

# INCIDENT REPORT

<b>SC0100000</b>		DISPATCH NUMBER 2017-001465		ORIGINAL CASE NUMBER N/A		PAGE 1 OF 2 PAGES		NCIC ENTRY ENTRYN		SHERIFF INQ. N/A ENT. N/A	

  

<b>EVENT</b>	1. SHOOTING INVESTIGATION				INCIDENT CODE		COMPLETED <input type="checkbox"/> YES <input type="checkbox"/> NO		FORCED ENTRY <input type="checkbox"/> YES <input type="checkbox"/> NO		PREMISE TYPE ROADWAY		<b>UNITS ENTERED</b>	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: 6160 FOX DRIVE, RAVENEL, SC				ZIP CODE 29470		WEAPON TYPE FIREARM										
BEGINNING INCIDENT DATE 01/24/17		24 HR. CLOCK 1830		ENDING INCIDENT DATE 01/24/17		24 HR. CLOCK 1850		DISP. DATE 01/24/17		DISP. TIME 1851		TIME ARRIVED 1858		DEPART TIME 2354		TRACT #	

  

<b>COMPLAINANT</b>	NAME: (LAST, FIRST, MIDDLE) BERNARD, ANDREA M				RELATIONSHIP TO SUBJECT #1 N/A #2 N/A #3 N/A				RESIDENT J		RACE B		SEX F		AGE 35		DOB [REDACTED]		ETH N	
	HEIGHT 506		WEIGHT 207		HAIR BLK		EYES BRO		FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. UNKNOWN				DRIVERS LIC / ID & STATE [REDACTED]				SOCIAL SECURITY # [REDACTED]			
	ADDRESS # 6714				STREET NAME HOLLY TREE DRIVE				CITY HOLLYWOOD				STATE SC		ZIP CODE 29449		DAY PHONE [REDACTED]		EVENING PHONE [REDACTED]	
	OCCUPATION UNKNOWN				EMPLOYER UNKNOWN				ALIAS N/A				NIC # N/A							

  

<b>VICTIM #1</b>	NAME: (LAST, FIRST, MIDDLE) UNKNOWN				RELATIONSHIP TO SUBJECT #1 #2 #3				RESIDENT J		RACE		SEX		AGE		DOB		ETH	
	HEIGHT		WEIGHT		HAIR BLK		EYES BRO		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 <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				<input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED			

  

<b>SUBJ. I.D.</b>	<input type="checkbox"/> COMPLAINANT				NAME: (LAST, FIRST, MIDDLE) UNKNOWN				RELATIONSHIP TO SUBJECT #1 #2 #3				RESIDENT J		RACE		SEX		AGE		DOB		ETH	
	<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"/> WARRANT		<input type="checkbox"/> ARREST		<input type="checkbox"/> RUNAWAY		<input type="checkbox"/> MISSING PERSON							
	HEIGHT		WEIGHT		HAIR BLK		EYES BRO		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					

  

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

  

<b>NARRATIVE</b>	(Ravenel) I responded to the incident location at the above date and time of a report of a shooting. Dispatch advised there was a subject, victim #1, had been shot in the head. Upon arrival, I was unable to locate the victim because he was transported by another subject, subject #1, from the incident location to an unknown location. I then met with the complainant, Andrea Bernard. Bernard advised there were several shots fired by an unknown suspect, suspect #1, and no one else had been hurt. Lt. Plunkett was notified of the incident and he had notified CID. Deputy Thompson started a crime scene log and I secured the scene with crime scene tape. CID responded and took control of the investigation. Body camera was activated during incident response. Nothing further.											

  

<b>PROPERTY EST.</b>	TYPE (GROUP)		N/A		N/A		N/A		N/A		N/A		TOTAL VALUE		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY N/A	
	STOLEN															
	DAMAGED														JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY N/A	
	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) DEPUTY N. JAMESON			DATE 01/24/17		BADGE NUMBER 10857		APPROVING OFFICER SGT. C. CRAVEN			DATE 01/24/17		BADGE NUMBER 9916

  

FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO		OFFICER	
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PERSON SUPPLEMENT

<b>SC0100000</b>		DISPATCH NUMBER <b>2017-001465</b>		ORIGINAL CASE NUMBER <b>N/A</b>		PAGE <b>2</b> OF <b>2</b> PAGES		NCIC ENTRY <b>N/A</b>		INQ. N/A		ENT. N/A		
<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 type="checkbox"/> SUSPECT # _____ <input checked="" type="checkbox"/> SUBJECT # <b>1</b> <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) <b>UNKNOWN</b>				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 #		
	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"/> DETECTIVE SPLASMT <input type="checkbox"/> ALONE <input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/>							
	EXPLAIN		OCCUPATION		EMPLOYER		ALIAS		NIC #					
	(A) CHARGE				(C) CHARGE									
	(B) CHARGE				(D) CHARGE									
	<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 #		
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	EXPLAIN		OCCUPATION		EMPLOYER		ALIAS		NIC #					
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(A) CHARGE				(C) CHARGE										
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	EXPLAIN		OCCUPATION		EMPLOYER		ALIAS		NIC #					
	(A) CHARGE				(C) CHARGE									
	(B) CHARGE				(D) CHARGE									
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						
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								FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO						
CCSO-103 10/1/15														