

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		
							<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO						
							<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO						
							<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		
	HEIGHT 508 WEIGHT 170 HAIR WHI EYES BLU				FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				DRIVERS LIC / ID & STATE		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, DAHNDRA T.				RELATIONSHIP TO SUBJECT #1 STRANGER #2 STRANGER #3				RESIDENT J		RACE B		SEX M		
	HEIGHT 604 WEIGHT 208 HAIR BLK EYES BRO				FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				DRIVERS LIC / ID & STATE		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]		
	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		
	HEIGHT 507 WEIGHT 130 HAIR BLK EYES BRO				FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				DRIVERS LIC / ID & STATE		SOCIAL SECURITY # UNKNOWN				
	ADDRESS # 3342		STREET NAME STONE BROOK ROAD		CITY N. CHARLESTON		STATE SC		ZIP CODE 29418		DAY PHONE [REDACTED]		EVENING PHONE [REDACTED]		
	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	(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.														
	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														
PROPERTY EST.	TYPE (GROUP)												TOTAL VALUE		
	STOLEN														
	DAMAGED														
	BURNED														
ADMINISTRATIVE	RECOVERED														
	SEIZED														
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 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							

PERSON SUPPLEMENT

SC0100000		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 N/A #2 UNKNOWN #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
	<input type="checkbox"/> VISIBLE INJURY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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"/> ASSISTED		<input type="checkbox"/> DETECTIVE SPLASMT <input type="checkbox"/> ALONE <input type="checkbox"/> OTHER		
	EXPLAIN		OCCUPATION UNKNOWN		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 UNKNOWN #2 N/A #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
	<input type="checkbox"/> VISIBLE INJURY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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"/> ASSISTED		<input type="checkbox"/> DETECTIVE SPLASMT <input type="checkbox"/> ALONE <input type="checkbox"/> OTHER		
	EXPLAIN		OCCUPATION UNKNOWN		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)		RELATIONSHIP TO SUBJECT #1 _____ #2 _____ #3 _____			RESIDENT J	RACE	SEX	AGE	DOB	ETH	
	HEIGHT _____ WEIGHT _____ HAIR XXX EYES XXX		FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.			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"/>		<input type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES YES <input type="checkbox"/> NO <input type="checkbox"/>		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"/> ASSISTED		<input type="checkbox"/> DETECTIVE SPLASMT <input type="checkbox"/> ALONE <input type="checkbox"/> OTHER		
	EXPLAIN		OCCUPATION		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"/> 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 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

SC0100000		DISPATCH NUMBER 2016-011104	ORIGINAL CASE NUMBER	PAGE 3 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 STOLEN PROPERTY <input type="checkbox"/> ADDITIONAL RECOVERED PROPERTY								
VEH. / GUN / ETC.	STATUS <input type="checkbox"/> STOLEN <input checked="" type="checkbox"/> VEHICLE <input type="checkbox"/> RECOVERED <input type="checkbox"/> GUN <input type="checkbox"/> FOUND <input type="checkbox"/> BOAT <input type="checkbox"/> VICTIM <input type="checkbox"/> LICENSE PLATE <input checked="" type="checkbox"/> SUSPECT <input type="checkbox"/> SECURITIES/BONDS, STOCKS <input type="checkbox"/> ARTICLE <input type="checkbox"/> TOWED N/A		LICENSE/REGISTRATION NO. UNKNOWN SERIAL # N/A YEAR OF REGISTRATION UNKNOWN MODEL UNKNOWN NIC NO. N/A		BOAT HULL NO. OR VIN NO. UNKNOWN OWNER APPLIED # N/A YEAR N/A MAKE UNKNOWN TYPE AUTO COLOR GREY CALIBER 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
	STATUS <input type="checkbox"/> STOLEN <input type="checkbox"/> VEHICLE <input type="checkbox"/> RECOVERED <input checked="" type="checkbox"/> GUN <input type="checkbox"/> FOUND <input type="checkbox"/> BOAT <input type="checkbox"/> VICTIM <input type="checkbox"/> LICENSE PLATE <input checked="" type="checkbox"/> SUSPECT <input type="checkbox"/> SECURITIES/BONDS, STOCKS <input type="checkbox"/> ARTICLE <input type="checkbox"/> TOWED		LICENSE/REGISTRATION NO. N/A SERIAL # UNKNOWN YEAR OF REGISTRATION N/A MODEL UNKNOWN NIC NO. N/A		BOAT HULL NO. OR VIN NO. N/A OWNER APPLIED # N/A YEAR N/A MAKE UNKNOWN TYPE HANDGUN COLOR UNKNOWN CALIBER UNKNOWN ISSUER N/A SECURITIES DATE N/A			JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY N/A JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY N/A
	STATUS <input type="checkbox"/> STOLEN <input type="checkbox"/> VEHICLE <input type="checkbox"/> RECOVERED <input type="checkbox"/> GUN <input type="checkbox"/> FOUND <input type="checkbox"/> BOAT <input type="checkbox"/> VICTIM <input type="checkbox"/> LICENSE PLATE <input type="checkbox"/> SUSPECT <input type="checkbox"/> SECURITIES/BONDS, STOCKS <input type="checkbox"/> ARTICLE <input type="checkbox"/> TOWED		LICENSE/REGISTRATION NO. SERIAL # YEAR OF REGISTRATION MODEL NIC NO.		BOAT HULL NO. OR VIN NO. OWNER APPLIED # YEAR MAKE TYPE COLOR CALIBER ISSUER SECURITIES DATE			JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY
	STATUS <input type="checkbox"/> STOLEN <input type="checkbox"/> VEHICLE <input type="checkbox"/> RECOVERED <input type="checkbox"/> GUN <input type="checkbox"/> FOUND <input type="checkbox"/> BOAT <input type="checkbox"/> VICTIM <input type="checkbox"/> LICENSE PLATE <input type="checkbox"/> SUSPECT <input type="checkbox"/> SECURITIES/BONDS, STOCKS <input type="checkbox"/> ARTICLE <input type="checkbox"/> TOWED		LICENSE/REGISTRATION NO. SERIAL # YEAR OF REGISTRATION MODEL NIC NO.		BOAT HULL NO. OR VIN NO. OWNER APPLIED # YEAR MAKE TYPE COLOR CALIBER ISSUER SECURITIES DATE			JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY
	STATUS <input type="checkbox"/> STOLEN <input type="checkbox"/> VEHICLE <input type="checkbox"/> RECOVERED <input type="checkbox"/> GUN <input type="checkbox"/> FOUND <input type="checkbox"/> BOAT <input type="checkbox"/> VICTIM <input type="checkbox"/> LICENSE PLATE <input type="checkbox"/> SUSPECT <input type="checkbox"/> SECURITIES/BONDS, STOCKS <input type="checkbox"/> ARTICLE <input type="checkbox"/> TOWED		LICENSE/REGISTRATION NO. SERIAL # YEAR OF REGISTRATION MODEL NIC NO.		BOAT HULL NO. OR VIN NO. OWNER APPLIED # YEAR MAKE TYPE COLOR CALIBER ISSUER SECURITIES DATE			JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY
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	STATUS <input type="checkbox"/> STOLEN <input type="checkbox"/> VEHICLE <input type="checkbox"/> RECOVERED <input type="checkbox"/> GUN <input type="checkbox"/> FOUND <input type="checkbox"/> BOAT <input type="checkbox"/> VICTIM <input type="checkbox"/> LICENSE PLATE <input type="checkbox"/> SUSPECT <input type="checkbox"/> SECURITIES/BONDS, STOCKS <input type="checkbox"/> ARTICLE <input type="checkbox"/> TOWED		LICENSE/REGISTRATION NO. SERIAL # YEAR OF REGISTRATION MODEL NIC NO.		BOAT HULL NO. OR VIN NO. OWNER APPLIED # YEAR MAKE TYPE COLOR CALIBER ISSUER SECURITIES DATE			JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY
	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)		DATE	BADGE NUMBER	APPROVING OFFICER		DATE	BADGE NUMBER	
DFC. G. HURN		07/16/16	9284	SGT. D. BOYD		07/16/16	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)			DATE		BADGE NUMBER		APPROVING OFFICER			DATE	
	DFC. G. HURN			07/16/16		9284		SGT. D. BOYD			07/16/16	
								FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO			OFFICER	
										BADGE NUMBER		
										8885		