

INCIDENT REPORT

SC0100000		DISPATCH NUMBER 2016-018418		ORIGINAL CASE NUMBER		PAGE 1 OF 3 PAGES		NCIC ENTRY		INQ.		ENT.																				
EVENT	INCIDENT TYPE 1. Armed Robbery				INCIDENT CODE		COMPLETED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		FORCED ENTRY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		PREMISE TYPE Convenience Store		UNITS ENTERED																			
	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: 10141 N Highway 17, McClellanville SC				ZIP CODE 29458		WEAPON TYPE Pistol																									
BEGINNING INCIDENT DATE 12/04/16		24 HR. CLOCK 2209		ENDING INCIDENT DATE 12/04/16		24 HR. CLOCK 1014		DISP. DATE 12/04/16		DISP. TIME 2211		TIME ARRIVED 2224		DEPART TIME 0100		TRACT #																
COMPLAINANT	NAME: (LAST, FIRST, MIDDLE) Jackson, Jerrica Brett				RELATIONSHIP TO SUBJECT #1 Unk #2 #3				RESIDENT J		RACE W		SEX F		AGE 25		DOB [REDACTED]		ETH N													
	HEIGHT 506				WEIGHT 285				HAIR BRO				EYES BRO				FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. None				DRIVERS LIC / ID & STATE [REDACTED]				SOCIAL SECURITY # [REDACTED]							
	ADDRESS # 10244				STREET NAME N Highway 17				CITY McClellanville				STATE SC				ZIP CODE 29458				DAY PHONE [REDACTED]				EVENING PHONE Same							
	OCCUPATION Cashier				EMPLOYER Dollar General				ALIAS N/A				NIC # N/A																			
VICTIM #1	NAME: (LAST, FIRST, MIDDLE) Dollar General				RELATIONSHIP TO SUBJECT #1 #2 #3				RESIDENT J		RACE		SEX		AGE		DOB		ETH													
	HEIGHT				WEIGHT				HAIR				EYES				FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				DRIVERS LIC / ID & STATE				SOCIAL SECURITY #							
	ADDRESS # 10141				STREET NAME N Highway 17				CITY McClellanville				STATE SC				ZIP CODE 29458				DAY PHONE [REDACTED]				EVENING PHONE Same							
	<input type="checkbox"/> VISIBLE INJURY				<input type="checkbox"/> NO <input type="checkbox"/> YES				<input type="checkbox"/> 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				<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE SPLASMT <input type="checkbox"/> ALONE							
SUBJ. I.D.	<input type="checkbox"/> COMPLAINANT				NAME: (LAST, FIRST, MIDDLE) McKinney, Jonathan David				RELATIONSHIP TO SUBJECT #1 Unk #2 #3				RESIDENT J		RACE W		SEX M		AGE 20		DOB [REDACTED]		ETH N									
	<input type="checkbox"/> VICTIM #				HEIGHT 600				WEIGHT 156				HAIR BRO				EYES BRO				FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. None				DRIVERS LIC / ID & STATE [REDACTED]				SOCIAL SECURITY # [REDACTED]			
	<input checked="" type="checkbox"/> SUSPECT # 1				ADDRESS # 10073				STREET NAME Randall St				CITY McClellanville				STATE SC				ZIP CODE 29458				DAY PHONE [REDACTED]				EVENING PHONE Same			
	<input type="checkbox"/> WITNESS #				<input type="checkbox"/> VISIBLE INJURY				<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES				<input type="checkbox"/> 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				<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE SPLASMT <input type="checkbox"/> ALONE			
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)		US Currency		N/A		N/A		N/A		N/A		TOTAL VALUE		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY																	
	STOLEN		[REDACTED]										[REDACTED]		CCSO																	
	DAMAGED																															
	BURNED																															
ADMINISTRATIVE	RECOVERED														N/A																	
	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"/> 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) C.B. Arrington				DATE 12/04/16		BADGE NUMBER 10783		APPROVING OFFICER Sgt C. Barton				DATE 12/04/16		BADGE NUMBER 10271																		
								FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO				OFFICER																				

PERSON SUPPLEMENT

Sheriff

SC0100000		DISPATCH NUMBER 2016-018418		ORIGINAL CASE NUMBER		PAGE 2 OF 3 PAGES		NCIC ENTRY		ING. 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 #2 #3			RESIDENT	RACE	SEX	AGE	DOB	ETH
	HEIGHT		WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.			DRIVERS LIC / ID & STATE			SOCIAL SECURITY #
	602		Unk	BRO	BRO							
	ADDRESS #		STREET NAME		CITY		STATE	ZIP CODE	DAY PHONE		EVENING PHONE	
											H H	
	<input type="checkbox"/> VISIBLE INJURY YES		<input checked="" type="checkbox"/> NO <input type="checkbox"/>		<input type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		USING ALCOHOL UNK		<input type="checkbox"/> NO <input checked="" 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"/>	
	EXPLAIN				DRUGS <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES TYPE		<input checked="" type="checkbox"/> UNK					
	OCCUPATION		EMPLOYER		ALIAS				NIC #			
	(A) CHARGE				(C) CHARGE							
(B) CHARGE				(D) CHARGE								

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) Ray, Margot Marie		RELATIONSHIP TO SUBJECT #1 #2 #3			RESIDENT	RACE	SEX	AGE	DOB	ETH
	HEIGHT		WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.			DRIVERS LIC / ID & STATE			SOCIAL SECURITY #
	509		170	BRO	BRO	None						Withheld
	ADDRESS #		STREET NAME		CITY		STATE	ZIP CODE	DAY PHONE		EVENING PHONE	
	290		Myrtle Ave		Pawleys Island		SC	29585			H Same H	
	<input type="checkbox"/> VISIBLE INJURY YES		<input checked="" type="checkbox"/> NO <input type="checkbox"/>		<input type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		USING ALCOHOL UNK		<input type="checkbox"/> NO <input checked="" 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"/>	
	EXPLAIN				DRUGS <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES TYPE		<input type="checkbox"/> UNK					
	OCCUPATION		EMPLOYER		ALIAS				NIC #			
	District Manager		Dollar General		N/A				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	RACE	SEX	AGE	DOB	ETH
	HEIGHT		WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.			DRIVERS LIC / ID & STATE			SOCIAL SECURITY #
				XXX	XXX							
	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"/>		<input type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES <input type="checkbox"/> NO <input type="checkbox"/> YES		USING ALCOHOL UNK		<input type="checkbox"/> NO <input checked="" 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"/>	
	EXPLAIN				DRUGS <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE		<input type="checkbox"/> UNK					
	OCCUPATION		EMPLOYER		ALIAS				NIC #			
	(A) CHARGE				(C) CHARGE							
(B) CHARGE				(D) CHARGE								

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) C.B. Arrington			DATE 12/04/16		BADGE NUMBER 10783		APPROVING OFFICER Sgt C. Barton		DATE 12/04/16		BADGE NUMBER 10271	
							FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO					

INCIDENT SUPPLEMENT

J. Al Cannon, Jr.
Sheriff

SC0100000	DISPATCH NUMBER 2016-018418	ORIGINAL CASE NUMBER	PAGE 3 OF 3 PAGES	NCIC ENTRY	ING.	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) On 12/04/16 I, Deputy C.B. Arrington and Deputy J. Hightower responded to 10141 N Highway 17 located in the McClellanville area of Charleston County in reference to an armed robbery to the Dollar General. While enroute dispatch advised that the suspect shot at the front door and robbed the store while two employees were inside. Upon arrival myself and Hightower made contact with the two employees at the front door of the business, we cleared the interior of the store with no results. We secured the scene with crime scene tape and started a crime scene log.

EMS was requested to the scene to check on employee Jonathan McKinney who had been assaulted. McKinney advised they had just closed the business and locked the front door when the suspect who McKinney described as black male wearing a black hoodie, black gloves and a ski mask came through the front door. He stated the suspect grabbed him and told him to take everything out of the safe, the suspect then hit him in the head with a pistol twice. When he asked the suspect if he wanted the coins he struck him in the head a few more times. He stated the phone to the business rang and the suspect left out of the front door. McKinney was checked by EMS on scene but refused transport.

I spoke to the 2nd employee/complainant, who advised she was in the back of the business when the suspect came in at which point she called 911. Sgt Barton arrived on scene and requested CID respond. Written statements were obtained by both employees. Detective McCauley arrived on scene and took custody of the scene. The district manager, Margo Ray for Dollar general responded to the scene to re-secure the store. Ray advised that [REDACTED] in US currency was taken from the safe. End of report.

NARRATIVE

PROPERTY EST.	TYPE (GROUP)	N/A				TOTAL VALUE	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY	
	STOLEN	N/A					N/A	
	DAMAGED	N/A						
	BURNED	N/A					JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
	RECOVERED	N/A					N/A	
	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) C.B. Arrington		DATE 12/04/16	BADGE NUMBER 10783	APPROVING OFFICER Sgt C. Barton		DATE 12/04/16	BADGE NUMBER 10271
					FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO		OFFICER	