

INCIDENT REPORT

SC0100000		DISPATCH NUMBER 2016-002971		ORIGINAL CASE NUMBER		PAGE 1 OF 2 PAGES		NCIC ENTRY/NA		SHERIFF INQ. N/A ENT. N/A	
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EVENT	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 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.						<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: 810 HOSS RD. CHARLESTON, SC															
<div style="display: flex; justify-content: space-between;"> <div> BEGINNING INCIDENT DATE 2/24/16 </div> <div> 24 HR. CLOCK 0340 </div> <div> ENDING INCIDENT DATE 2/24/16 </div> <div> 24 HR. CLOCK 0348 </div> <div> DISP. DATE 2/24/16 </div> <div> DISP. TIME 0349 </div> <div> TIME ARRIVED 0354 </div> <div> DEPART TIME </div> <div> TRACT # </div> </div>															

COMPLAINANT	NAME: (LAST, FIRST, MIDDLE) LOWRY, DONZELLA													
	RELATIONSHIP TO SUBJECT #1 UNK #2 UNK #3 UNK													
	RESIDENT J RACE B SEX F AGE 44 DOB 12/18/71 ETH N													
	HEIGHT 507 WEIGHT 200 HAIR BLK EYES BRO FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. N/A													
	ADDRESS # 810 STREET NAME HOSS RD. CITY CHARLESTON STATE SC ZIP CODE 29414 DAY PHONE UNK EVENING PHONE UNK													
OCCUPATION UNK EMPLOYER UNK ALIAS UNK NIC # N/A														

VICTIM #1	NAME: (LAST, FIRST, MIDDLE) FULTON, LEROY III													
	RELATIONSHIP TO SUBJECT #1 UNK #2 UNK #3 UNK													
	RESIDENT S RACE B SEX M AGE 38 DOB 11/28/77 ETH N													
	HEIGHT 601 WEIGHT 250 HAIR BLK EYES BRO FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. N/A													
	ADDRESS # 108 STREET NAME N. PALMETTO ST. CITY SUMMERVILLE STATE SC ZIP CODE 29483 DAY PHONE UNK EVENING PHONE UNK													
<input checked="" type="checkbox"/> VISIBLE INJURY <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES COMPLAINT OF NON-VISIBLE INJURIES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES USING ALCOHOL <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE SPLASMT <input type="checkbox"/> ALONE EXPLAIN GUN SHOT WOUND DRUGS <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES TYPE <input type="checkbox"/> UNK ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED OCCUPATION UNK EMPLOYER UNK ALIAS UNK NIC # N/A														

SUBJ. I.D.	NAME: (LAST, FIRST, MIDDLE) UNK													
	RELATIONSHIP TO SUBJECT #1 UNK #2 UNK #3 UNK													
	RESIDENT U RACE B SEX M AGE U DOB UNK ETH U													
	HEIGHT UNK WEIGHT UNK HAIR BLK EYES BRO FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. UNK													
	ADDRESS # UNK STREET NAME UNK CITY UNK STATE UNK ZIP CODE UNK DAY PHONE UNK EVENING PHONE UNK													
<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"/> ARREST <input type="checkbox"/> RUNAWAY <input type="checkbox"/> MISSING PERSON <input type="checkbox"/> VISIBLE INJURY <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 TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE SPLASMT <input type="checkbox"/> ALONE EXPLAIN <input type="checkbox"/> NO <input type="checkbox"/> YES DRUGS <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE <input type="checkbox"/> UNK ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED OCCUPATION UNK EMPLOYER UNK ALIAS UNK NIC # UNK														

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

NARRATIVE	SEE ATTACHED.													
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PROPERTY EST.	TYPE (GROUP)						TOTAL VALUE		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY	
	STOLEN								N/A	
	DAMAGED									
	BURNED									
	RECOVERED								JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
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) DEP. ODOM			DATE 2/24/16		BADGE NUMBER 10713		APPROVING OFFICER SGT. CRAVEN			DATE 2/24/16	
								FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO			BADGE NUMBER 9916	

INCIDENT SUPPLEMENT

J. Al Cannon, Jr.

SC0100000	DISPATCH NUMBER 2016-002971	ORIGINAL CASE NUMBER	PAGE 2 OF 2 PAGES	NCIC ENTRY/N/A	Sheriff I.D. ENT. N/A N/A
ORIGINAL <input checked="" type="checkbox"/> REPORT MODIFIES <input type="checkbox"/> ORIGINAL	SUPPLEMENTAL <input type="checkbox"/> REPORT CASE STATUS <input type="checkbox"/> CHANGE	ADDITIONAL <input type="checkbox"/> VICTIMS ADDITIONAL <input type="checkbox"/> OFFENDERS	ADDITIONAL <input type="checkbox"/> WITNESSES ADDITIONAL <input type="checkbox"/> SUBJECTS	ADDITIONAL <input type="checkbox"/> STOLEN PROPERTY ADDITIONAL <input type="checkbox"/> RECOVERED PROPERTY	

(West Ashley- Ponderosa Subdivision) On 2/24/16 at approximately 0354 hrs., CCSO Deputy's, Sgt. Craven, Sgt. Euper, Lt. Plunkett, and myself (Dep. Odom) responded to 810 Hoss Rd. in reference to a shooting that just occurred. Deputy's arrived on scene and located the listed victim (Leroy Fulton III) in the front yard of the incident location. Mr. Fulton sustained an unknown number of gunshot wounds and was conscious at the time he was located. EMS personal immediately arrived on scene and transported Mr. Fulton to the MUSC medical facility. While canvassing the area, Deputy's located a shell casing in the back yard area of the incident location. All evidence which was located, was marked and left in place for the CCSO FSU unit to collect and process. A crime scene perimeter was set up and a crime scene log was completed.

The CCSO CID unit and CCSO FSU unit were notified and responded to the incident location. CID took over the crime scene and will be further investigating this incident.

Cpt. Tittle and the CCSO PIO were contacted and notified of the incident.

Nothing further.

NARRATIVE

PROPERTY EST.	TYPE (GROUP)					TOTAL VALUE	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY					
	STOLEN						N/A					
	DAMAGED			N/A								
	BURNED											
	RECOVERED						JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY					
SEIZED							N/A					
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	
	DEP. ODOM			2/24/16		10713		SGT. CRAVEN			2/24/16	
							FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO			OFFICER		