

INCIDENT REPORT

SC0100000		DISPATCH NUMBER 2015-020317		ORIGINAL CASE NUMBER N/A		PAGE 1 OF 5 PAGES		NCIC ENTRY		INQ.		ENT.	

EVENT	1. Sexual Assault				INCIDENT CODE N/A		COMPLETED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		FORCED ENTRY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PREMISE TYPE Residence		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. Assault with Weapon				N/A		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Residence				
	3. N/A						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO						
	INCIDENT LOCATION: 10145 Old Georgetown Rd., McClellanville, SC														
		ZIP CODE 29458		WEAPON TYPE 9MM/Semi Auto											
BEGINNING INCIDENT DATE 12/30/15		24 HR. CLOCK 0545		ENDING INCIDENT DATE 12/30/15		24 HR. CLOCK 0909		DISP. DATE 12/30/15		DISP. TIME 0649		TIME ARRIVED 0706		DEPART TIME 0909	

COMPLAINANT	NAME: (LAST, FIRST, MIDDLE) Same as Victim 1				RELATIONSHIP TO SUBJECT #1 #2 #3				RESIDENT J		RACE J		SEX F		AGE 35		DOB 06/15/80		ETH N	
	HEIGHT 506		WEIGHT 145		HAIR BRO		EYES BRO		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. N/A				DRIVERS LIC / ID & STATE				SOCIAL SECURITY #			
	ADDRESS #				STREET NAME				CITY				STATE		ZIP CODE		DAY PHONE		EVENING PHONE	
	OCCUPATION				EMPLOYER				ALIAS				NIC #							

VICTIM #1	NAME: (LAST, FIRST, MIDDLE) [REDACTED]				RELATIONSHIP TO SUBJECT #1 #2 #3				RESIDENT J		RACE W		SEX F		AGE 35		DOB 06/15/80		ETH N	
	HEIGHT 506		WEIGHT 145		HAIR BRO		EYES BRO		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. N/A				DRIVERS LIC / ID & STATE				SOCIAL SECURITY #			
	ADDRESS #				STREET NAME				CITY				STATE		ZIP CODE		DAY PHONE		EVENING PHONE	
	OCCUPATION				EMPLOYER				ALIAS				NIC #							

SUBJ. I.D.	<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # <input checked="" type="checkbox"/> SUSPECT # 1 <input type="checkbox"/> 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		NAME: (LAST, FIRST, MIDDLE) Fell, Darrin				RELATIONSHIP TO SUBJECT #1 #2 #3				RESIDENT J		RACE B		SEX M		AGE 32		DOB 07/03/83		ETH N	
	HEIGHT 509		WEIGHT 150		HAIR BLK		EYES BRO		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. Some Beard				DRIVERS LIC / ID & STATE				SOCIAL SECURITY # Not Provided					
	ADDRESS # 10145		STREET NAME Old Georgetown Rd.				CITY McClellanville				STATE SC		ZIP CODE 29458		DAY PHONE		EVENING PHONE					
	OCCUPATION Tree Service		EMPLOYER Self		ALIAS N/A		NIC # N/A															

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

NARRATIVE	See Incident Supplement											

PROPERTY EST.	TYPE (GROUP)		N/A		N/A		N/A		N/A		N/A		TOTAL VALUE		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY N/A	
	STOLEN												N/A			
	DAMAGED												N/A			
	BURNED												N/A			
	RECOVERED												N/A		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY N/A	
	SEIZED												N/A			

ADMINISTRATIVE	SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SUBJECT LOCATED <input checked="" type="checkbox"/> YES <input 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) FTI Shelton			DATE 12/30/15		BADGE NUMBER 10184		APPROVING OFFICER Sgt. Brinson			DATE 12/30/15	
								FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO			BADGE NUMBER 9801	

ARTICLE SUPPLEMENT

SC0100000

DISPATCH NUMBER 2015-020317	ORIGINAL CASE NUMBER N/A	PAGE 5 OF 5 PAGES	SHERIFF NCIC ENTRY	INQ.	ENT.
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<input checked="" type="checkbox"/> ORIGINAL REPORT	<input type="checkbox"/> MODIFIES ORIGINAL	<input type="checkbox"/> SUPPLEMENTAL REPORT	<input type="checkbox"/> CASE STATUS CHANGE	<input type="checkbox"/> ADDITIONAL STOLEN PROPERTY	<input type="checkbox"/> ADDITIONAL RECOVERED PROPERTY
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VEH. / GUN / ETC.	STATUS	TYPE	LICENSE/REGISTRATION NO. AQL241/SC	BOAT HULL NO. OR VIN NO. 2C3CDXH9FH795585		
	<input type="checkbox"/> STOLEN	<input checked="" type="checkbox"/> VEHICLE	SERIAL # N/A	OWNER APPLIED # N/A		
	<input type="checkbox"/> RECOVERED	<input type="checkbox"/> GUN	YEAR OF REGISTRATION 2015	YEAR OF EXPIRATION 2016	YEAR 2015	MAKE Dodge
	<input type="checkbox"/> FOUND	<input type="checkbox"/> BOAT	MODEL Charger/SXT	STYLE 4dr	BRAND NAME Dodge	COLOR Grey
	<input checked="" type="checkbox"/> VICTIM	<input type="checkbox"/> LICENSE PLATE	NIC NO. N/A	DENOMINATION N/A	ISSUER N/A	SECURITIES DATE N/A
	<input type="checkbox"/> SUSPECT	<input type="checkbox"/> SECURITIES/BONDS, STOCKS	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY N/A			
	<input type="checkbox"/> TOWED	<input type="checkbox"/> ARTICLE	JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY N/A			
	<input checked="" type="checkbox"/> TOWED Turkey's Towing					

VEH. / GUN / ETC.	STATUS	TYPE	LICENSE/REGISTRATION NO. N/A	BOAT HULL NO. OR VIN NO. N/A		
	<input type="checkbox"/> STOLEN	<input type="checkbox"/> VEHICLE	SERIAL # HPK337	OWNER APPLIED # N/A		
	<input type="checkbox"/> RECOVERED	<input checked="" type="checkbox"/> GUN	YEAR OF REGISTRATION N/A	YEAR OF EXPIRATION N/A	YEAR N/A	MAKE Smith&Wesson
	<input type="checkbox"/> FOUND	<input type="checkbox"/> BOAT	MODEL M&P	STYLE Handgun	BRAND NAME Smith&Wesson	COLOR Black
	<input checked="" type="checkbox"/> VICTIM	<input type="checkbox"/> LICENSE PLATE	NIC NO. N/A	DENOMINATION N/A	ISSUER N/A	SECURITIES DATE N/A
	<input type="checkbox"/> SUSPECT	<input type="checkbox"/> SECURITIES/BONDS, STOCKS	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY N/A			
	<input type="checkbox"/> TOWED	<input type="checkbox"/> ARTICLE	JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY N/A			

VEH. / GUN / ETC.	STATUS	TYPE	LICENSE/REGISTRATION NO.	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
	<input type="checkbox"/> FOUND	<input type="checkbox"/> BOAT	MODEL	STYLE	BRAND NAME	COLOR
	<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			
	<input type="checkbox"/> TOWED	<input type="checkbox"/> ARTICLE	JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY			

VEH. / GUN / ETC.	STATUS	TYPE	LICENSE/REGISTRATION NO.	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
	<input type="checkbox"/> FOUND	<input type="checkbox"/> BOAT	MODEL	STYLE	BRAND NAME	COLOR
	<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			
	<input type="checkbox"/> TOWED	<input type="checkbox"/> ARTICLE	JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY			

VEH. / GUN / ETC.	STATUS	TYPE	LICENSE/REGISTRATION NO.	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
	<input type="checkbox"/> FOUND	<input type="checkbox"/> BOAT	MODEL	STYLE	BRAND NAME	COLOR
	<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			
	<input type="checkbox"/> TOWED	<input type="checkbox"/> ARTICLE	JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY			

REMARKS						
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ADMINISTRATIVE	SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SUBJECT LOCATED <input checked="" type="checkbox"/> YES <input 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) FTI Shelton	DATE 12/30/15	BADGE NUMBER 10184	APPROVING OFFICER Sgt. Brinson	DATE 12/30/15
				OFFICER INVESTIGATION <input type="checkbox"/> NO <input type="checkbox"/> YES	BADGE NUMBER 9801

J. Al Cannon, Jr.

Sheriff

PERSON SUPPLEMENT

SC0100000		DISPATCH NUMBER 2015-020317		ORIGINAL CASE NUMBER N/A		PAGE 4 OF 5 PAGES		NCIC ENTRY		INQ.		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 <input type="checkbox"/> VICTIM # <input type="checkbox"/> SUSPECT # <input type="checkbox"/> SUBJECT # <input checked="" type="checkbox"/> WITNESS # 2 <input type="checkbox"/> WANTED <input type="checkbox"/> WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/> RUNAWAY <input type="checkbox"/> MISSING PERSON		NAME: (LAST, FIRST, MIDDLE) Pinckney, Charnette				RELATIONSHIP TO SUBJECT #1 N/A #2 N/A #3 N/A		RESIDENT J	RACE B	SEX F	AGE 44	DOB 06/01/71	ETH N	
	HEIGHT 506		WEIGHT 127	HAIR BLK	EYES BRO	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. N/A		DRIVERS LIC / ID & STATE [REDACTED]		SOCIAL SECURITY # Not Provided					
	ADDRESS # 10125		STREET NAME Old Georgetown Rd.		CITY McClellanville		STATE SC	ZIP CODE 29458	DAY PHONE [REDACTED]		EVENING PHONE [REDACTED]				
	<input type="checkbox"/> VISIBLE INJURY YES		<input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES YES		<input type="checkbox"/> NO		<input type="checkbox"/> USING ALCOHOL UNK		<input type="checkbox"/> TWO-MAN VEHICLE ASSISTED		<input type="checkbox"/> DETECTIVE SPLASMT OTHER	<input type="checkbox"/> ALONE	
	OCCUPATION Bus Driver		EMPLOYER Durham Bus Service		ALIAS N/A		NIC # N/A								
	(A) CHARGE N/A				(C) CHARGE N/A										
	(B) CHARGE N/A				(D) CHARGE N/A										
	SUBJ. I.D.	<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # <input type="checkbox"/> SUSPECT # <input checked="" type="checkbox"/> SUBJECT # 2 <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		NAME: (LAST, FIRST, MIDDLE) Ratliff, David				RELATIONSHIP TO SUBJECT #1 N/A #2 N/A #3 N/A		RESIDENT J	RACE W	SEX M	AGE 30	DOB 40	ETH N
		HEIGHT 510		WEIGHT 150	HAIR BRO	EYES BRO	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. Unknown		DRIVERS LIC / ID & STATE Unknown		SOCIAL SECURITY # Unknown				
		ADDRESS # Unknown		STREET NAME Unknown		CITY Unknown		STATE Unknown	ZIP CODE Unknown	DAY PHONE Unknown		EVENING PHONE Unknown			
<input type="checkbox"/> VISIBLE INJURY YES		<input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES YES		<input type="checkbox"/> NO		<input type="checkbox"/> USING ALCOHOL UNK		<input type="checkbox"/> TWO-MAN VEHICLE ASSISTED		<input type="checkbox"/> DETECTIVE SPLASMT OTHER	<input type="checkbox"/> ALONE		
OCCUPATION Unemployed		EMPLOYER Unemployed		ALIAS N/A		NIC # N/A									
(A) CHARGE N/A				(C) CHARGE N/A											
(B) CHARGE N/A				(D) CHARGE N/A											
SUBJ. I.D.		<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # <input type="checkbox"/> SUSPECT # <input type="checkbox"/> 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		NAME: (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT #1 #2 #3		RESIDENT J	RACE	SEX	AGE	DOB	ETH
		HEIGHT		WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. XXX XXX		DRIVERS LIC / ID & STATE		SOCIAL SECURITY #				
		ADDRESS #		STREET NAME		CITY		STATE	ZIP CODE	DAY PHONE		EVENING PHONE			
	<input type="checkbox"/> VISIBLE INJURY YES		<input type="checkbox"/> NO		<input type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES YES		<input type="checkbox"/> NO		<input type="checkbox"/> USING ALCOHOL UNK		<input type="checkbox"/> TWO-MAN VEHICLE ASSISTED		<input type="checkbox"/> DETECTIVE SPLASMT OTHER	<input type="checkbox"/> ALONE	
	OCCUPATION		EMPLOYER		ALIAS		NIC #								
	(A) CHARGE				(C) CHARGE										
	(B) CHARGE				(D) CHARGE										
	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"/> 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) FTI Shelton		DATE 12/30/15		BADGE NUMBER 10184		APPROVING OFFICER Sgt. Brinson		DATE 12/30/15		BADGE NUMBER 9801				
							FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO								

INCIDENT SUPPLEMENT

J. Al Cannon, Jr.

SC0100000	DISPATCH NUMBER 2015-020317	ORIGINAL CASE NUMBER N/A	PAGE 2 OF 5 PAGES	NCIC ENTRY	Sheriff INO. ENT.
<input checked="" type="checkbox"/> ORIGINAL REPORT <input type="checkbox"/> MODIFIES ORIGINAL	<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	

(McClellanville) I responded to 10105 Highway 17 North (Kangaroo Gas Station) in reference to meeting with victims about a possible sexual assault and shots fired at the incident location (10145 Old Georgetown Rd). Dispatch advised while I was en route that victim 1 (Langston, Aislinne) was possibly raped and shots were fired while gathering information on the phone.

I made contact with victim 2 (Riddle, Sean) who was beside his vehicle (2015, Dodge, Charger, SC tag-AQL241, grey) and had placed his weapon (Smith and Wesson, M&P, 9MM, black) on the ground beside him. Riddle stated that while he was picking up [REDACTED] a black male suspect (later identified as-Fell, Darrin) fired at him from the doorway of the residence. Riddle stated that he only saw the muzzle flash from the residence. Riddle stated that he returned fire towards the muzzle flash with his weapon. Riddle did not know how many rounds he fired back, but he emptied the magazine. Riddle stated that he and [REDACTED] got in the vehicle and sped away while calling 911. I secured Riddle's weapon to be logged for evidence.

I made contact with [REDACTED] who corroborated the story and stated that she was originally going to meet with subject 2 (Ratliff, David) who was a long lost friend and she was just going to hang out with him. [REDACTED] stated that she did not have transportation so she asked Riddle to bring her there and wait for her. [REDACTED] stated that when she opened the door a black male (later identified as- Fell, Darrin) grabbed her and pulled her into the residence. [REDACTED] stated that Fell began to grab her by the throat and try to pull her pants off. [REDACTED] stated that she begged for him to stop, but when he wouldn't, she told him that she would take off her clothes for him. [REDACTED] stated that she threw her on the bed and forced her to have sexual intercourse. [REDACTED] stated that when Fell was finished, he told her that her ride was there and to leave.

I responded to the incident location and attempted (by PA) to get Fell to exit the residence. Fell did not come outside after multiple loud verbal instructions. Sgt. Brinson arrived on scene. Subject 1 (Fell, Paul) who was identified as Darrin's father was coming towards the house and made contact with Darrin over the phone. Sgt. Brinson spoke to Darrin and he exited the residence. Darrin was detained. CID was contacted and the scene was secured. Sgt. Brinson and I conducted a protective sweep of the residence. CID responded to the scene. Lt. Van Horn responded to the scene. FSU responded to the scene. Riddle's vehicle was towed (Turkey's Towing) to FSU for processing. Statements were gathered from witness 1 (Wimbush, Ural) and witness 2 (Pinckney, Charnette) who are neighbors of Darrin and both stated that they heard the gunshots. Darrin was transported to the Al Cannon Detention Center without further incident. Nothing Further

PROPERTY EST.	TYPE (GROUP)	N/A	N/A	N/A	N/A	N/A	TOTAL VALUE	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		
	STOLEN						N/A	N/A		
	DAMAGED						N/A			
	BURNED						N/A			
	RECOVERED						N/A			
	SEIZED						N/A	JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		
ADMINISTRATIVE	SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SUBJECT LOCATED <input checked="" type="checkbox"/> YES <input 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		
	FTI Shelton		12/30/15	10184	Sgt. Brinson		12/30/15	9801		
					FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO		OFFICER			