

INCIDENT REPORT

SC0100000		DISPATCH NUMBER 2017-001465	ORIGINAL CASE NUMBER N/A		PAGE 1 OF 2 PAGES	NCIC ENTRY N/A	IND. N/A	ENT. N/A				
EVENT	INCIDENT TYPE 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		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: 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 #			
COMPLAINANT	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]		H	
OCCUPATION UNKNOWN			EMPLOYER UNKNOWN		ALIAS N/A	NIC # N/A						
VICTIM #1	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		H	
<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			
EXPLAIN OCCUPATION			EMPLOYER		ALIAS		NIC #					
SUBJ. I.D.	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		H	
<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			
EXPLAIN OCCUPATION			EMPLOYER		ALIAS		NIC #					
ARREST	(A) CHARGE N/A			(C) CHARGE N/A								
	(B) CHARGE N/A			(D) CHARGE N/A								
NARRATIVE	<p>(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.</p>											
	PROPERTY EST.	TYPE (GROUP)	N/A	N/A	N/A	N/A	N/A	TOTAL VALUE	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY			
		STOLEN							N/A			
		DAMAGED							JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY			
		BURNED							N/A			
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) 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							

