

INCIDENT REPORT

SC0100000		DISPATCH NUMBER 2015-016757		ORIGINAL CASE NUMBER		PAGE 1 OF 3 PAGES		NCIC ENTRY		SHERIFF INQ.		ENT.	
		INCIDENT TYPE 1. Attempted Murder		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 Roadway		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.	
EVENT		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: Storage Rd/Mizzell Rd, Hollywood SC		ZIP CODE 29419		WEAPON TYPE Handgun							
		BEGINNING INCIDENT DATE 10-24-15		24 HR. CLOCK 2015		ENDING INCIDENT DATE 10-24-15		24 HR. CLOCK 2030		DISP. DATE 10-24-15		DISP. TIME 2036	
										TIME ARRIVED 10-24-15		DEPART TIME 2036	
												TRACT #	
COMPLAINANT		NAME: (LAST, FIRST, MIDDLE) Same as Victim 1		RELATIONSHIP TO SUBJECT #1 #2 #3		RESIDENT J		RACE B		SEX M		AGE 30	
		HEIGHT 6'4		WEIGHT 300		HAIR BLK		EYES BRO		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. Unknown		SOCIAL SECURITY # Unknown	
		ADDRESS # 4825		STREET NAME Oak Willie Rd		CITY Hollywood		STATE SC		ZIP CODE 29449		DAY PHONE Unknown	
		OCCUPATION Unknown		EMPLOYER NA		ALIAS NA		NIC # NA					
VICTIM #1		NAME: (LAST, FIRST, MIDDLE) Holmes, Rydell, Lemar		RELATIONSHIP TO SUBJECT #1 #2 #3		RESIDENT J		RACE B		SEX M		AGE 30	
		HEIGHT 6'4		WEIGHT 300		HAIR BLK		EYES BRO		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. Unknown		SOCIAL SECURITY # Unknown	
		ADDRESS # 4825		STREET NAME Oak Willie Rd		CITY Hollywood		STATE SC		ZIP CODE 29449		DAY PHONE Unknown	
		OCCUPATION Unknown		EMPLOYER NA		ALIAS NA		NIC # NA					
SUBJ. I.D.		NAME: (LAST, FIRST, MIDDLE) Bright, Duane, Devon		RELATIONSHIP TO SUBJECT #1 #2 #3		RESIDENT J		RACE B		SEX M		AGE 39	
		HEIGHT 6'2		WEIGHT 195		HAIR BLK		EYES BRO		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. Unknown		SOCIAL SECURITY # Unknown	
		ADDRESS # 5353		STREET NAME Hwy 174		CITY Adams Run		STATE SC		ZIP CODE 29426		DAY PHONE Unknown	
		OCCUPATION Unknown		EMPLOYER Unknown		ALIAS Unknown		NIC # NA					
ARREST		(A) CHARGE		(C) CHARGE									
		(B) CHARGE		(D) CHARGE									
NARRATIVE		<p>(Hollywood) I was dispatched to the area of Storage Rd and Mizzell in reference to a disturbance with shots fired. While en route I was diverted to a complainant who advised he had been shot in the mouth and had driven himself to the St. Pauls Fire Station at 6488 Hwy 162. Arriving on scene I confirmed that the incident occurred on Storage Rd and ensured additional units were in route to secure the scene there. R. Holmes had difficulty speaking due to the nature of his injuries, but [REDACTED] arrived on scene and stated he saw Suspect Duane "Spanky" Bright shoot his cousin then flee the area. Lt. Knox was advised and summoned on call CID and FSU. Both Holmes went to MUSC, I stayed with R. Holmes vehicle until the lab could process it whereupon it was escorted to the FSU compound. Nothing further.</p>											
PROPERTY EST.		TYPE (GROUP)		NA								TOTAL VALUE	
		STOLEN											
		DAMAGED											
		BURNED											
		RECOVERED											
		SEIZED											
ADMINISTRATIVE		SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input 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"/> 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 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) DFC B. Zager		DATE 10-25-15		BADGE NUMBER 10540		APPROVING OFFICER SGT S. Smith		DATE 10-25-15		BADGE NUMBER 9030	
								FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO					

PERSON SUPPLEMENT

SC0100000		DISPATCH NUMBER 2015-016757		ORIGINAL CASE NUMBER		PAGE 2 OF 3 PAGES		NCIC ENTRY		INO.		ENT.				
<input checked="" type="checkbox"/> ORIGINAL REPORT <input type="checkbox"/> MODIFIES REPORT		<input type="checkbox"/> SUPPLEMENTAL REPORT <input type="checkbox"/> CASE STATUS 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								
SUBJ. I.D.	<input type="checkbox"/> COMPLAINANT	NAME: (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	DOB	ETH			
	<input type="checkbox"/> VICTIM #							J	B	M	37	5/17/78	N			
	<input type="checkbox"/> SUSPECT #	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.			DRIVERS LIC / ID & STATE			SOCIAL SECURITY #				
	<input type="checkbox"/> SUBJECT #	6'2	213	BLK	BRO	Unknown						Refused				
	<input checked="" type="checkbox"/> WITNESS # 1	ADDRESS #			STREET NAME			CITY	STATE	ZIP CODE	DAY PHONE		EVENING PHONE			
	<input type="checkbox"/> WANTED												H	Same		
	<input type="checkbox"/> WARRANT															
	<input type="checkbox"/> ARREST															
	<input type="checkbox"/> RUNAWAY															
	<input type="checkbox"/> MISSING PERSON															
ARREST	<input type="checkbox"/> VISIBLE INJURY	YES			<input checked="" type="checkbox"/> NO			COMPLAINT OF NON-VISIBLE INJURIES			USING ALCOHOL			DRUGS		
										UNK			NO		YES	
										NO			YES		TYPE	
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ARTICLE SUPPLEMENT

SC0100000		DISPATCH NUMBER 2015-016757	ORIGINAL CASE NUMBER		PAGE 3 OF 3 PAGES	NCIC ENTRY	INO.	ENT.
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VEH. / GUN / ETC.	STATUS	TYPE	LICENSE/REGISTRATION NO. SC Tag KXZ447	BOAT HULL NO. OR VIN NO. 1G1PE5SB9F7185766								
	<input type="checkbox"/> STOLEN	<input checked="" type="checkbox"/> VEHICLE	SERIAL # NA	OWNER APPLIED # NA								
	<input type="checkbox"/> RECOVERED	<input type="checkbox"/> GUN	YEAR OF REGISTRATION 2015	YEAR OF EXPIRATION 2016	YEAR 2015	MAKE Chevy	TYPE Automobile					
	<input type="checkbox"/> FOUND	<input type="checkbox"/> BOAT	MODEL Cruze	STYLE 4S	BRAND NAME NA	COLOR Green	CALIBER NA					
	<input checked="" type="checkbox"/> VICTIM	<input type="checkbox"/> LICENSE PLATE	NIC NO. NA	DENOMINATION NA	ISSUER NA	SECURITIES DATE NA						
	<input type="checkbox"/> SUSPECT	<input type="checkbox"/> SECURITIES/BONDS, STOCKS	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY NA		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY NA							
	<input type="checkbox"/> ARTICLE											
	<input checked="" type="checkbox"/> TOWED	Hawks										
VEH. / GUN / ETC.	STATUS	TYPE	LICENSE/REGISTRATION NO. NA	BOAT HULL NO. OR VIN NO. NA								
	<input type="checkbox"/> STOLEN	<input type="checkbox"/> VEHICLE	SERIAL # Unknown	OWNER APPLIED # NA								
	<input type="checkbox"/> RECOVERED	<input checked="" type="checkbox"/> GUN	YEAR OF REGISTRATION NA	YEAR OF EXPIRATION NA	YEAR NA	MAKE Unknown	TYPE Handgun					
	<input type="checkbox"/> FOUND	<input type="checkbox"/> BOAT	MODEL Unknown	STYLE Unknown	BRAND NAME Unknown	COLOR Unknown	CALIBER Unknown					
	<input type="checkbox"/> VICTIM	<input type="checkbox"/> LICENSE PLATE	NIC NO. NA	DENOMINATION NA	ISSUER NA	SECURITIES DATE NA						
	<input checked="" type="checkbox"/> SUSPECT	<input type="checkbox"/> SECURITIES/BONDS, STOCKS	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY NA		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY NA							
	<input type="checkbox"/> ARTICLE											
	<input type="checkbox"/> TOWED											
VEH. / GUN / ETC.	STATUS	TYPE	LICENSE/REGISTRATION NO. NA	BOAT HULL NO. OR VIN NO.								
	<input type="checkbox"/> STOLEN	<input type="checkbox"/> VEHICLE	SERIAL #	OWNER APPLIED #								
	<input type="checkbox"/> RECOVERED	<input type="checkbox"/> GUN	YEAR OF REGISTRATION	YEAR OF EXPIRATION	YEAR	MAKE	TYPE					
	<input type="checkbox"/> FOUND	<input type="checkbox"/> BOAT	MODEL	STYLE	BRAND NAME	COLOR	CALIBER					
	<input type="checkbox"/> VICTIM	<input type="checkbox"/> LICENSE PLATE	NIC NO.	DENOMINATION	ISSUER	SECURITIES DATE						
	<input type="checkbox"/> SUSPECT	<input type="checkbox"/> SECURITIES/BONDS, STOCKS	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY							
	<input type="checkbox"/> ARTICLE											
	<input type="checkbox"/> TOWED											
VEH. / GUN / ETC.	STATUS	TYPE	LICENSE/REGISTRATION NO. NA	BOAT HULL NO. OR VIN NO.								
	<input type="checkbox"/> STOLEN	<input type="checkbox"/> VEHICLE	SERIAL #	OWNER APPLIED #								
	<input type="checkbox"/> RECOVERED	<input type="checkbox"/> GUN	YEAR OF REGISTRATION	YEAR OF EXPIRATION	YEAR	MAKE	TYPE					
	<input type="checkbox"/> FOUND	<input type="checkbox"/> BOAT	MODEL	STYLE	BRAND NAME	COLOR	CALIBER					
	<input type="checkbox"/> VICTIM	<input type="checkbox"/> LICENSE PLATE	NIC NO.	DENOMINATION	ISSUER	SECURITIES DATE						
	<input type="checkbox"/> SUSPECT	<input type="checkbox"/> SECURITIES/BONDS, STOCKS	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY							
	<input type="checkbox"/> ARTICLE											
	<input type="checkbox"/> TOWED											
VEH. / GUN / ETC.	STATUS	TYPE	LICENSE/REGISTRATION NO. NA	BOAT HULL NO. OR VIN NO.								
	<input type="checkbox"/> STOLEN	<input type="checkbox"/> VEHICLE	SERIAL #	OWNER APPLIED #								
	<input type="checkbox"/> RECOVERED	<input type="checkbox"/> GUN	YEAR OF REGISTRATION	YEAR OF EXPIRATION	YEAR	MAKE	TYPE					
	<input type="checkbox"/> FOUND	<input type="checkbox"/> BOAT	MODEL	STYLE	BRAND NAME	COLOR	CALIBER					
	<input type="checkbox"/> VICTIM	<input type="checkbox"/> LICENSE PLATE	NIC NO.	DENOMINATION	ISSUER	SECURITIES DATE						
	<input type="checkbox"/> SUSPECT	<input type="checkbox"/> SECURITIES/BONDS, STOCKS	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY							
	<input type="checkbox"/> ARTICLE											
	<input type="checkbox"/> TOWED											
REMARKS												
ADMINISTRATIVE	SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input 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) DFC B. Zager		DATE 10-25-15		BADGE NUMBER 10540		APPROVING OFFICER SGT. S. Smith		DATE 10-25-15		BADGE NUMBER 9030	
							FOLLOW-UP INVESTIGATION <input type="checkbox"/> NO <input type="checkbox"/> YES					