECTED THAT A CONTROL POINT BE ESTABLISHED AT GAZEBO STATION 1. WITNESSES AND VICTIMS WERE IDENTIFIED FOR FUTURE INTERVIEWS. I DIRECTED THE CLOSURE OF ASHEVILLE HIGHWAY NORTH AND SOUTH BOUND LANES TO SECURE THE CLEVELAND PARK AREA. SPO BOGGS ESTABLISHED A ROAD BLOCK AT ASHEVILLE HIGHWAY AND CHAPEL ST. SCSO DEPUTIES ESTABLISHED A ROAD BLOCK ON ASHEVILLE HIGHWAY NORTH OF CLEVELAND PARK.

WE SECURED THE SCENE AND LOCATED WITNESSES. WE CONTROLLED TRAFFIC FLOW AND REDIRECTED TRAFFIC. WE SUPPORTED EMS AND FIRE PERSONNEL WITH THEIR DUTIES.

I REQUESTED FORENSICS PERSONNEL TRAFFIC PERSONNEL ON CALL TO RESPOND TO THE SCENE. I NOTIFIED COL KINDALL AND CPT LITTLEJOHN OF THE SITUATION. BOTH THE COL AND THE CPT RESPONDED TO THE SCENE. CPT HARDY RESPONDED TO THE SCENE. SCSO DEPUTIES RESPONDED TO THE SCENE.

I CALLED ADDITIONAL B PLATOON PERSONNEL TO THE SCENE. ALL DEPUTIES ON TRAFFIC CONTROL POINTS WERE RELEASED. OFFICERS MAINTAINED CONTROL OF THE SCENE AND TRAFFIC CONTROL POINTS UNTIL 1800 HOURS ON 19 MAR 11. B PLATOON PERSONNEL WERE RELEASED FROM THE SCENE AT 1800 HOURS.