

INCIDENT REPORT

SHERIFF

SC010000		DISPATCH NUMBER 2016-019553		ORIGINAL CASE NUMBER		PAGE 1 OF 2 PAGES		NCIC ENTRY	INQ.	ENT.		
EVENT	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 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: 824 Burgin Rd., McClellanville, SC			ZIP CODE 29458	WEAPON TYPE Firearm							
BEGINNING INCIDENT DATE 12/29/16		24 HR. CLOCK 2334	ENDING INCIDENT DATE 12/30/16	24 HR. CLOCK 0004	DISP. DATE 12/30/16	DISP. TIME	TIME ARRIVED 0030	DEPART TIME	TRACT #			
COMPLAINANT	NAME: (LAST, FIRST, MIDDLE) Concerned Citizen			RELATIONSHIP TO SUBJECT #1 #2 #3			RESIDENT J	RACE	SEX	AGE	DOB	ETH
	HEIGHT	WEIGHT	HAIR XXX	EYES XXX	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 H	
	OCCUPATION		EMPLOYER		ALIAS		NIC #					
VICTIM #1	NAME: (LAST, FIRST, MIDDLE) Fraiser, Jermaine, L			RELATIONSHIP TO SUBJECT #1 #2 #3			RESIDENT J	RACE B	SEX M	AGE 45	DOB 11/24/71	ETH N
	HEIGHT 509	WEIGHT 170	HAIR BLK	EYES BRO	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.			DRIVERS LIC / ID & STATE -----/SC		SOCIAL SECURITY # Unk.		
	ADDRESS # 824		STREET NAME Burgin Rd.		CITY McClellanville	STATE SC	ZIP CODE 29458	DAY PHONE	EVENING PHONE		H H	
	<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	
SUBJ. I.D.	NAME: (LAST, FIRST, MIDDLE) Unk.			RELATIONSHIP TO SUBJECT #1 #2 #3			RESIDENT J	RACE	SEX	AGE	DOB	ETH
	HEIGHT	WEIGHT	HAIR XXX	EYES XXX	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 H	
	<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	
ARREST	(A) CHARGE			(C) CHARGE								
	(B) CHARGE			(D) CHARGE								
NARRATIVE	<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>											
PROPERTY EST.	TYPE (GROUP)									TOTAL VALUE	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY	
	STOLEN											
	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) B Wade			DATE 12/30/2016	BADGE NUMBER 10664	APPROVING OFFICER Sgt Covington			DATE 12/30/2016	BADGE NUMBER 8891		
	FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO					OFFICER						