

# INCIDENT REPORT

<b>SC0100000</b>		DISPATCH NUMBER <b>2016-019553</b>		ORIGINAL CASE NUMBER		PAGE 1 OF 2 PAGES		NCIC ENTRY		INQ.		ENT.	

  

<b>EVENT</b>	INCIDENT TYPE 1. Shooting				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>Residence</b>		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: <b>824 Burgin Rd., McClellanville, SC</b>														ZIP CODE <b>29458</b>		WEAPON TYPE <b>Firearm</b>

  

BEGINNING INCIDENT DATE <b>12/29/16</b>		24 HR. CLOCK <b>2334</b>		ENDING INCIDENT DATE <b>12/30/16</b>		24 HR. CLOCK <b>0004</b>		DISP. DATE <b>12/30/16</b>		DISP. TIME		TIME ARRIVED <b>0030</b>		DEPART TIME		TRACT #	
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<b>COMPLAINANT</b>	NAME: (LAST, FIRST, MIDDLE) <b>Concerned Citizen</b>										RELATIONSHIP TO SUBJECT #1 #2 #3		RESIDENT <b>J</b>		RACE <b>B</b>		SEX <b>M</b>		AGE <b>45</b>		DOB <b>11/24/71</b>		ETH <b>N</b>			
	HEIGHT		WEIGHT		HAIR <b>XXX</b>		EYES <b>XXX</b>		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					
	OCCUPATION				EMPLOYER				ALIAS				NIC #													

  

<b>VICTIM #1</b>	NAME: (LAST, FIRST, MIDDLE) <b>Fraiser, Jermaine, L</b>										RELATIONSHIP TO SUBJECT #1 #2 #3		RESIDENT <b>J</b>		RACE <b>B</b>		SEX <b>M</b>		AGE <b>45</b>		DOB <b>11/24/71</b>		ETH <b>N</b>			
	HEIGHT <b>509</b>		WEIGHT <b>170</b>		HAIR <b>BLK</b>		EYES <b>BRO</b>		FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.										DRIVERS LIC / ID & STATE <b>-----/SC</b>				SOCIAL SECURITY # <b>Unk.</b>			
	ADDRESS # <b>824</b>				STREET NAME <b>Burgin Rd.</b>				CITY <b>McClellanville</b>				STATE <b>SC</b>		ZIP CODE <b>29458</b>		DAY PHONE				EVENING PHONE					
	<input checked="" type="checkbox"/> VISIBLE INJURY		<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				<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) <b>Unk.</b>										RELATIONSHIP TO SUBJECT #1 #2 #3		RESIDENT <b>J</b>		RACE <b>B</b>		SEX <b>M</b>		AGE <b>45</b>		DOB <b>11/24/71</b>		ETH <b>N</b>										
	<input checked="" type="checkbox"/> SUSPECT # <b>1</b>		HEIGHT		WEIGHT		HAIR <b>XXX</b>		EYES <b>XXX</b>		FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.										DRIVERS LIC / ID & STATE				SOCIAL SECURITY #										
	<input type="checkbox"/> SUBJECT #		ADDRESS #				STREET NAME				CITY				STATE		ZIP CODE		DAY PHONE				EVENING PHONE												
	<input type="checkbox"/> WITNESS #		<input checked="" type="checkbox"/> WANTED		<input type="checkbox"/> WARRANT		<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				<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>	<p>On 12/30/2016 at approximately 0006 hrs, I (Dfc B Wade) responded to 824 Burgin Rd., McClellanville, SC 29458 in reference to a shooting. Upon arriving on scene, I observed a crowd gathered around a silver 2016 Dodge Journey with the victim (Jermaine Fraiser) lying outside the vehicle. There were bullet holes in the front windshield of the vehicle. I secured the scene for EMS and dispersed the crowd away from the scene. EMS examined Jermaine and determined he was deceased. I then taped off the scene and began a major crime scene log. Sgt Covington was notified. CID, Forensics, and the Coroner were called to the scene.</p>																							
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<b>PROPERTY EST.</b>	TYPE (GROUP)														TOTAL VALUE		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY	
	STOLEN																	
	DAMAGED																	
	BURNED																	
	RECOVERED																	

  

<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>B Wade</b>				DATE <b>12/30/2016</b>		BADGE NUMBER <b>10664</b>		APPROVING OFFICER <b>Sgt Covington</b>				DATE <b>12/30/2016</b>		BADGE NUMBER <b>8891</b>

  

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