

EVENT	INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM							
	1. Shooting Incident		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	HOM	0	<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS <input type="checkbox"/> FINANCIAL INST. <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> RELIGIOUS ORG. <input type="checkbox"/> SOCIETY/PUBLIC <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 (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)							ZIP CODE		WEAPON TYPE					
1016 Gentle Bend Ct, Graniteville SC							29829		Handgun					
INCIDENT DATE		24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISP DATE	DISP TIME	TIME ARRIVE	TIME DEPART	LOCATION #				
7/26/20		2030		7/26/20	2030	7/26/20	2033	2041	0036	19 E6				
COMPLAINANT NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	ETH.	DAY PHONE	NIGHT PHONE		
Coates, Timia			#1 BG	#2	#3	*J S O U	B	F	Unk	N		H B		
ADDRESS			CITY			STATE	ZIP CODE	LOCATION #						
1016 Gentle Bend Ct			Graniteville			SC	29829	19 E6						
VICTIM 1	VICTIM NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	ETH.			
	[REDACTED]			#1 CH	#2	#3	*J S O U	B	M	2	N			
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES ETC.									
	Unk	Unk	Blk	Unk	Unk									
ADDRESS			CITY			STATE	ZIP CODE	LOCATION #	DAY PHONE	NIGHT PHONE				
1016 Gentle Bend Ct			Graniteville			SC	29829	19 E6		H B				
<input type="checkbox"/> VISIBLE INJURY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						COMPLAINT OF NON-VISIBLE INJURIES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								
VICTIM 1 USING ALCOHOL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.						DRUGS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. TYPE:								
TWO MAN VEH. <input type="checkbox"/> ONE MAN VEH. <input type="checkbox"/> DETECTIVE/PLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED <input type="checkbox"/>						<input type="checkbox"/> *J - THIS JURISDICTION <input type="checkbox"/> S-STATE <input type="checkbox"/> O-OUT OF STATE <input type="checkbox"/> U-UNKNOWN								
SUBJECT 1	<input checked="" type="checkbox"/> SUBJECT		NAME (LAST, FIRST, MIDDLE)			RACE	SEX	AGE	ETH.	D.O.B.	HGT	WGT	HAIR	EYES
	<input type="checkbox"/> RUNAWAY		Paige, Zayalan			B	M	18	N		506	130	BLK	BRO
	<input type="checkbox"/> WANTED		FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES ETC.											
	<input type="checkbox"/> WARRANT		ADDRESS			CITY	STATE	ZIP CODE	LOCATION #					
<input type="checkbox"/> ARREST		1016 Gentle Bend Ct			Graniteville	SC	29829	19 E6						
<input type="checkbox"/> JAIL		SUBJECT 1: USING ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.			ARRESTED NEAR OFFENSE SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST					
<input type="checkbox"/> SUMMONS		DRUGS: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK.			TOTAL # ARRESTED 1		7/25/20 2030		7/25/20 2315					
NARRATIVE	CHARGE #1		CHARGE #2				CHARGE #3							
	Pending Warrants													
	<p>R/O responded to I/L for a shooting incident. R/O observed the complainant sitting on the ground in the roadway holding her son, the victim in her arms. R/O observed an apparent gun shot wound to the victims chest. First responders arrived and began treating the victim. R/O observed the subject frantically running around the scene. R/O asked the complainant where the gun was; however, the subject answered that it was his gun and its gone. R/O did a protective sweep of the residence. EMS arrived and transported the victim to AUMC. R/O detained the subject then supervision called Forensics and Juvenile investigators. Felicia, the homeowner and mother of the subject arrived. Juvenile and Forensics arrived. Scene was turned over to them. R/O has no further.</p>													
	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY						JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY							
PROPERTY EST.	TYPE										TOTAL VALUE			
	STOLEN										\$			
	DAMAGED										\$			
	BURNED										\$			
	RECOVERED										\$			
SEIZED										\$				
ADMINISTRATIVE	SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SUBJECT LOCATED <input checked="" type="checkbox"/> YES <input 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 OFFICERS			DATE	UNIT NUMBER	APPROVING OFFICER			DATE	UNIT NUMBER				
D. Givens			7/26/20	7347	TURNER, BA			072620	6371					
FOLLOW-UP INVESTIGATION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						OFFICER JUV								

ORIGINAL REPORT SUPPLEMENTAL REPORT ADDITIONAL VICTIMS ADDITIONAL STOLEN PROPERTY
 MODIFIES ORIGINAL CASE STATUS CHANGE ADDITIONAL OFFENDERS ADDITIONAL RECOVERED PROPERTY

PAGE 2 OF 2 PAGES

VICTIM/SUBJECT I.D. OVERFLOW	<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST, MIDDLE)			VICTIM RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B	ETH
	<input type="checkbox"/> VICTIM #	Paige, Felicia			#1	#2	#3	* J S O U	B	F	39		N
	<input type="checkbox"/> SUBJECT#	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES ETC.							
	<input type="checkbox"/> RUNAWAY			BLK	BRO								
	<input type="checkbox"/> WANTED	ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE	EVENING PHONE			
	<input type="checkbox"/> WARRANT	1016 Gentle Bend Ct			Graniteville	SC	29829	19 E6					
<input type="checkbox"/> ARREST	<input type="checkbox"/> VICTIM NO _____ : VISIBLE INJURY <input type="checkbox"/> NO <input type="checkbox"/> YES			COMPLAINT OF NON-VISIBLE INJURIES		VICTIM 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"/> JAIL	EXPLAIN:			<input type="checkbox"/> NO <input type="checkbox"/> YES		DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE: <input type="checkbox"/> UNK.		<input type="checkbox"/> ONE MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED					
<input type="checkbox"/> SUMMONS	<input type="checkbox"/> SUBJECT NO _____ : USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES												
<input checked="" type="checkbox"/> Homeowner	USING DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> TYPE:							<input type="checkbox"/> UNKNOWN					

VICTIM/SUBJECT I.D. OVERFLOW	<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST, MIDDLE)			VICTIM RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B	ETH
	<input type="checkbox"/> VICTIM #				#1	#2	#3	* J S O U					
	<input type="checkbox"/> SUBJECT#	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES ETC.							
	<input type="checkbox"/> RUNAWAY												
	<input type="checkbox"/> WANTED	ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE	EVENING PHONE			
	<input type="checkbox"/> WARRANT												
<input type="checkbox"/> ARREST	<input type="checkbox"/> VICTIM NO _____ : VISIBLE INJURY <input type="checkbox"/> NO <input type="checkbox"/> YES			COMPLAINT OF NON-VISIBLE INJURIES		VICTIM 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"/> JAIL	EXPLAIN:			<input type="checkbox"/> NO <input type="checkbox"/> YES		DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE: <input type="checkbox"/> UNK.		<input type="checkbox"/> ONE MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED					
<input type="checkbox"/> SUMMONS	<input type="checkbox"/> SUBJECT NO _____ : USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES												
<input type="checkbox"/>	USING DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> TYPE:							<input type="checkbox"/> UNKNOWN					

NARRATIVE												
	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY						JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY					

VEH/GUN/ETC 1	STATUS		TYPE		VIN AND/OR LICENSE NO.				BOAT HULL NO. AND/OR REG. NO.				
	<input type="checkbox"/> STOLEN		<input type="checkbox"/> VEHICLE										
	<input type="checkbox"/> RECOVERED		<input type="checkbox"/> GUN		SERIAL AND/OR OWNER APPLIED NO.				STATE				
	<input type="checkbox"/> FOUND		<input type="checkbox"/> BOAT		YEAR OF REGISTRATION		YEAR OF EXPIRATION		YEAR		MAKE		TYPE
	<input type="checkbox"/> TOWED		<input type="checkbox"/> LICENSE PLATE		MODEL		STYLE		COLOR		BRAND NAME		CALIBER
	<input type="checkbox"/> SUSPECT		<input type="checkbox"/> SECURITIES/BONDS		NIC NO.		DENOMINATION		ISSUER		SECURITIES DATE		
<input type="checkbox"/> VICTIM		<input type="checkbox"/> ARTICLE		MISCELLANEOUS									

PROPERTY EST.	TYPE										TOTAL VALUE
	STOLEN										
	DAMAGED										
	BURNED										
	RECOVERED										
SEIZED											

ADMINISTRATIVE	SUBJECT IDENTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO		SUBJECT LOCATED <input type="checkbox"/> YES <input type="checkbox"/> NO		<input 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 OFFICERS				DATE	UNIT NUMBER	APPROVING OFFICER				DATE	UNIT NUMBER
D. Givens				7/26/20	7347	TURNER, BA				072620	6371	
						FOLLOW-UP INVESTIGATION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OFFICER		JUV		

Attachments	
<input type="checkbox"/> Statements # _____	Other Documents # _____
<input type="checkbox"/> Pictures	<input type="checkbox"/> Videos <input type="checkbox"/> Victims Rights