

INCIDENT REPORT

SC0100000		DISPATCH NUMBER 2016-001362		ORIGINAL CASE NUMBER		PAGE 1 OF 2 PAGES		NCIC ENTRY		SHERIFF		INQ.		ENT.		
EVENT	INCIDENT TYPE 1. Death Investigation/Shooting incident				INCIDENT CODE		COMPLETED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		FORCED ENTRY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PREMISE TYPE Business		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. ORG. <input type="checkbox"/> SOC./PUB. <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: 608 Savage Rd. Charleston, SC				ZIP CODE 29414		WEAPON TYPE Firearm									
COMPLAINANT	BEGINNING INCIDENT DATE 01/15/16		24 HR. CLOCK 1015		ENDING INCIDENT DATE 01/15/16		24 HR. CLOCK 1018		DISP. DATE 01/15/16		DISP. TIME 1022		TIME ARRIVED 1026		DEPART TIME 1429	
	NAME: (LAST, FIRST, MIDDLE) Morton, Marvin, L.				RELATIONSHIP TO SUBJECT Stranger		#1 N/A		#2 N/A		#3 N/A		RESIDENT J		RACE B	
	HEIGHT 508		WEIGHT 190		HAIR BLK		EYES BRO		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. N/A				SOCIAL SECURITY # Refused		DOB 10/13/68	
	ADDRESS # 608		STREET NAME Savage Rd.		CITY Charleston		STATE SC		ZIP CODE 29414		DAY PHONE [REDACTED]		EVENING PHONE Same		H	
	OCCUPATION Barber		EMPLOYER Marvin's Barber Shop		ALIAS N/A											
	NAME: (LAST, FIRST, MIDDLE) Unknown				RELATIONSHIP TO SUBJECT Unknown		#1 N/A		#2 N/A		#3 N/A		RESIDENT U		RACE B	
	HEIGHT 600		WEIGHT 225		HAIR BLK		EYES BRO		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. N/A				SOCIAL SECURITY # N/A		DOB 25/30	
	ADDRESS # Unknown		STREET NAME Unknown		CITY Unknown		STATE Unk		ZIP CODE Unk		DAY PHONE Unknown		EVENING PHONE Unknown		H	
	OCCUPATION Unknown		EMPLOYER Unknown		ALIAS Unknown											
	COMPLAINANT <input type="checkbox"/>		VICTIM # <input type="checkbox"/>		SUSPECT # <input checked="" type="checkbox"/> 1		SUBJECT # <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 <input type="checkbox"/>		NAME: (LAST, FIRST, MIDDLE) Unknown		RELATIONSHIP TO SUBJECT Unknown		#1 Unknown		#2 N/A		#3 N/A		RESIDENT U		
HEIGHT 509		WEIGHT 170		HAIR BRO		EYES BRO		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. Black shirt, Camouflaged pants.				SOCIAL SECURITY # N/A		DOB 25/30		
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INCIDENT SUPPLEMENT

SC0100000	DISPATCH NUMBER 2016-001362	ORIGINAL CASE NUMBER	PAGE <u>2</u> OF <u>2</u> PAGES	NCIC ENTRY	INQ.	ENT.
<input checked="" type="checkbox"/> ORIGINAL REPORT <input type="checkbox"/> MODIFIES <input type="checkbox"/> ORIGINAL	<input type="checkbox"/> SUPPLEMENTAL REPORT <input type="checkbox"/> CASE STATUS <input type="checkbox"/> CHANGE	<input type="checkbox"/> ADDITIONAL VICTIMS <input type="checkbox"/> ADDITIONAL OFFENDERS	<input type="checkbox"/> ADDITIONAL WITNESSES <input type="checkbox"/> ADDITIONAL SUBJECTS	<input type="checkbox"/> ADDITIONAL STOLEN PROPERTY <input type="checkbox"/> ADDITIONAL RECOVERED PROPERTY		

At this time, this deputy relayed (via dispatch) all suspect information (obtained at the time) to surrounding deputies, as well as surrounding agencies, as well as securing the outer perimeter of the location with crime scene tape. Deputy W. Odom then started a crime scene log

Sargent C. Smith was notified and responded to the incident location. C.I.D was notified by Sargent C. Smith and responded as well. Upon detectives arrival, the investigation and scene were turned over to C.I.D. F.S.U was notified and responded as well. The scene was then processed by F.S.U.

There is nothing further to report at this time.

NARRATIVE

PROPERTY EST.	TYPE (GROUP)	N/A				TOTAL VALUE	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY					
	STOLEN		N/A				N/A					
	DAMAGED			N/A								
	BURNED				N/A		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY					
	RECOVERED					N/A	N/A					
	SEIZED											
ADMINISTRATIVE	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		BADGE NUMBER		APPROVING OFFICER		DATE		BADGE NUMBER	
	Dep. J. Collins		12/28/15		10712		Sgt. C. Smith		12/28/15		9030	
FOLLOW-UP INVESTIGATION					<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							