

# INCIDENT REPORT

INC. Yes	ENTD. No
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INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 110 FORCIBLE FONDLING	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	RESIDENCE/HOME		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial <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)  
Rivertowne Subdivision, ACE AREA 6, SC

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISP. DATE	DISP. TIME	DISPATCH DATE/TIME 24 HR. CLOCK	TIME ARRIVED	DEPART. TIME	LOCATION NO.
07/01/2005	00:01		04/01/2007	00:01	04/17/2007	18:24		18:28	18:00	882

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE
	#1 #2 #3							

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

HEIGHT WEIGHT HAIR EYES FACIAL HAIR, SCARS, TATTOOS, 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. TYPE. COMPLAINT OF ANY NON-VISIBLE INJURIES  YES  NO

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	NAME (LAST, FIRST, MIDDLE)	RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
	Coldwell, Leonard	W	M	49 /	N	01/28/1958	508	170	BROW	BROWN

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

WARRANT <input type="checkbox"/>	ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
	1150 Hungryneck Blvd, C-112	MOUNT PLEASANT	SC	29464-	

JAIL <input type="checkbox"/>	SUMMONS <input type="checkbox"/>	SUBJECT (NO. 1) USING ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. <input type="checkbox"/>	ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	DATE/TIME OF OFFENSE	DATE/TIME OF ARREST
		DRUGS <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. <input type="checkbox"/> TYPE	TOTAL # ARRESTED	07/01/2005 12:01:00 AM	

DAY OF THE WEEK	HOW REPORTED	A= OFFICER DISPATCHED ON CALL	D= COMPLAINT WRITTEN IN	DIFF. FACTOR	A= RESISTANCE/HOSTILITY	E= COMPLAINTANT 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

### Fondling - Rivertowne

On April 17, 2007 at 1628 hours I responded to the lobby of the Mount Pleasant Police Station in reference to a report of suspicious activity. Upon my arrival I met with the complainants [redacted]. They both stated that the same incident happened to them. I asked them what the incident was and [redacted] stated that Mr. Coldwell, the suspect, is claiming to be a doctor and told her that she had cancer. She went to several treatments in his home which was in Rivertowne but that he has now since moved to Meridian Apartments off of Park West Blvd. During one of the sessions in which he was treating her he touched her breasts inappropriately and then placed his penis in her had. He then warned her not to tell her husband. I then asked [redacted] what had happened to her and she replied the same thing but more. I asked both women when it happened and [redacted] stated July 2005 and [redacted] stated July 2006. I then asked [redacted] what more had happened and said that she wanted a few minutes to get

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY	JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY
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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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO	S. F. <input type="checkbox"/>	<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED <input type="checkbox"/> UNFOUNDED	ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18
				ARRESTED 18 AND OVER <input type="checkbox"/> EX-CLEAR 18 AND OVER <input type="checkbox"/>

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
Wilson, Robert	04/17/2007 4:20:00	2422	<i>W.C. Mauldin</i>	4-21-07	9605
			FOLLOWUP INVESTIGATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

# ADDITIONAL NARRATIVE

Agency Name: Mount Pleasant Police Department	ORI #: SC0100300	Report Date/Time: 07/01/2005 12:01:00 AM	OCA #: 2007-P-04652
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er thoughts together. They both also stated that they did not report the incident because they were in fear for their safety but that they learned e was out of the country and wouldn't be back for a week so they went to the police. At that time I notified CID and Det. Willis then came into the room. I informed him of what the situation was and at that point he stated he would take over. Det. Willis took statements from both women. This case is now forwarded to CID for further investigation, nothing further.