

# INCIDENT REPORT

<b>SC0100000</b>		DISPATCH NUMBER <b>2015-015292</b>		ORIGINAL CASE NUMBER		PAGE 1 OF 5 PAGES		NCIC ENTRY		INQ.		ENT.	

  

<b>EVENT</b>	1. <b>Shooting</b>				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 <b>Parking Lot</b>		<b>UNIT#</b> EXTENDED	TYPE VICTIM <input checked="" type="checkbox"/> INDIVIDUAL <input checked="" 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: <b>4106 Dorchester Road, North Charleston</b>																		
BEGINNING INCIDENT DATE <b>9-20-15</b>				24 HR. CLOCK <b>1600</b>		ENDING INCIDENT DATE <b>09-20-15</b>		24 HR. CLOCK <b>1634</b>		DISP. DATE <b>09-20-15</b>		DISP. TIME <b>1623</b>		TIME ARRIVED <b>1634</b>		DEPART TIME <b>1900</b>		TRACT #	

  

<b>COMPLAINANT</b>	NAME: (LAST, FIRST, MIDDLE) <b>North Charleston PD</b>												RELATIONSHIP TO SUBJECT #1 #2 #3		RESIDENT <b>J</b>		RACE <b>B</b>		SEX <b>M</b>		AGE <b>35</b>		DOB <b>4-12-80</b>		ETH <b>N</b>	
	HEIGHT <b>510</b>		WEIGHT <b>215</b>		HAIR <b>BLK</b>		EYES <b>BLK</b>		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.								DRIVERS LIC / ID & STATE				SOCIAL SECURITY #					
	ADDRESS # <b>2500</b>				STREET NAME <b>City Hall Lane</b>				CITY <b>North Charleston</b>				STATE <b>SC</b>		ZIP CODE <b>29405</b>		DAY PHONE <b>843-740-2800</b>				EVENING PHONE					
	OCCUPATION				EMPLOYER				ALIAS				NIC #													

  

<b>VICTIM #1</b>	NAME: (LAST, FIRST, MIDDLE) <b>Young, Sharod Devain</b>												RELATIONSHIP TO SUBJECT #1 #2 #3		RESIDENT <b>J</b>		RACE <b>B</b>		SEX <b>M</b>		AGE <b>35</b>		DOB <b>4-12-80</b>		ETH <b>N</b>	
	HEIGHT <b>510</b>		WEIGHT <b>215</b>		HAIR <b>BLK</b>		EYES <b>BRO</b>		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. <b>unk</b>								DRIVERS LIC / ID & STATE <b>90341639-SC</b>				SOCIAL SECURITY # <b>[REDACTED]</b>					
	ADDRESS # <b>2695</b>				STREET NAME <b>Ranger Drive</b>				CITY <b>North Charleston</b>				STATE <b>SC</b>		ZIP CODE <b>29405</b>		DAY PHONE				EVENING PHONE					
	OCCUPATION <b>unknown</b>				EMPLOYER				ALIAS				NIC #													
<input checked="" type="checkbox"/> VISIBLE INJURY EXPLAIN <b>gunshot to side</b>				<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 DRUGS <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE <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														

  

<b>SUBJ. I.D.</b>	NAME: (LAST, FIRST, MIDDLE) <b>unknown</b>												RELATIONSHIP TO SUBJECT #1 #2 #3		RESIDENT <b>J</b>		RACE <b>B</b>		SEX <b>M</b>		AGE		DOB		ETH	
	HEIGHT <b>510</b>		WEIGHT <b>180</b>		HAIR <b>BLD</b>		EYES <b>BLK</b>		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. <b>white shirt, green hat, dark pants</b>								DRIVERS LIC / ID & STATE				SOCIAL SECURITY #					
	ADDRESS #				STREET NAME				CITY				STATE		ZIP CODE		DAY PHONE				EVENING PHONE					
	<input type="checkbox"/> VISIBLE INJURY <input type="checkbox"/> NO <input type="checkbox"/> YES EXPLAIN OCCUPATION				<input 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 type="checkbox"/> UNK DRUGS <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE <input 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													

  

<b>ARREST</b>	(A) CHARGE												(C) CHARGE											
	(B) CHARGE												(D) CHARGE											

  

<b>NARRATIVE</b>	(Waylyn) On 9-20-15 at approximately 1623 hours NCPD requested CCSO assistance in reference to a shooting. NCPD responded to 2826 Ranger Drive in reference to a B/M subject on scene who had been shot. While enroute to Ranger Drive they were flagged down by a citizen who stated a shooting just occurred in the A-1 Food Store parking lot. NCPD officers located several shell casings in the parking lot, then taped off the parking lot with Crime Scene tape and contacted CCSO. (NCPD Case number 2015-029690). Upon arrival I located a witness, Ms. Beatrice Simmons. She was complaining of health issues and stated she really needed to get home where she could sit down. She said she was sitting in her vehicle, a Mazda CX7, in the parking lot when the shooting started. She was parked beside the white Chevy pick up truck and said																							

  

<b>PROPERTY EST.</b>	TYPE (GROUP)		<b>vehicle</b>										TOTAL VALUE		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY	
	STOLEN															
	DAMAGED		<b>150</b>										<b>150</b>			
	BURNED															
	RECOVERED															
SEIZED																

  

<b>ADMINISTRATIVE</b>	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) <b>Sgt. S. Brinson</b>				DATE <b>9-20-15</b>		BADGE NUMBER <b>9801</b>		APPROVING OFFICER <b>Lt. D. Stanley</b>		DATE <b>9-20-15</b>		BADGE NUMBER <b>9612</b>
								FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO					

PERSON SUPPLEMENT

Sheriff

<b>SC0100000</b>		DISPATCH NUMBER <b>2015-015292</b>		ORIGINAL CASE NUMBER		PAGE 2 OF 5 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 checked="" type="checkbox"/> ADDITIONAL VICTIMS <input type="checkbox"/> ADDITIONAL OFFENDERS		<input checked="" 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 checked="" type="checkbox"/> VICTIM # <b>2</b>		NAME: (LAST, FIRST, MIDDLE) <b>Anglin, David S.</b>										RELATIONSHIP TO SUBJECT #1 <b>unk</b> #2 #3		RESIDENT	RACE	SEX	AGE	DOB	ETH	
	<input type="checkbox"/> SUSPECT #		HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC					DRIVERS LIC / ID & STATE <b>9309167-SC</b>		SOCIAL SECURITY # <b>██████████</b>							
	<input type="checkbox"/> SUBJECT #		<b>600</b>	<b>230</b>	<b>BLK</b>	<b>BRO</b>															
	<input type="checkbox"/> WITNESS #		ADDRESS # <b>2951</b>		STREET NAME <b>Alabama Drive</b>			CITY <b>N. Charleston</b>			STATE <b>SC</b>	ZIP CODE <b>29405</b>	DAY PHONE <b>8433030477</b>		EVENING PHONE <b>H</b>		<b>H</b>				
	<input type="checkbox"/> WANTED		<input type="checkbox"/> VISIBLE INJURY YES		<input checked="" type="checkbox"/> NO <input type="checkbox"/>		<input type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES YES		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		USING ALCOHOL <b>UNK</b>		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/>		<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"/>				
	<input type="checkbox"/> WARRANT		<input type="checkbox"/> EXPLAIN								DRUGS <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES TYPE		<input type="checkbox"/> UNK		<input type="checkbox"/> ASSISTED						
	<input type="checkbox"/> ARREST		OCCUPATION <b>unknown</b>		EMPLOYER			ALIAS					NIC #								
	<input type="checkbox"/> RUNAWAY																				
	<input type="checkbox"/> MISSING PERSON																				
			(A) CHARGE										(C) CHARGE								
		(B) CHARGE										(D) CHARGE									

  

SUBJ. I.D.	<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM #		NAME: (LAST, FIRST, MIDDLE) <b>Simmons, Beatrice</b>										RELATIONSHIP TO SUBJECT #1 <b>unk</b> #2 #3		RESIDENT	RACE	SEX	AGE	DOB	ETH	
	<input type="checkbox"/> SUSPECT #		HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC					DRIVERS LIC / ID & STATE <b>4798609-SC</b>		SOCIAL SECURITY # <b>██████████</b>							
	<input type="checkbox"/> SUBJECT #		<b>5-4</b>	<b>230</b>	<b>BLK</b>	<b>BRO</b>															
	<input checked="" type="checkbox"/> WITNESS # <b>1</b>		ADDRESS # <b>2723</b>		STREET NAME <b>E. Surrey Drive</b>			CITY <b>N Charleston</b>			STATE <b>SC</b>	ZIP CODE <b>29405</b>	DAY PHONE <b>8433450378</b>		EVENING PHONE <b>H</b>		<b>H</b>				
	<input type="checkbox"/> WANTED		<input type="checkbox"/> VISIBLE INJURY YES		<input checked="" type="checkbox"/> NO <input type="checkbox"/>		<input type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES YES		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		USING ALCOHOL <b>UNK</b>		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/>		<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"/>				
	<input type="checkbox"/> WARRANT		<input type="checkbox"/> EXPLAIN								DRUGS <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES TYPE		<input type="checkbox"/> UNK		<input type="checkbox"/> ASSISTED						
	<input type="checkbox"/> ARREST		OCCUPATION <b>unknown</b>		EMPLOYER			ALIAS					NIC #								
	<input type="checkbox"/> RUNAWAY																				
	<input type="checkbox"/> MISSING PERSON																				
			(A) CHARGE										(C) CHARGE								
		(B) CHARGE										(D) CHARGE									

  

SUBJ. I.D.	<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM #		NAME: (LAST, FIRST, MIDDLE) <b>Drayton, David</b>										RELATIONSHIP TO SUBJECT #1 <b>unknown</b> #2 #3		RESIDENT	RACE	SEX	AGE	DOB	ETH	
	<input type="checkbox"/> SUSPECT #		HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC					DRIVERS LIC / ID & STATE <b>103051160-SC</b>		SOCIAL SECURITY # <b>██████████</b>							
	<input type="checkbox"/> SUBJECT #		<b>509</b>	<b>165</b>	<b>BLK</b>	<b>BRO</b>															
	<input checked="" type="checkbox"/> WITNESS # <b>2</b>		ADDRESS # <b>4106</b>		STREET NAME <b>Dorchester Road</b>			CITY <b>N. Charleston</b>			STATE <b>SC</b>	ZIP CODE <b>29405</b>	DAY PHONE <b>2672909620</b>		EVENING PHONE <b>H</b>		<b>H</b>				
	<input type="checkbox"/> WANTED		<input type="checkbox"/> VISIBLE INJURY YES		<input checked="" type="checkbox"/> NO <input type="checkbox"/>		<input type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES YES		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		USING ALCOHOL <b>UNK</b>		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/>		<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"/>				
	<input type="checkbox"/> WARRANT		<input type="checkbox"/> EXPLAIN								DRUGS <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES TYPE		<input type="checkbox"/> UNK		<input type="checkbox"/> ASSISTED						
	<input type="checkbox"/> ARREST		OCCUPATION <b>cashier</b>		EMPLOYER <b>A-1 Food Store</b>			ALIAS					NIC #								
	<input type="checkbox"/> RUNAWAY																				
	<input type="checkbox"/> MISSING PERSON																				
			(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"/> 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) <b>Sgt. S. Brinson</b>				DATE <b>9/20/2015</b>		BADGE NUMBER <b>9801</b>		APPROVING OFFICER <b>Lt. D. Stanley</b>				DATE <b>9/20/2015</b>		BADGE NUMBER <b>9612</b>					
FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO										OFFICER									

PERSON SUPPLEMENT

SC0100000

DISPATCH NUMBER

2015-015292

ORIGINAL CASE NUMBER

PAGE 3 OF 5 PAGES

NCIC ENTRY

INQ.

ENT.

☒ ORIGINAL REPORT  
☐ MODIFIES REPORT

☐ SUPPLEMENTAL REPORT  
☐ CASE STATUS CHANGE

☐ ADDITIONAL VICTIMS  
☐ ADDITIONAL OFFENDERS

☒ ADDITIONAL WITNESSES  
☐ ADDITIONAL SUBJECTS

☐ ADDITIONAL STOLEN PROPERTY  
☐ ADDITIONAL RECOVERED PROPERTY

☐ COMPLAINANT  
☐ VICTIM #  
☐ SUSPECT #  
☐ SUBJECT #  
☒ WITNESS # 3  
☐ WANTED  
☐ WARRANT  
☐ ARREST  
☐ RUNAWAY  
☐ MISSING PERSON

NAME: (LAST, FIRST, MIDDLE)

Chavis, Rita

RELATIONSHIP TO SUBJECT

RESIDENT

RACE

SEX

AGE

DOB

ETH

HEIGHT WEIGHT HAIR EYES FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC

507 233 BLK BRO

DRIVERS LIC / ID & STATE

101012126-SC

SOCIAL SECURITY #

[REDACTED]

ADDRESS #

3721

STREET NAME

Nightingale Dr.

CITY

N. Charleston

STATE

SC

ZIP CODE

29405

DAY PHONE

8434808616

EVENING PHONE

H

☐ VISIBLE INJURY YES  
☒ NO

☐ COMPLAINT OF NON-VISIBLE INJURIES  
☒ NO ☐ YES

USING ALCOHOL  
UNK

☒ NO ☐ YES ☐ UNK

☐ TWO-MAN VEHICLE  
☐ ONE-MAN VEHICLE

☐ DETECTIVE SPLASMT  
☐ OTHER

☐ ALONE  
☐ ASSISTED

OCCUPATION

unknown

EMPLOYER

ALIAS

NIC #

(A) CHARGE

(C) CHARGE

(B) CHARGE

(D) CHARGE

☐ COMPLAINANT  
☐ VICTIM #  
☐ SUSPECT #  
☐ SUBJECT #  
☒ WITNESS # 4  
☐ WANTED  
☐ WARRANT  
☐ ARREST  
☐ RUNAWAY  
☐ MISSING PERSON

NAME: (LAST, FIRST, MIDDLE)

Grant, Da'Shawn

RELATIONSHIP TO SUBJECT

RESIDENT

RACE

SEX

AGE

DOB

ETH

HEIGHT WEIGHT HAIR EYES FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC

510 165 BLK BRO

DRIVERS LIC / ID & STATE

none

SOCIAL SECURITY #

[REDACTED]

ADDRESS #

2603

STREET NAME

Ferrara Drive

CITY

N. Charleston

STATE

SC

ZIP CODE

29405

DAY PHONE

8432597646

EVENING PHONE

H

☐ VISIBLE INJURY YES  
☒ NO

☐ COMPLAINT OF NON-VISIBLE INJURIES  
☒ NO ☐ YES

USING ALCOHOL  
UNK

☒ NO ☐ YES ☐ UNK

☐ TWO-MAN VEHICLE  
☐ ONE-MAN VEHICLE

☐ DETECTIVE SPLASMT  
☐ OTHER

☐ ALONE  
☐ ASSISTED

OCCUPATION

student

EMPLOYER

Garrett HS

ALIAS

NIC #

(A) CHARGE

(C) CHARGE

(B) CHARGE

(D) CHARGE

☐ COMPLAINANT  
☐ VICTIM #  
☐ SUSPECT #  
☐ SUBJECT #  
☒ WITNESS # 6  
☐ WANTED  
☐ WARRANT  
☐ ARREST  
☐ RUNAWAY  
☐ MISSING PERSON

NAME: (LAST, FIRST, MIDDLE)

Simmons, Vincent

RELATIONSHIP TO SUBJECT

RESIDENT

RACE

SEX

AGE

DOB

ETH

HEIGHT WEIGHT HAIR EYES FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC

511 175 BLK BRO

DRIVERS LIC / ID & STATE

103971624-SC

SOCIAL SECURITY #

[REDACTED]

ADDRESS #

2510

STREET NAME

Highpoint Road

CITY

N. Charleston

STATE

SC

ZIP CODE

29405

DAY PHONE

8434781523

EVENING PHONE

H

☐ VISIBLE INJURY YES  
☒ NO

☐ COMPLAINT OF NON-VISIBLE INJURIES  
☒ NO ☐ YES

USING ALCOHOL  
UNK

☒ NO ☐ YES ☐ UNK

☐ TWO-MAN VEHICLE  
☐ ONE-MAN VEHICLE

☐ DETECTIVE SPLASMT  
☐ OTHER

☐ ALONE  
☐ ASSISTED

OCCUPATION

student

EMPLOYER

Garrett HS

ALIAS

NIC #

(A) CHARGE

(C) CHARGE

(B) CHARGE

(D) CHARGE

SUBJECT IDENTIFIED  
☐ YES ☒ NO

SUBJECT LOCATED  
☐ YES ☒ NO

☒ ACTIVE ☐ ADM. CLOSED  
☐ UNFOUNDED

☐ ARRESTED UNDER 18  
☐ ARRESTED 18 AND OVER

☐ EX-CLEAR UNDER 18  
☐ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. ☐ OFFENDER DEATH 2. ☐ NO PROSECUTION 3. ☐ EXTRADITION DENIED 4. ☐ VICTIM DECLINES COOPERATION 5. ☐ JUVENILE NO CUSTODY

REPORTING OFFICER(S)

Sgt. S. Brinson

DATE

9/20/2015

BADGE NUMBER

9801

APPROVING OFFICER

Lt. D. Stanley

DATE

9/20/2015

BADGE NUMBER

9612

FOLLOW-UP INVESTIGATION ☐ YES ☐ NO

CCSO-103 3/1/99

## ARTICLE SUPPLEMENT

<b>SC0100000</b>		DISPATCH NUMBER <b>2015-015292</b>	ORIGINAL CASE NUMBER		PAGE 4 OF 5 PAGES	NCIC ENTRY	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 STOLEN PROPERTY <input type="checkbox"/> ADDITIONAL RECOVERED PROPERTY								

  

<b>VEH. / GUN / ETC.</b>	STATUS	TYPE	LICENSE/REGISTRATION NO. <b>unknown</b>	BOAT HULL NO. OR VIN NO.					
	<input type="checkbox"/> STOLEN	<input checked="" 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 checked="" type="checkbox"/> SUSPECT	<input type="checkbox"/> SECURITIES/BONDS, STOCKS							
	<input type="checkbox"/> ARTICLE								
	<input type="checkbox"/> TOWED								
				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY			JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		

  

<b>VEH. / GUN / ETC.</b>	STATUS	TYPE	LICENSE/REGISTRATION NO. <b>LHH617</b>	BOAT HULL NO. OR VIN NO. <b>1GCEC19X442276217</b>					
	<input type="checkbox"/> STOLEN	<input checked="" 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 checked="" type="checkbox"/> VICTIM	<input type="checkbox"/> LICENSE PLATE	NIC NO.		DENOMINATION	ISSUER	SECURITIES DATE		
	<input type="checkbox"/> SUSPECT	<input type="checkbox"/> SECURITIES/BONDS, STOCKS							
	<input type="checkbox"/> ARTICLE								
	<input type="checkbox"/> TOWED								
				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY			JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		

  

<b>VEH. / GUN / ETC.</b>	STATUS	TYPE	LICENSE/REGISTRATION NO. <b>IYS442</b>	BOAT HULL NO. OR VIN NO. <b>JM3ER293X90231755</b>					
	<input type="checkbox"/> STOLEN	<input checked="" 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							
	<input type="checkbox"/> ARTICLE								
	<input type="checkbox"/> TOWED								
				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY			JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		

  

<b>VEH. / GUN / ETC.</b>	STATUS	TYPE	LICENSE/REGISTRATION NO. <b>LFF412</b>	BOAT HULL NO. OR VIN NO. <b>2CKDL637386291836</b>					
	<input type="checkbox"/> STOLEN	<input checked="" 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							
	<input type="checkbox"/> ARTICLE								
	<input type="checkbox"/> TOWED								
				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY			JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		

  

<b>VEH. / GUN / ETC.</b>	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	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							
	<input type="checkbox"/> ARTICLE								
	<input type="checkbox"/> TOWED								
				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY			JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		

  

<b>REMARKS</b>								

  

<b>ADMINISTRATIVE</b>	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	
	<b>Sgt. S. Brinson</b>			<b>9-20-15</b>		<b>9801</b>		<b>Lt. D. Stanley</b>			<b>9-20-15</b>	
								FOLLOW-UP INVESTIGATION <input type="checkbox"/> NO <input type="checkbox"/> YES			OFFICER	

# INCIDENT SUPPLEMENT

J. Al Cannon, Jr.

<b>SC0100000</b>	DISPATCH NUMBER <b>2015-015292</b>	ORIGINAL CASE NUMBER	PAGE <b>5</b> OF <b>5</b> PAGES	NCC ENTRY	SIG	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		

She was not able to see anything. I obtained her information and allowed her to leave and go to her residence. She left her vehicle in the parking lot. Deputy Gillard located the owner/driver of the white Chevy pick up truck, David Anglin. He obtained his information and advised him to remain on scene to speak to detectives. Deputy Gillard also maintained the Crime Scene Log. I noticed several shell casings around the white Chevy pick up truck and also observed that the driver side window had been shattered.

I spoke to the employee at the A-1 Food Store, David Drayton, who stated he was able to pull up video of the incident. I watched the video with him and observed a grey vehicle on Ranger Dr. pull up, stop and then take off. A subject in the vehicle was shooting toward people in the parking lot. I was unable to see any of the subject's inside the vehicle. The vehicle was a grey, 4 door sedan, possibly a Buick.

I then met with NCPD officers at 2826 Ranger Drive. I was advised that a black male subject had been transported to MUSC due to a single gun shot wound to his side/rib area. NCPD identified the subject as Sharod Young, DOB: 4-12-80. According to a witness, Rita Chavis, Young was standing beside her vehicle (Pontiac Torrent) in the front yard of 2826 Ranger Drive talking to her when he said he was shot. She stated she did not see any vehicles go by and did not see anyone shoot him. Due to conflicting witness statements it was unclear exactly where Young was when he was shot. Chavis was sitting in the driver seat and there were two subjects in the back seat. Da'Shawn Grant stated he was sitting in rear driver side seat and did not see anyone shooting and did not hear any gunshots. Vincent Simmons stated he was sitting in the rear passenger seat and also did not see anyone shooting and did not hear any gunshots.

I then notified CID and the CDO of the incident. CID and FSU responded to the scene. Information was passed on to Sgt. Bryant and Sgt. James.

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	BADGE NUMBER			
	Sgt. S. Brinson	9-20-15	9801	Lt. D. Stanley	9-20-15	9612			
				FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER				