

SCDPS Incident Report

NCIC Use Only

Inq.	Entd.
------	-------

Date	7-8-2015	Day of the Week	<input checked="" type="checkbox"/> Sun. <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input checked="" type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat.	Time	0100 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Location of Incident	SANDY RUN ROAD			County	HAMPTON
Name of Officer	D.B.ROWELL		Rank	L/CPL	
District/Unit	SEVEN		Duty Station	POST A	
			Badge	97	
			Page	1 of 1	

Invest. Officers Report
 Assault Report
 Abandon/Stolen Vehicle Report
 Discharge of Firearm
 Incident Report
 Vehicle Pursuit Report
 Towed Vehicle Report
 Other:

Status	Type	Nature of Assignment
<input type="checkbox"/> Stolen <input type="checkbox"/> Found <input type="checkbox"/> Towed	<input type="checkbox"/> Vehicle <input type="checkbox"/> Car <input type="checkbox"/> MTC <input type="checkbox"/> Gun <input type="checkbox"/> Article <input type="checkbox"/> Comm. Veh. <input type="checkbox"/> License Plate	<input type="checkbox"/> Routine Patrol <input type="checkbox"/> Riot or Crowd Control <input type="checkbox"/> Special Duty: _____ <input type="checkbox"/> Other: _____

<input type="checkbox"/> Complainant	Driver's or Pedestrian's Name: STEPHEN N.SMITH	Jailed?: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Victim	Address: [REDACTED] BRUNSON SC 29911	Intoxicated?: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Subject	Race: W Sex: M DOB: [REDACTED] DL Number: [REDACTED]	Summons or Warrant #: _____
<input type="checkbox"/> Runaway	Height: 5 8 Weight: 165 Hair: BRN Eyes: BLU Scars, Tattoos, Etc.: N/A	DL Record Requested?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Wanted	Occupation: STUDENT Home Phone: [REDACTED] Work Phone: _____	
<input type="checkbox"/> Arrest	Vehicle Make: N/A Model: N/A Lic/Yr: N/A State: N/A Color: N/A	
<input type="checkbox"/> Other	DOT/ICC#: N/A VIN#: N/A	
	Owner: N/A Address: N/A	
	Physical Evidence Found: N/A Witness: N/A Address: N/A	
	Test Administered: N/A Results: N/A By Whom?: N/A Rank: N/A	

<input type="checkbox"/> Complainant	Driver's or Pedestrian's Name: UNKNOWN	Jailed?: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Victim	Address: _____	Intoxicated?: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Subject	Race: _____ Sex: _____ DOB: _____ DL Number: _____	Summons or Warrant #: _____
<input type="checkbox"/> Runaway	Height: _____ Weight: _____ Hair: _____ Eyes: _____ Scars, Tattoos, Etc.: _____	DL Record Requested?: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Wanted	Occupation: _____ Home Phone: _____ Work Phone: _____	
<input type="checkbox"/> Arrest	Vehicle Make: _____ Model: _____ Lic/Yr: _____ State: _____ Color: _____	
<input type="checkbox"/> Other	DOT/ICC#: _____ VIN#: _____	
	Owner: _____ Address: _____	
	Physical Evidence Found: _____ Witness: _____ Address: _____	
	Test Administered: _____ Results: _____ By Whom?: _____ Rank: _____	

Pursuit: Time Began: _____ Time Ended: _____ Location Began: _____ Location Ended: _____

Primary Trooper Involved: _____ Other Trooper(s) Involved: _____

Other Agencies Involved: _____

Was Supervisor Involved in Pursuit?: No Yes (Name): _____

Event Ending Pursuit: Accident Stopped Escaped Other

Abandoned Vehicle: Highway Number: _____ Sheriff Notified?: Yes No

Towed To: _____ Address: _____ Date: _____

Checked for Stolen?: Yes No Stolen?: Yes No Owner Contacted and Vehicle Identified?: Yes No

Does Officer Wish to Contact Owner Before Release?: Yes No

Final Disposition: _____

Department Records Cleared?: Yes No Follow Up Investigation?: Yes No

Remarks: ON JULY 8TH BETWEEN THE HOURS OF 0100 AND 0400 AN INCIDENT TOOK PLACE INVOLVING THE VICTIM AND AN UNKNOWN SUBJECT(S). THE VICTIM WAS FOUND IN THE MIDDLE OF SANDY RUN ROAD DECEASED FROM SOME SORT OF BLUNT FORCE TRAMA TO THE HEAD. RESPONDED TO THE SCENE. I SAW NO VEHICLE DEBRIS, SKID MARKS, OR INJURIES CONSISTENT WITH SOMEONE BEING STRUCK BY A VEHICLE. THE VICTIM'S SHOES WERE LOOSELY TIED AND BOTH WERE STILL ON. AFTER CONSULTING WITH MAIT, WE SEE NO EVIDENCE TO SUGGEST THE VICTIM WAS STRUCK BY A VEHICLE. THE INCIDENT IS STILL UNDER INVESTIGATION WITH SUPPLEMENTAL REPORT TO FOLLOW.

(Attach Supplement Report if Necessary)

Investigating Officer's Signature _____ Date _____