

INCIDENT REPORT

SC0100000		DISPATCH NUMBER 2016-011104	ORIGINAL CASE NUMBER		PAGE 1 OF 4 PAGES			NCIC ENTRY	INQ.	ENT.		
EVENT	INCIDENT TYPE 1. SHOOTING INVESTIGATION		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 ROADSIDE		UNITS ENTERED N/A	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: 4408 GARWOOD DRIVE LADSON, SC				ZIP CODE 29456	WEAPON TYPE HANDGUN							
BEGINNING INCIDENT DATE 07/16/16		24 HR. CLOCK 1920	ENDING INCIDENT DATE 07/16/16	24 HR. CLOCK 2024	DISP. DATE 07/16/16	DISP. TIME 1925	TIME ARRIVED 1927	DEPART TIME 2024	TRACT # 190-G			
COMPLAINANT	NAME: (LAST, FIRST, MIDDLE) JETT, LARRY			RELATIONSHIP TO SUBJECT #1 STRANGER #2 STRANGER #3			RESIDENT J	RACE W	SEX M	AGE 82	DOB [REDACTED]	ETH N
	HEIGHT 508	WEIGHT 170	HAIR WHI	EYES BLU	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.			DRIVERS LIC / ID & STATE [REDACTED]		SOCIAL SECURITY # UNKNOWN		
	ADDRESS # 4408		STREET NAME GARWOOD DRIVE		CITY LADSON	STATE SC	ZIP CODE 29456	DAY PHONE [REDACTED]	EVENING PHONE [REDACTED]			
OCCUPATION RETIRED			EMPLOYER N/A		ALIAS N/A	NIC # N/A						
VICTIM #1	NAME: (LAST, FIRST, MIDDLE) FRIDAY, DAHNDRAY T.			RELATIONSHIP TO SUBJECT #1 STRANGER #2 STRANGER #3			RESIDENT J	RACE B	SEX M	AGE 18	DOB [REDACTED]	ETH N
	HEIGHT 604	WEIGHT 208	HAIR BLK	EYES BRO	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.			DRIVERS LIC / ID & STATE [REDACTED]		SOCIAL SECURITY # UNKNOWN		
	ADDRESS # 3884 APT 2		STREET NAME CANCHA LANE		CITY N. CHARLESTON	STATE SC	ZIP CODE 29405	DAY PHONE [REDACTED]	EVENING PHONE [REDACTED]			
<input checked="" type="checkbox"/> VISIBLE INJURY		<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES		COMPLAINT OF NON-VISIBLE INJURIES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		USING ALCOHOL <input type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> UNK		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE SPLASMT <input type="checkbox"/> ALONE		<input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED		
EXPLAIN GUNSHOT WOUND RIGHT LEG			OCCUPATION UNKNOWN		EMPLOYER UNKNOWN		ALIAS UNKNOWN	NIC # N/A				
SUBJ. I.D.	NAME: (LAST, FIRST, MIDDLE) TUCKER, SHAWN			RELATIONSHIP TO SUBJECT #1 STRANGER #2 STRANGER #3			RESIDENT J	RACE B	SEX M	AGE 21	DOB [REDACTED]	ETH N
	HEIGHT 507	WEIGHT 130	HAIR BLK	EYES BRO	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.			DRIVERS LIC / ID & STATE [REDACTED]		SOCIAL SECURITY # UNKNOWN		
	ADDRESS # 3342		STREET NAME STONE BROOK ROAD		CITY N. CHARLESTON	STATE SC	ZIP CODE 29418	DAY PHONE [REDACTED]	EVENING PHONE [REDACTED]			
<input type="checkbox"/> VISIBLE INJURY		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		COMPLAINT OF NON-VISIBLE INJURIES <input type="checkbox"/> NO <input type="checkbox"/> YES		USING ALCOHOL <input type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> UNK		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE SPLASMT <input type="checkbox"/> ALONE		<input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED		
EXPLAIN UNKNOWN			OCCUPATION UNKNOWN		EMPLOYER UNKNOWN		ALIAS N/A	NIC # N/A				
ARREST	(A) CHARGE N/A				(C) CHARGE N/A							
	(B) CHARGE N/A				(D) CHARGE N/A							
NARRATIVE	<p>(WOODSIDE MANOR) On the above date and time, deputies responded to the area of Berrywood Drive and Garwood Drive in reference to a shooting. Deputy Holt arrived on scene first and located the victim behind the bushes at 4408 Garwood Drive. Deputy Moniz arrived on scene next and secured the area prior to the incident location at Farmwood and Berrywood. I arrived on scene next and secured the area after the incident location at Garwood and Berrywood. The complainant, Jett, stated a grey car came by and shot at the two black males, Friday and Tucker, that were walking by his house. After the shots were fired, Friday and Tucker hid behind the bushes and the grey car sped off towards the back of the neighborhood. Jett stated he called 911 right afterwards.</p> <p>Tucker stated he and Friday were walking back towards Outwood Drive from the corner store. Tucker stated a silver car with two black males pulled up to them and said something about a house and then the passenger started shooting. Tucker stated after Friday was shot, the car drove</p>											
PROPERTY EST.	TYPE (GROUP)									TOTAL VALUE	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY	
	STOLEN											
	DAMAGED											
	BURNED											
	RECOVERED										JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
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) DFC. G. HURN			DATE 07/16/16	BADGE NUMBER 9284	APPROVING OFFICER SGT. D. BOYD			DATE 07/16/16	BADGE NUMBER 8885		
FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO						OFFICER						

PERSON SUPPLEMENT

SC010000		DISPATCH NUMBER 2016-011104	ORIGINAL CASE NUMBER	PAGE 2 OF 4 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 checked="" type="checkbox"/> SUSPECT # <u>1</u> <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) UNKNOWN			RELATIONSHIP TO SUBJECT #1 <u>N/A</u> #2 <u>UNKNOWN</u> #3 _____			RESIDENT U	RACE B	SEX M	AGE 00	DOB UNK	ETH N	
	HEIGHT UNK WEIGHT UNK HAIR BLK EYES BRO FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. UNKNOWN			DRIVERS LIC / ID & STATE UNKNOWN			SOCIAL SECURITY # UNKNOWN							
	ADDRESS # UNKNOWN		STREET NAME UNKNOWN		CITY UNKNOWN	STATE UNK	ZIP CODE UNK	DAY PHONE UNKNOWN	EVENING PHONE UNKNOWN		H H			
	<input type="checkbox"/> VISIBLE INJURY YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES <input type="checkbox"/> NO <input type="checkbox"/> YES		USING ALCOHOL UNK <input type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> ONE-MAN VEHICLE		<input type="checkbox"/> DETECTIVE SPLASMT <input type="checkbox"/> OTHER		<input type="checkbox"/> ALONE <input type="checkbox"/>			
	EXPLAIN		EMPLOYER UNKNOWN		ALIAS UNKNOWN		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 checked="" type="checkbox"/> SUSPECT # <u>2</u> <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) UNKNOWN			RELATIONSHIP TO SUBJECT #1 <u>UNKNOWN</u> #2 <u>N/A</u> #3 _____			RESIDENT U	RACE B	SEX M	AGE 00	DOB UNK	ETH N
		HEIGHT UNK WEIGHT UNK HAIR BLK EYES BRO FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. UNKNOWN			DRIVERS LIC / ID & STATE UNKNOWN			SOCIAL SECURITY # UNKNOWN						
		ADDRESS # UNKNOWN		STREET NAME UNKNOWN		CITY UNKNOWN	STATE UNK	ZIP CODE UNK	DAY PHONE UNKNOWN	EVENING PHONE UNKNOWN		H H		
<input type="checkbox"/> VISIBLE INJURY YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES <input type="checkbox"/> NO <input type="checkbox"/> YES		USING ALCOHOL UNK <input type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> ONE-MAN VEHICLE		<input type="checkbox"/> DETECTIVE SPLASMT <input type="checkbox"/> OTHER		<input type="checkbox"/> ALONE <input type="checkbox"/>				
EXPLAIN		EMPLOYER UNKNOWN		ALIAS UNKNOWN		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) UNKNOWN			RELATIONSHIP TO SUBJECT #1 _____ #2 _____ #3 _____			RESIDENT J	RACE	SEX	AGE	DOB	ETH
		HEIGHT UNK WEIGHT UNK HAIR XXX EYES XXX FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. UNKNOWN			DRIVERS LIC / ID & STATE			SOCIAL SECURITY #						
		ADDRESS #		STREET NAME		CITY	STATE	ZIP CODE	DAY PHONE	EVENING PHONE		H H		
	<input type="checkbox"/> VISIBLE INJURY YES <input type="checkbox"/> NO		<input type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES <input type="checkbox"/> NO <input type="checkbox"/> YES		USING ALCOHOL UNK <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/>		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> ONE-MAN VEHICLE		<input type="checkbox"/> DETECTIVE SPLASMT <input type="checkbox"/> OTHER		<input type="checkbox"/> ALONE <input type="checkbox"/>			
	EXPLAIN		EMPLOYER		ALIAS		NIC #							
	(A) CHARGE		(C) CHARGE		(B) CHARGE		(D) CHARGE							
	REMARKS	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"/> 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. G. HURN			DATE 7/16/2016		BADGE NUMBER 9284		APPROVING OFFICER SGT. D. BOYD			DATE 7/16/2016		BADGE NUMBER 8885
FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO														

ARTICLE SUPPLEMENT

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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								
VEH. / GUN / ETC.	STATUS <input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/> FOUND <input type="checkbox"/> VICTIM <input checked="" type="checkbox"/> SUSPECT <input type="checkbox"/> TOWED N/A	TYPE <input checked="" type="checkbox"/> VEHICLE <input type="checkbox"/> GUN <input type="checkbox"/> BOAT <input type="checkbox"/> LICENSE PLATE <input type="checkbox"/> SECURITIES/BONDS, STOCKS <input type="checkbox"/> ARTICLE	LICENSE/REGISTRATION NO. UNKNOWN	BOAT HULL NO. OR VIN NO. UNKNOWN	SERIAL # N/A	OWNER APPLIED # N/A		
	YEAR OF REGISTRATION UNKNOWN		YEAR OF EXPIRATION UNKNOWN		YEAR UNKNOWN	MAKE UNKNOWN	TYPE AUTO	
	MODEL UNKNOWN		STYLE 4D		BRAND NAME UNKNOWN		COLOR GREY	CALIBER N/A
	NIC NO. N/A		DENOMINATION N/A		ISSUER N/A		SECURITIES DATE N/A	
	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY N/A				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY N/A			

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

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

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

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

REMARKS	
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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) DFC. G. HURN	DATE 07/16/16	BADGE NUMBER 9284	APPROVING OFFICER SGT. D. BOYD	DATE 07/16/16	BADGE NUMBER 8885
			FOLLOW-UP INVESTIGATION <input type="checkbox"/> NO <input type="checkbox"/> YES		

INCIDENT SUPPLEMENT

J. Al Cannon, Jr.
 Sheriff

SC0100000	DISPATCH NUMBER 2016-011104	ORIGINAL CASE NUMBER	PAGE 4 OF 4 PAGES	NCIC ENTRY	INQ.	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		

Away towards the back of the neighborhood. Tucker stated they hid behind some bushes until police arrived. EMS arrived on scene and transported the victim, Friday, to Trident hospital for a gunshot wound to his upper right leg. Sergeant Boyd and Lieutenant Zealberg arrived on scene. Sergeant Boyd spoke with Tucker who was secured in the back seat of my patrol car. Sergeant Boyd obtained a written statement from Tucker. Lieutenant Zealberg made notifications to the Criminal Investigation Division. Other deputies that responded to this incident patrolled the area to attempt to locate the suspect vehicle. Deputy Holt took photographs of the scene to enter in evidence. Two shell casings were located in the roadway in front of 4408 Garwood Drive. The shell casings were collected to be entered in as evidence.

NOTHING FURTHER AT THIS TIME.....

NARRATIVE

PROPERTY EST.	TYPE (GROUP)					TOTAL VALUE	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY
	STOLEN						
	DAMAGED						
	BURNED						JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY
	RECOVERED						
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) DFC. G. HURN	DATE 07/16/16	BADGE NUMBER 9284	APPROVING OFFICER SGT. D. BOYD	DATE 07/16/16	BADGE NUMBER 8885
				FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER	