

INCIDENT REPORT

INFORMATION ONLY

CASE NUMBER

220020508

NCIC

INQ. No ENTD. No

EVENT

VICTIM NO.

SUBJECT NO.

NARRATIVE

PROPERTY EST.

ADMINISTRATIVE

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 16-03-0010, 0020 MURDER MURDER & NON-NEGLIGENT MANSLAUGHTER	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	APARTMENT/CONDO		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst <input type="checkbox"/> Government <input type="checkbox"/> Rellig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
2. 16-23-0490 (NO PAROLE) POSSESSION OF A WEAPON DURING A VIOLENT CRIME, if not also s 520 WEAPON LAW VIOLATIONS	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	APARTMENT/CONDO		
3. XX-XX-XXXX SHOTSPOTTER RELATED REPORT NR NR NON REPORTABLE TO SLED	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	APARTMENT/CONDO		

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER) **██████████ Ripplemeyer Dr, #Apt ██████████ COLUMBIA, SC** ZIP CODE **29203** WEAPON TYPE

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK				LOCATION NO.
08/23/2022	15:38		08/23/2022	15:42	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME	120
					08/23/2022	15:38	15:42	17:30	

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE) RELATIONSHIP TO SUBJECT RESIDENT RACE SEX AGE ETH DAYTIME PHONE EVENING PHONE

#1 #2 #3

ADDRESS CITY STATE ZIP CODE LOCATION NO.

VICTIM'S NAME (LAST, FIRST, MIDDLE) RELATIONSHIP TO SUBJECT RESIDENT RACE SEX AGE ETH DAYTIME PHONE EVENING PHONE

#1 #2 #3

HEIGHT WEIGHT HAIR EYES FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

ADDRESS CITY STATE ZIP CODE LOCATION NO.

VISIBLE INJURY (MCT.1) YES NO EXPLAIN- COMPLAINT OF ANY NON-VISIBLE INJURIES: YES NO

VICTIM (NO.1) USING: YES NO UNK. DRUGS: YES NO UNK. TYPE:

TWO-MAN VEH. ONE-MAN VEH. DETECTIVE SPLASMT. OTHER ALONE ASSISTED *J-This Jurisdiction. S-State. O-Out of State. U-Unknown.

SUSPECT NAME (LAST, FIRST, MIDDLE) JOWERS, KEVIN, DARNELL, Jr. RACE B SEX M AGE 19 ETH N DATE OF BIRTH HEIGHT WEIGHT HAIR EYES

RUNAWAY FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. RELATED OFFENSE(S) DAYTIME PHONE EVENING PHONE

WANTED 09A 520 NR H B H B

ARREST ADDRESS CITY STATE ZIP CODE LOCATION NO.

JAIL SUBJECT (NO.1) USING: ALCOHOL YES NO UNK. ARRESTED NEAR OFFENSE SCENE YES NO DATE/TIME OF OFFENSE 8/23/2022 3:38:00 PM DATE/TIME OF ARREST

SUMMONS DRUGS: YES NO UNK. TYPE: TOTAL # ARRESTED

DAY OF THE WEEK HOW REPORTED A= OFFICER DISPATCHED ON CALL D= COMPLAINT WRITTEN IN DIFF. FACTOR A= RESISTANCE/HOSTILITY E= COMPLAINANT FRE- QUENTLY INTOXICATED

S M T W T F S UNK B= REPORT TAKEN BY PHONE E= OFFICER INITIATED B= WEAPONS C= UNFOUNDED CALLS F= DOMESTIC

C= COMPLAINANT WALKED IN F= OTHER D= MENTAL SUBJECT N= NORMAL

INITIAL NARRATIVE

I was dispatched to the incident location in reference to a Shotspotter Alert (804-139907) where Shotspotter indicated that four (4) were fired. Upon arrival on scene, myself and other officers observed the listed victim to have been struck in the head by gunfire. The victim was transported to Prisma Health Richland where he was treated for the life-threatening injury.

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

TYPE (GROUP)					TOTAL VALUE
STOLEN					
DAMAGED					
BURNED					
RECOVERED					
SEIZED					

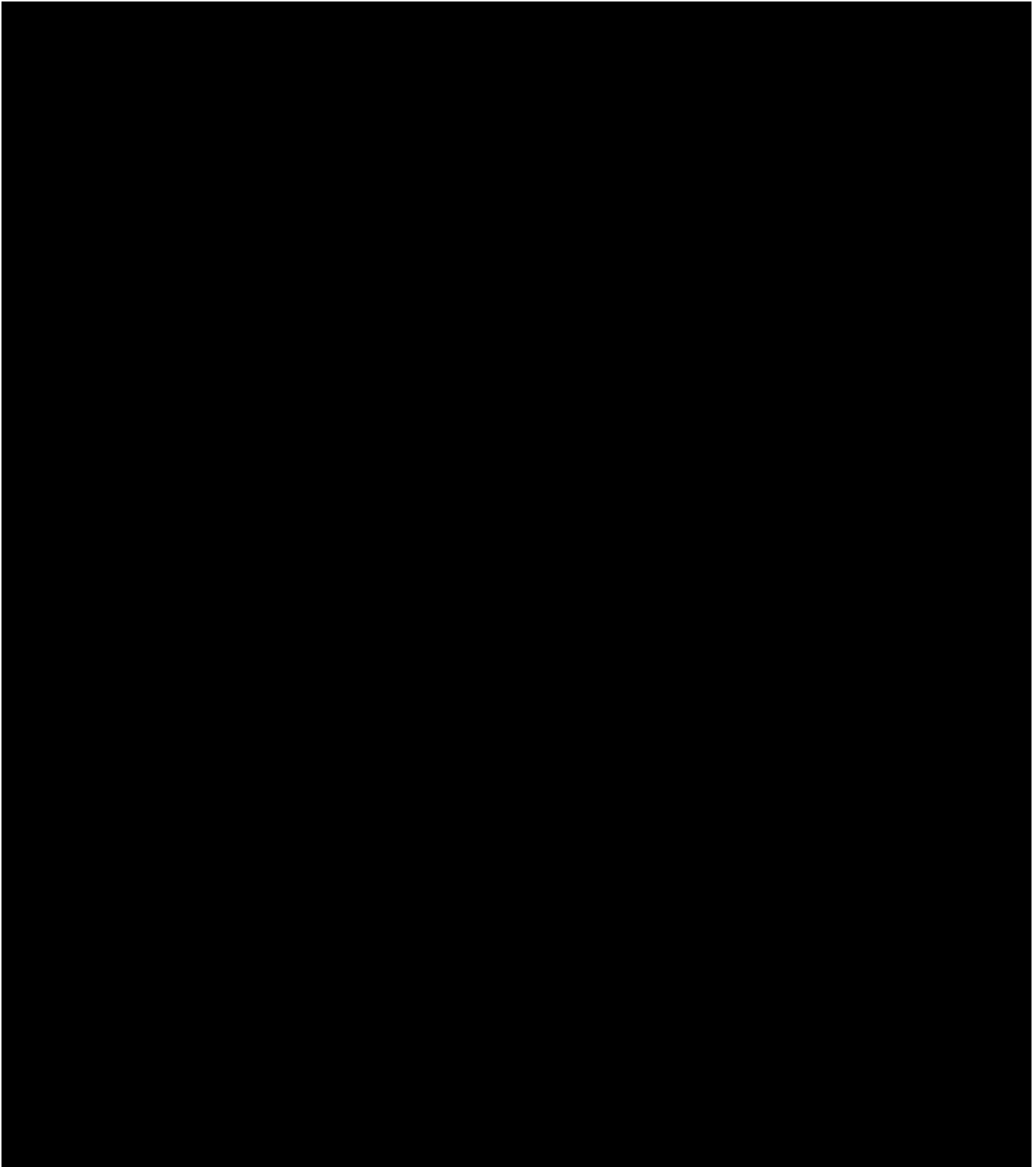
SUBJECT IDENTIFIED YES NO SUBJECT LOCATED YES NO S. F. AI ACTIVE ADM. CLOSED UNFOUNDED ARRESTED UNDER 18 ARRESTED 18 AND OVER EX-CLEAR UNDER 18 EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE 1. OFFENDER DEATH. 2. NO PROSECUTION PROSECUTION. 3. EXTRADITION DENIED. DENIED. 4. VICTIM DECLINES COOPERATION. 5. JUVENILE NO CUSTODY.

REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
SEAY, JUSTIN M 23659	8/23/2022 3:38:00 PM	23659	MYERS, JOHN S 22390		22390
CROCKER, LANCE W 23087	8/29/2022 1:42:00 AM	23087	FOLLOWUP INVESTIGATION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OFFICER HYNES, AMBER N	10/25/2022 11:03:00 AM	24764

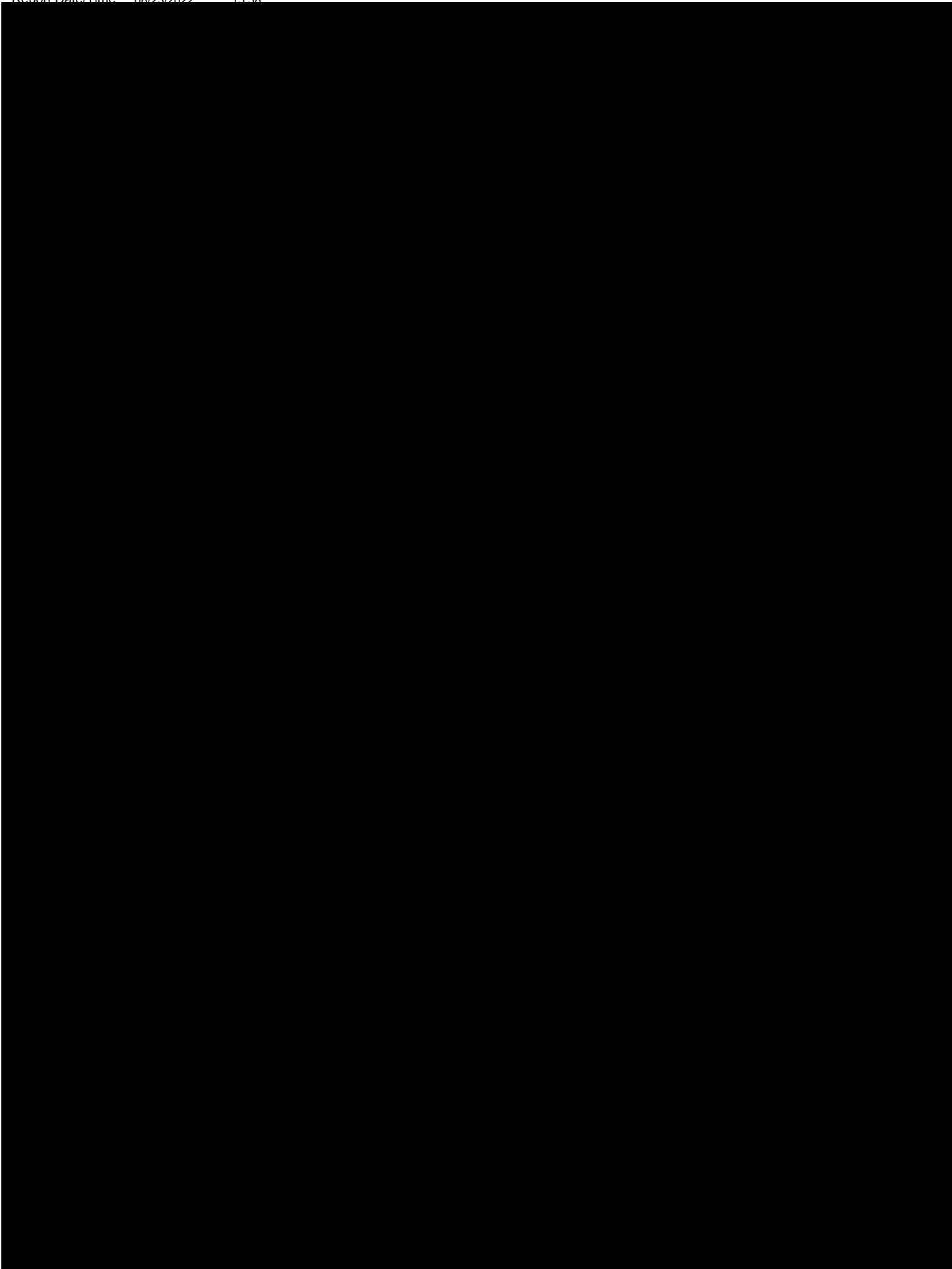
AGENCY: Columbia Police Department
ORI #: SC0400100
Report Date / Time: 08/23/2022 15:38
Incident #: 220020508

ADDITIONAL VEHICLES



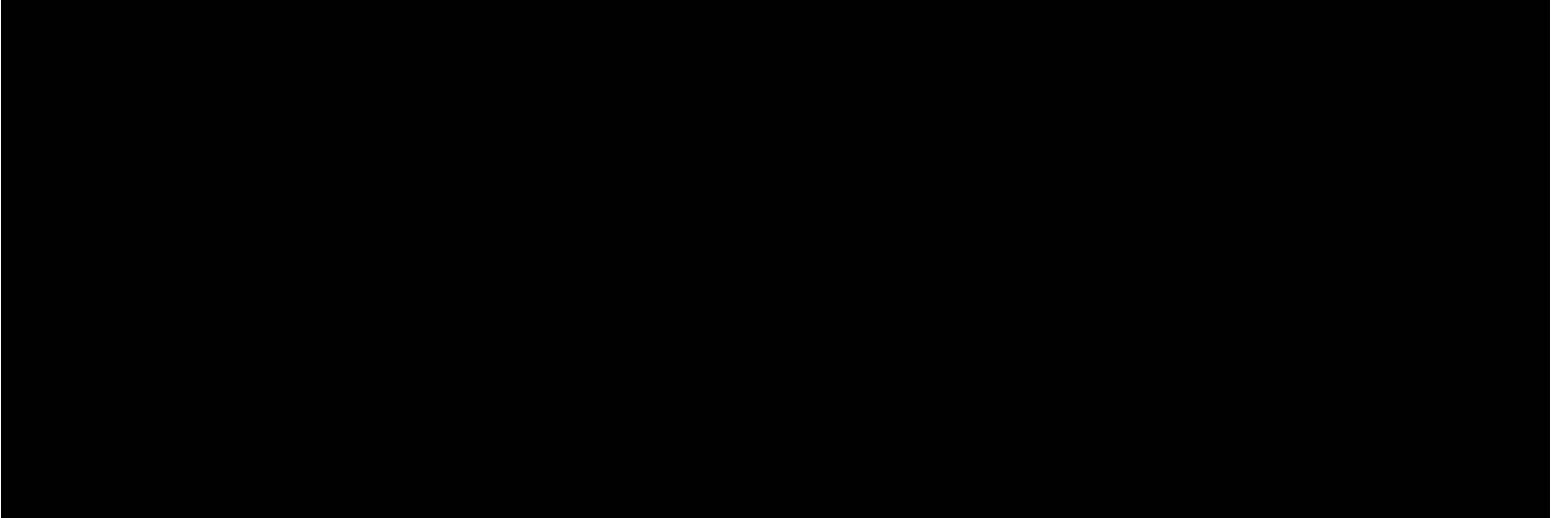
AGENCY : Columbia Police Department
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Report Date/Time : 08/23/2022 15:38

INCIDENT REPORT

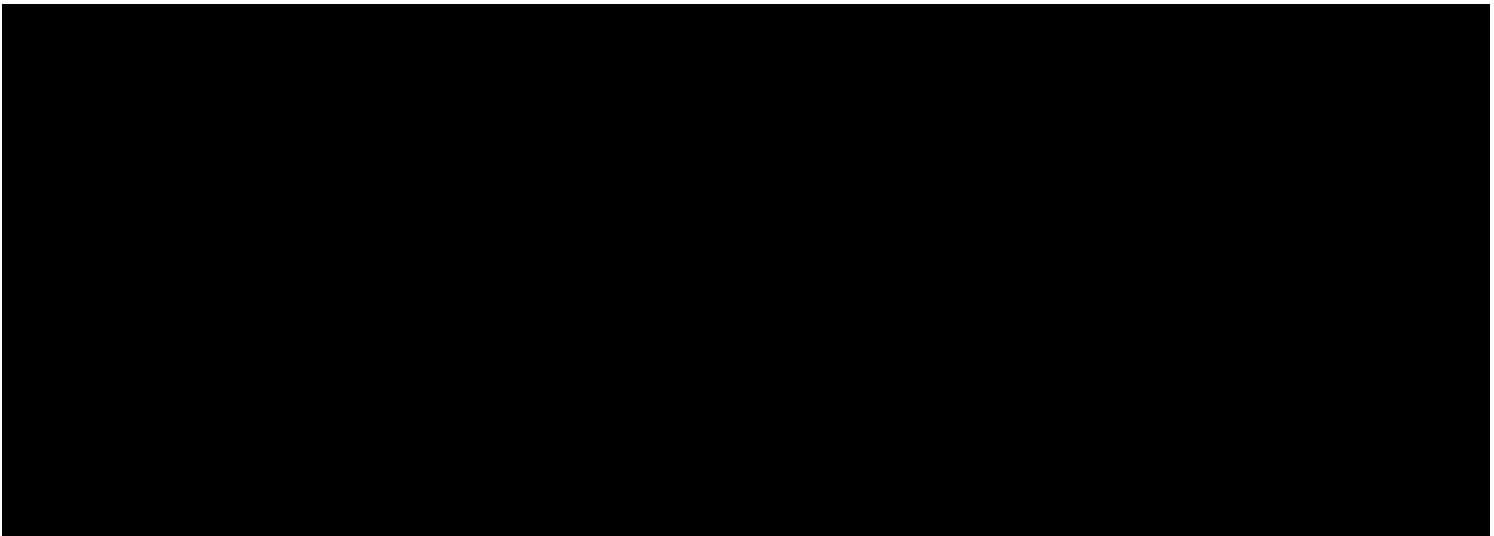


AGENCY: Columbia Police Department
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Report Date / Time: 08/23/2022 15:38
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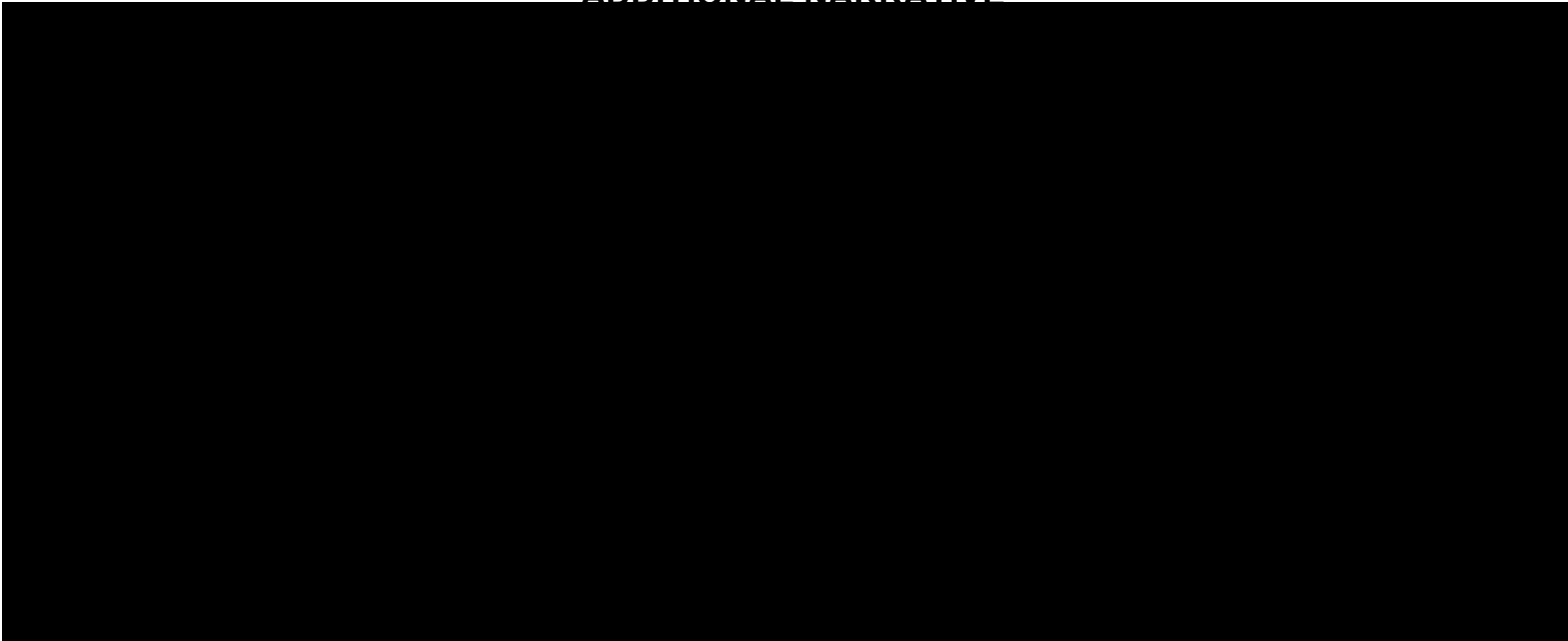
INCIDENT REPORT DRUGS



AGENCY ID
SC0400100

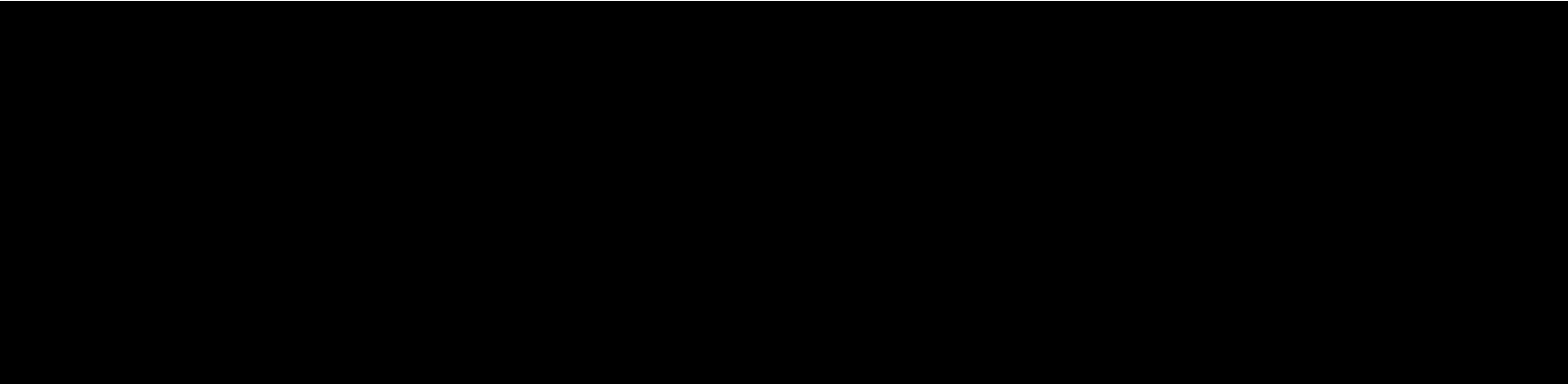
CASE NUMBER
220020508

ADDITIONAL NARRATIVE



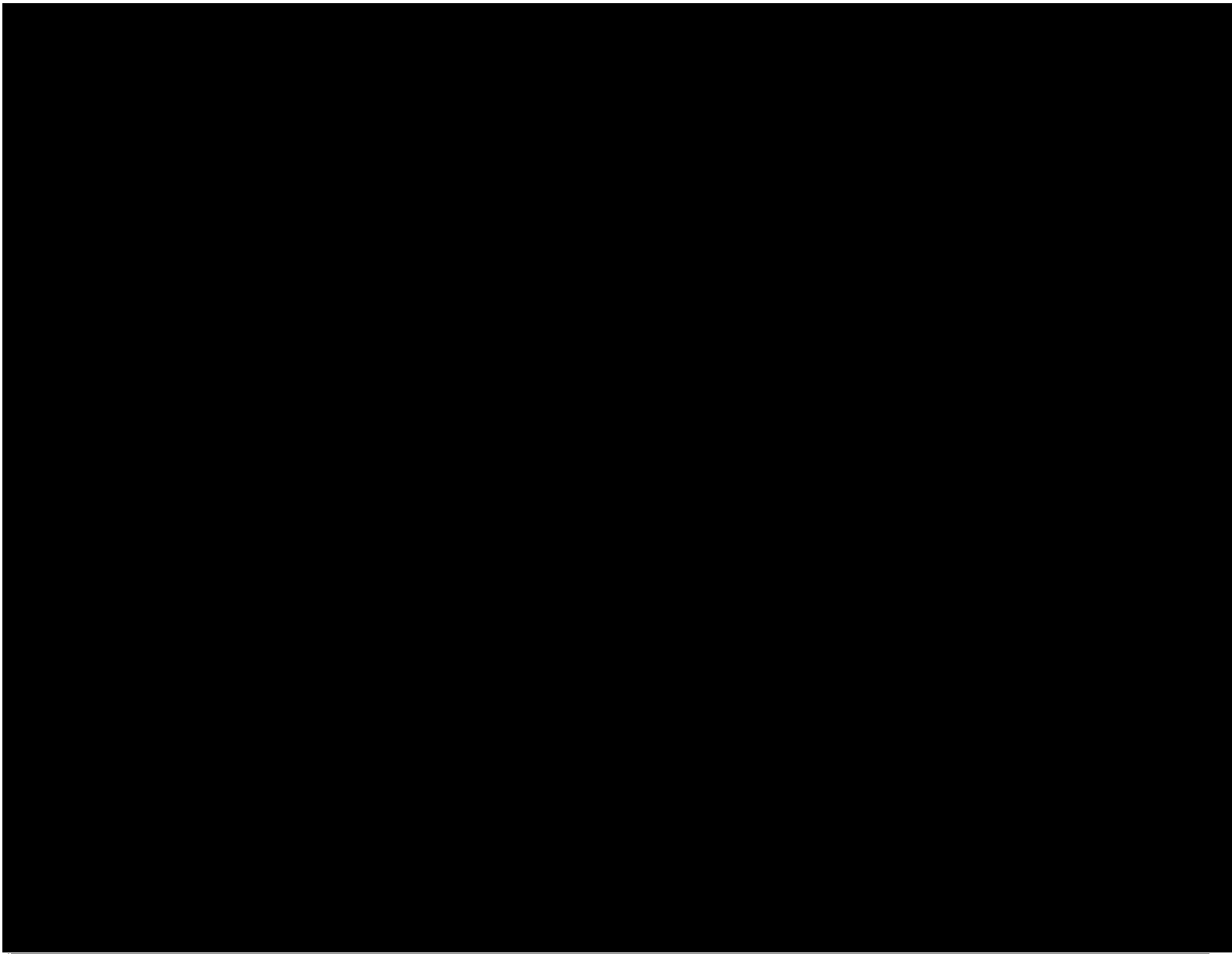
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ADDITIONAL NARRATIVE



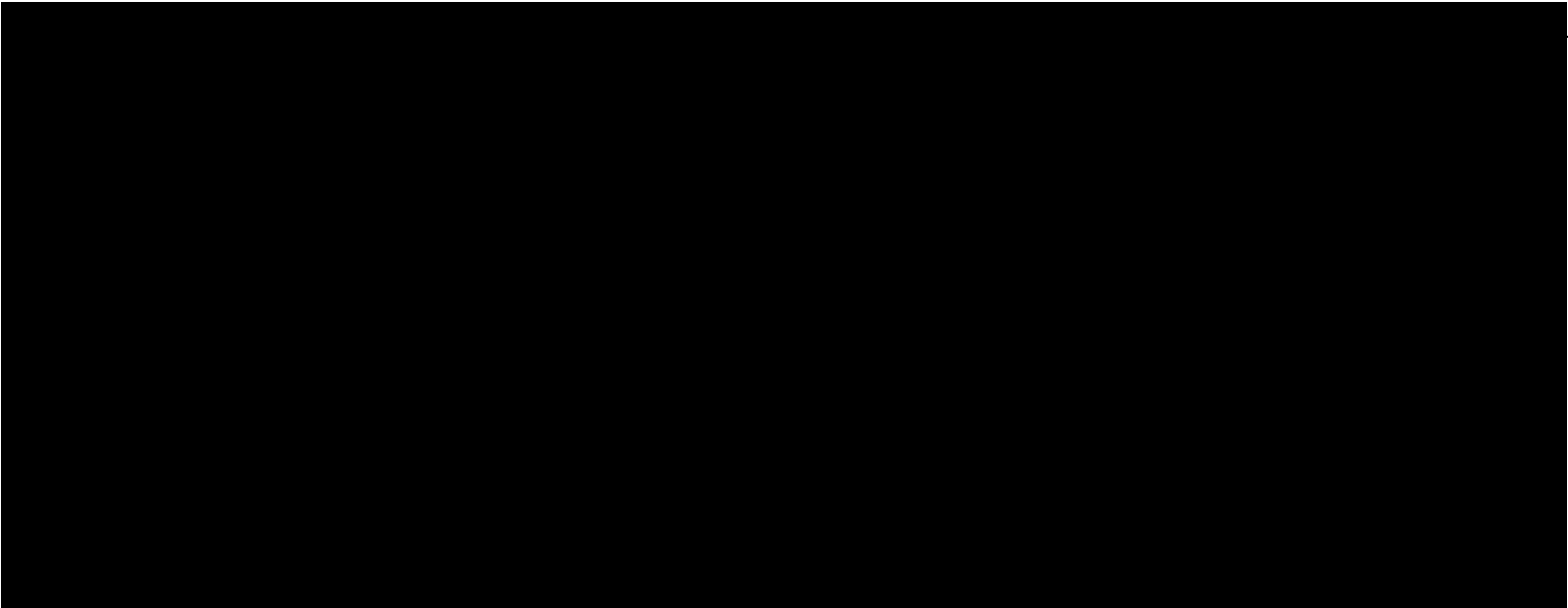
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ADDITIONAL NARRATIVE



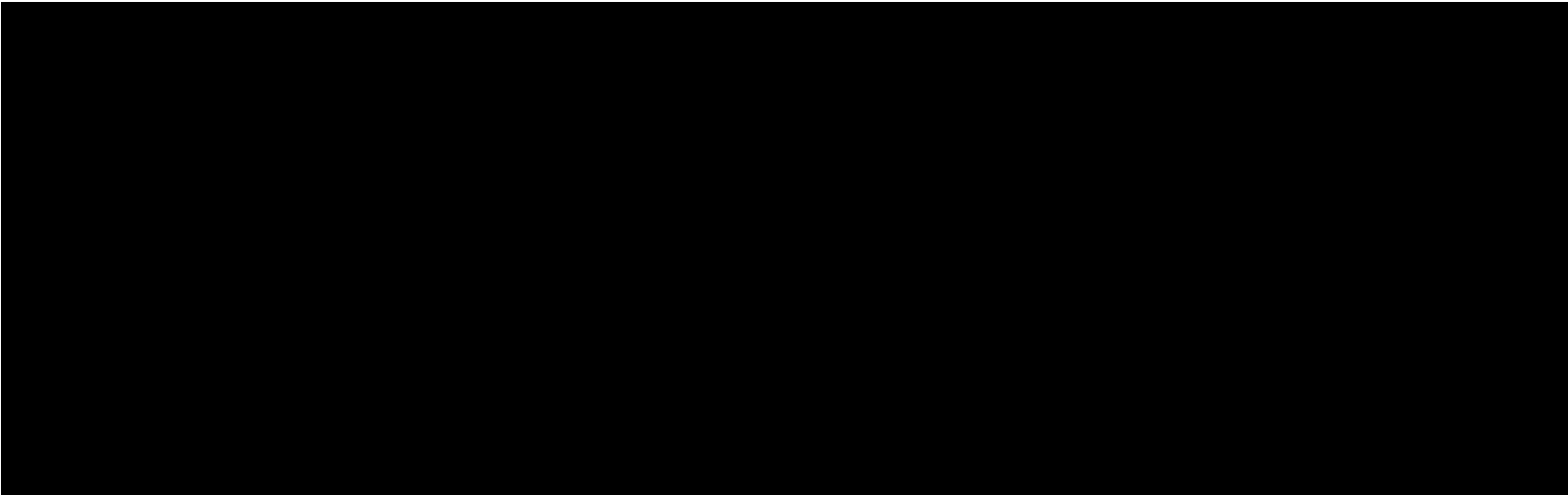
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ADDITIONAL NARRATIVE



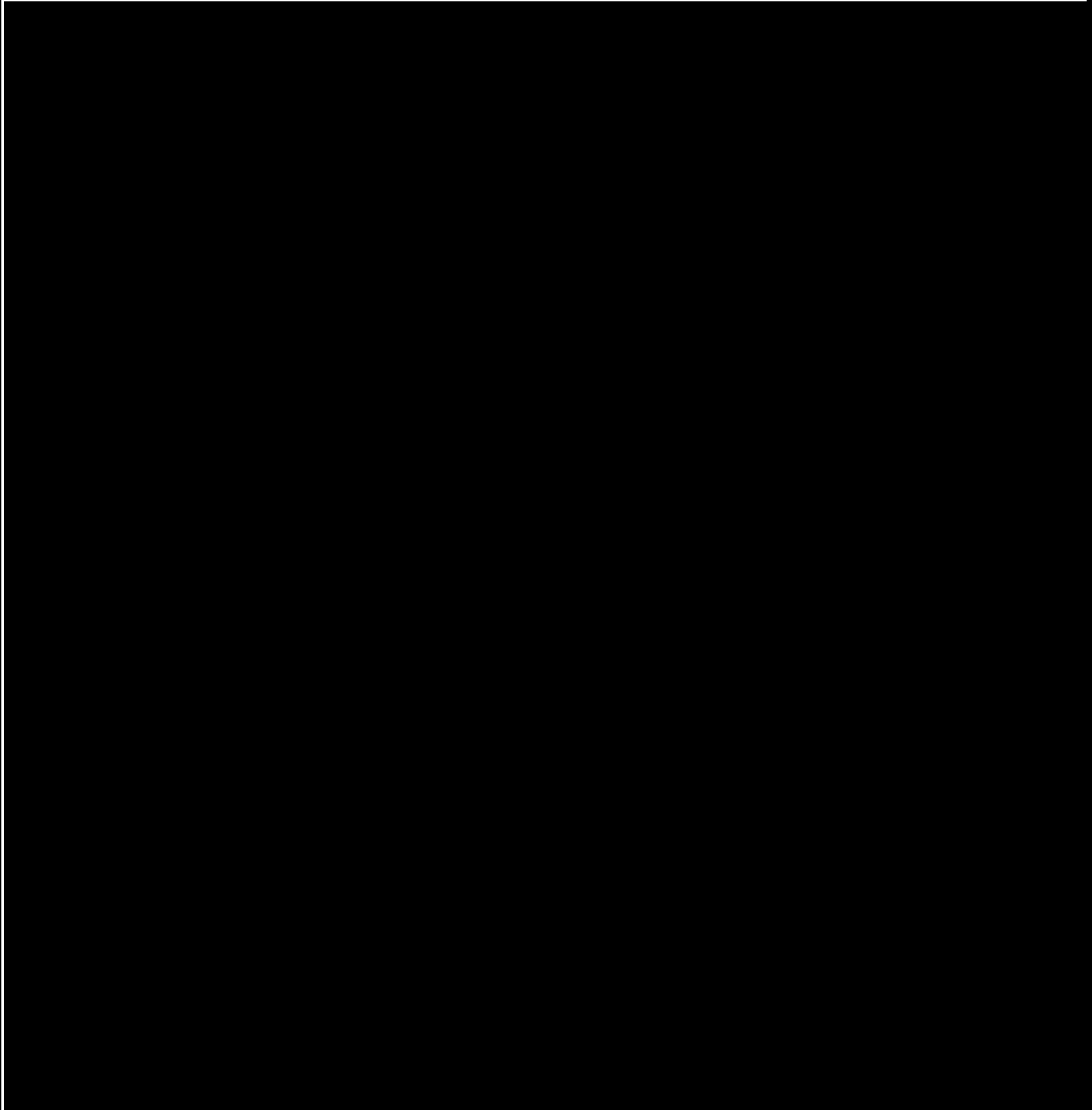
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ADDITIONAL NARRATIVE



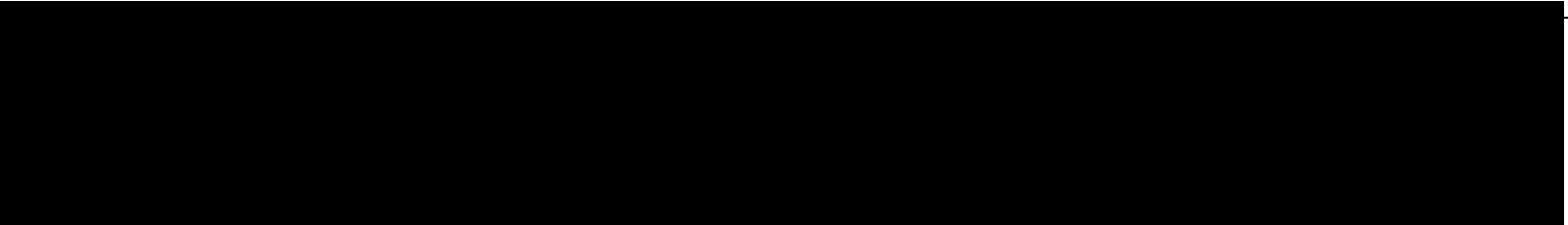
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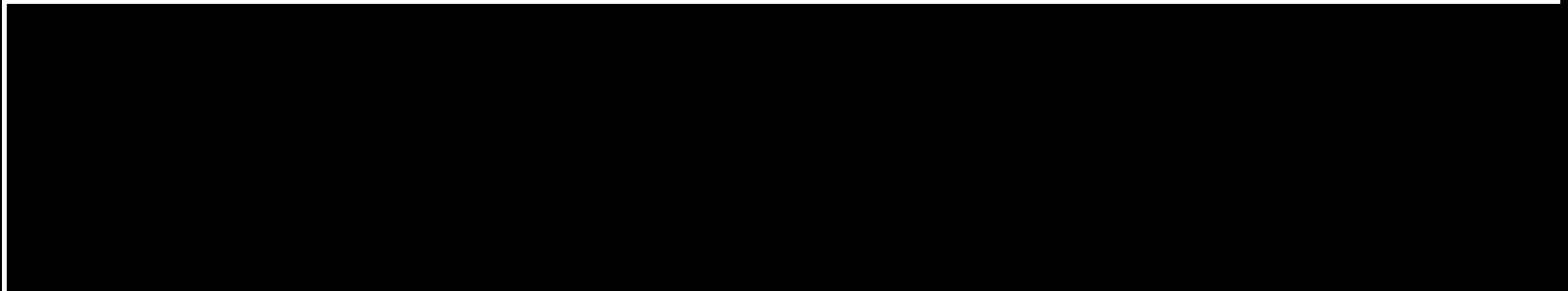
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ADDITIONAL NARRATIVE



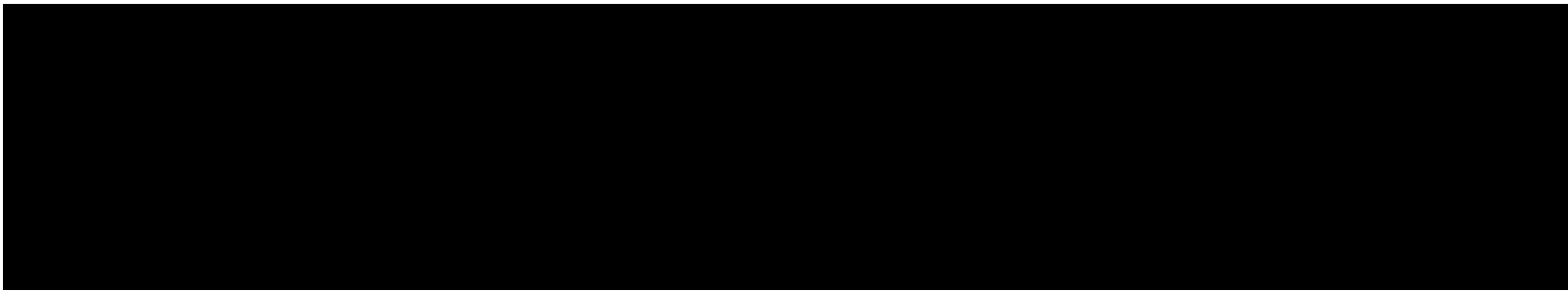
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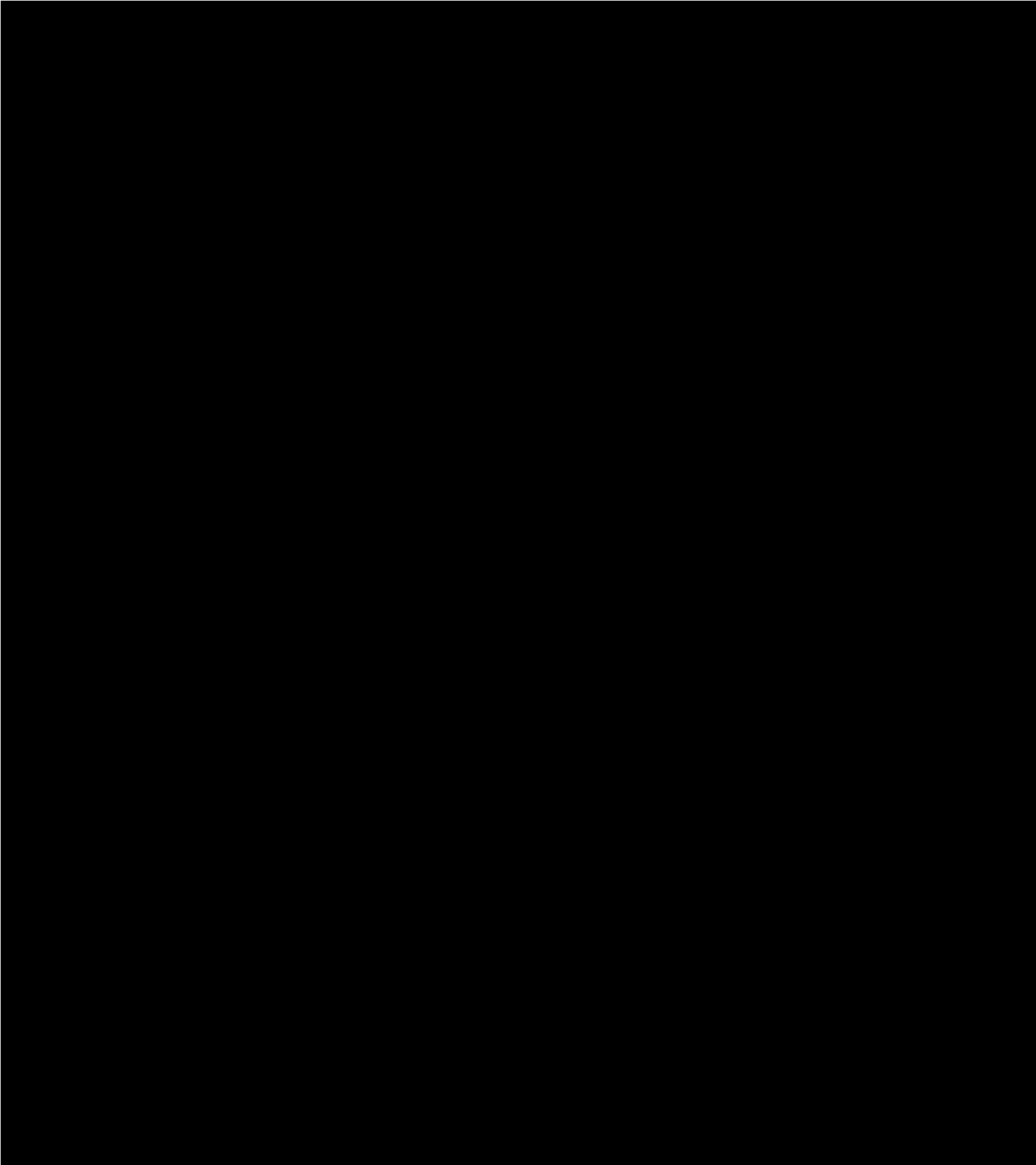
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ADDITIONAL NARRATIVE



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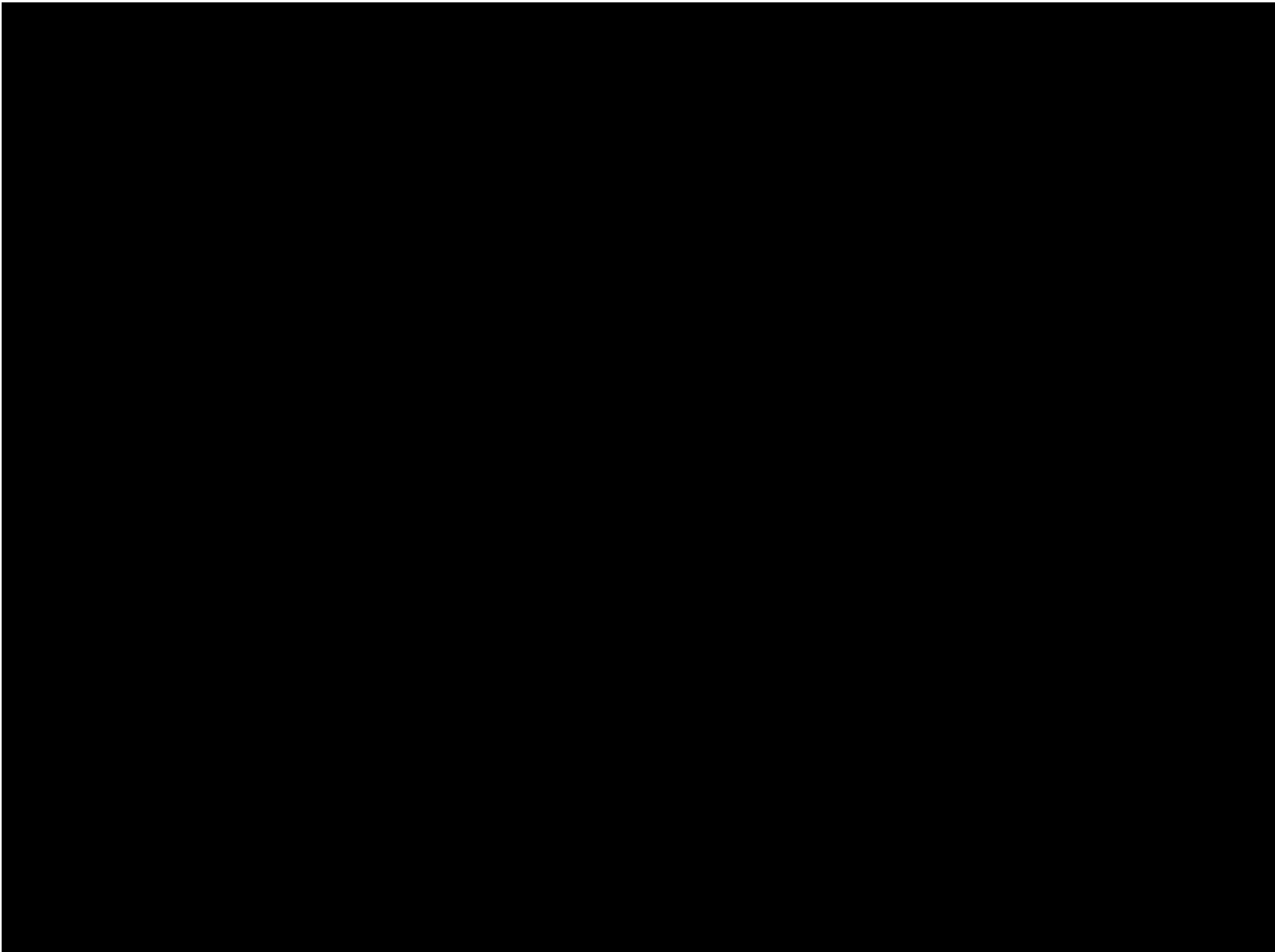
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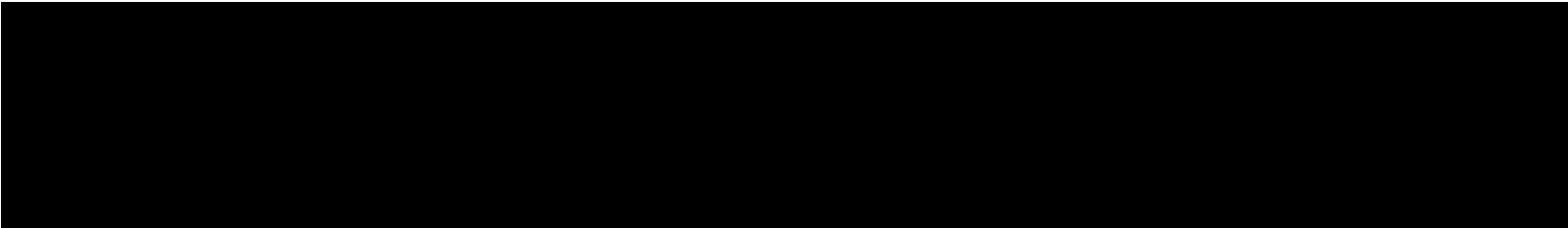
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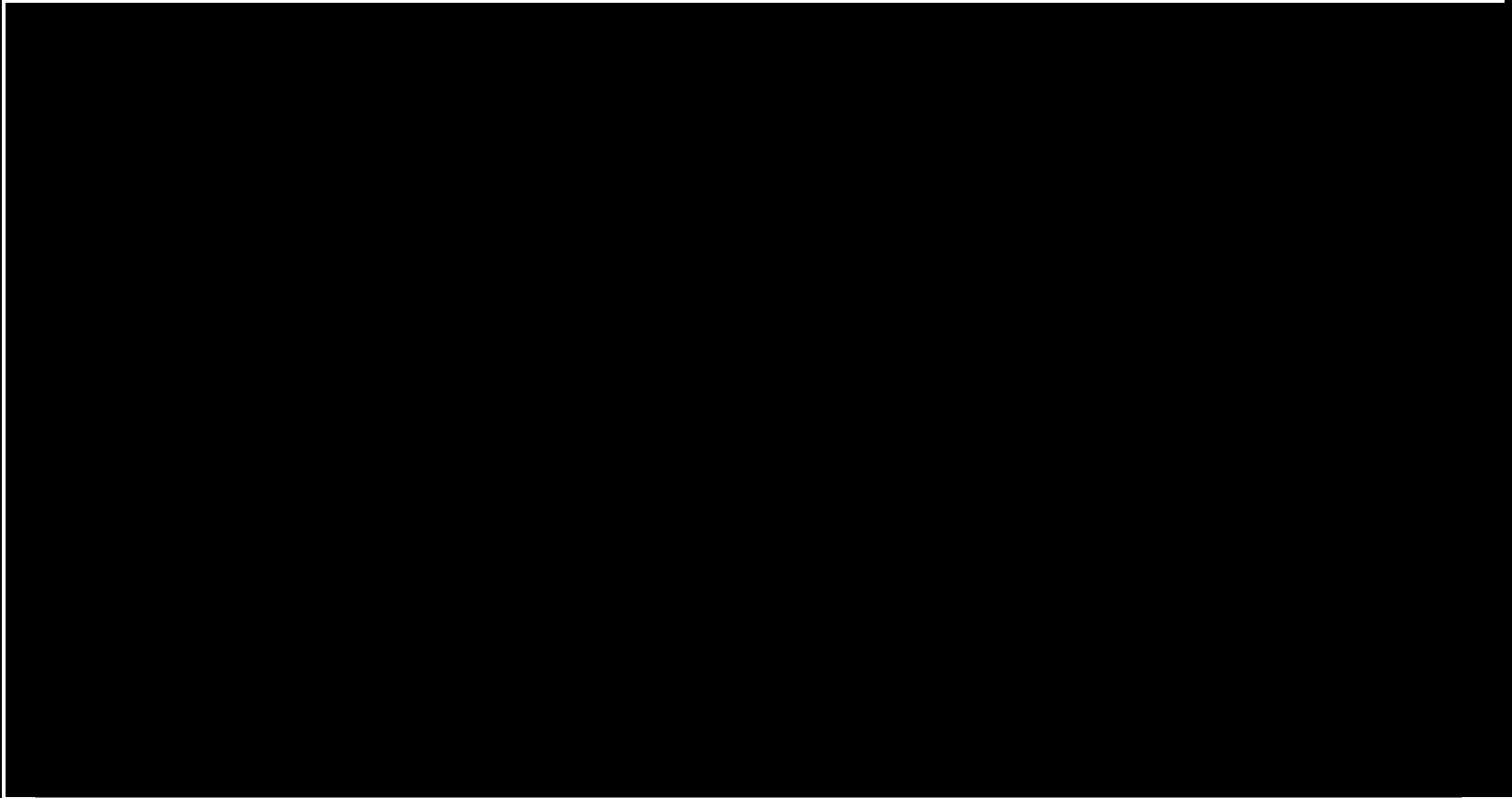
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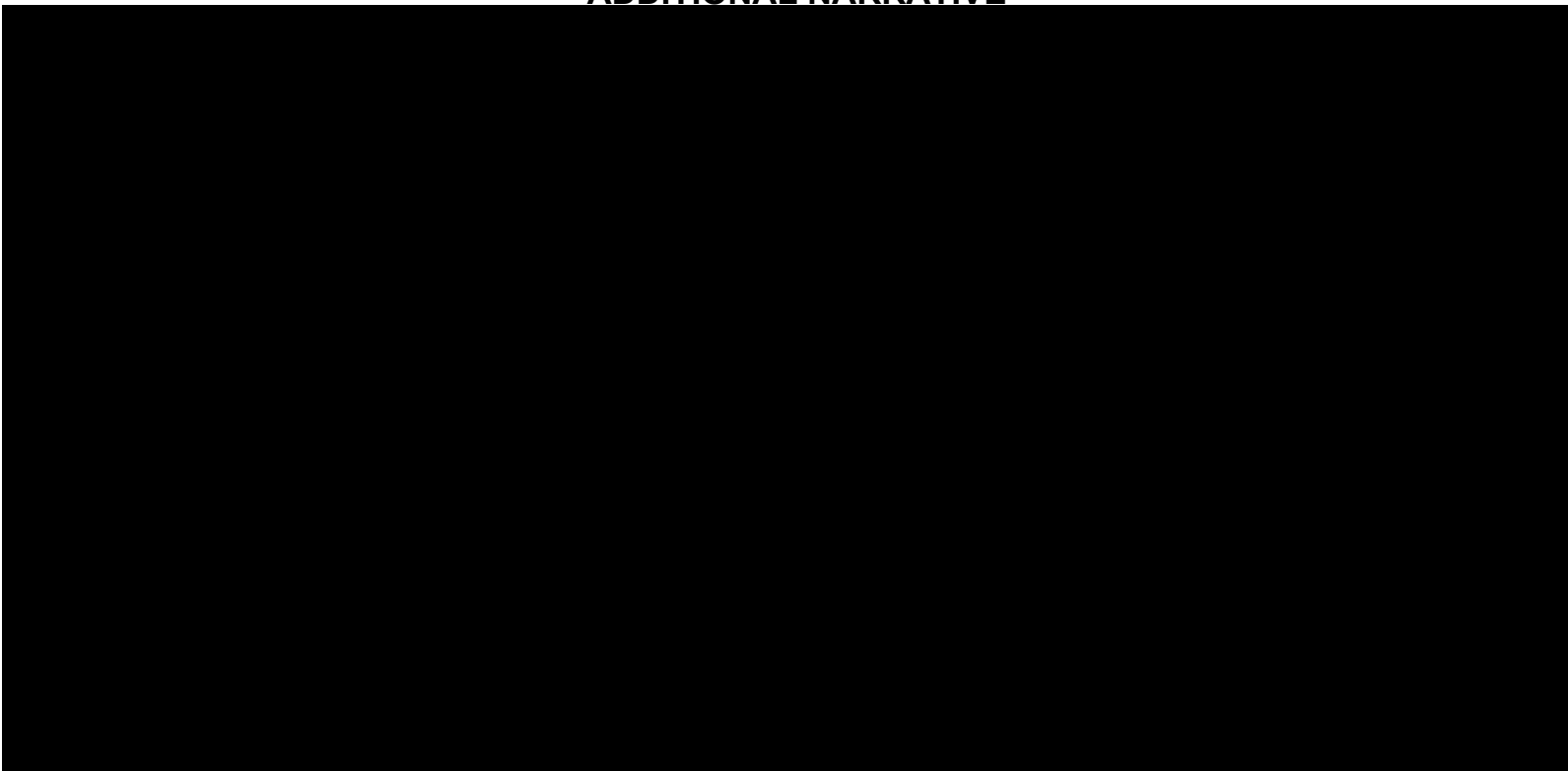
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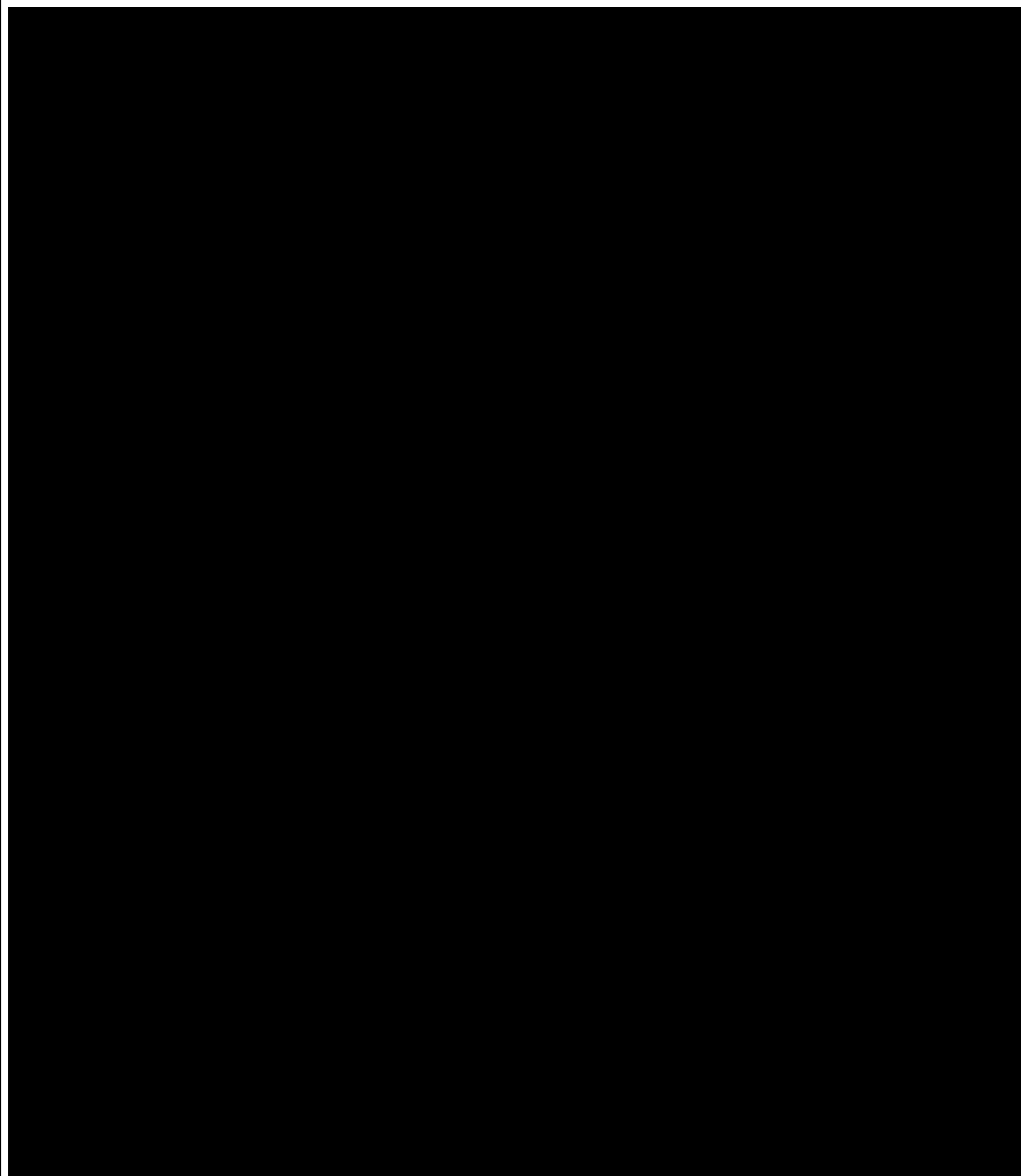
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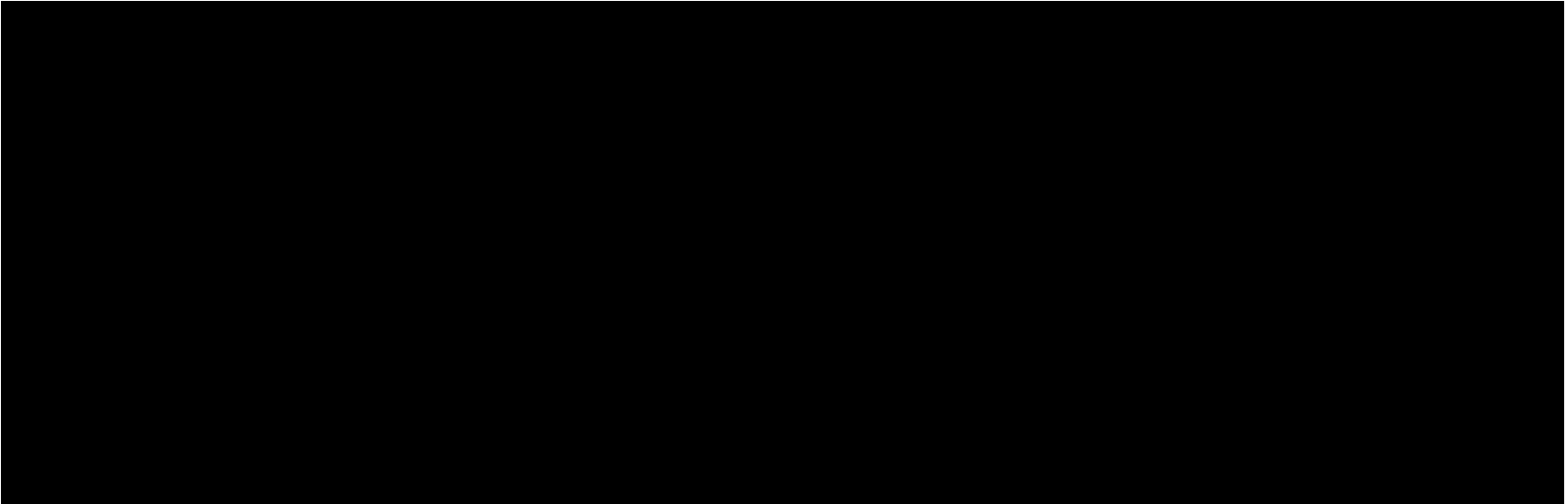


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ADDITIONAL NARRATIVE

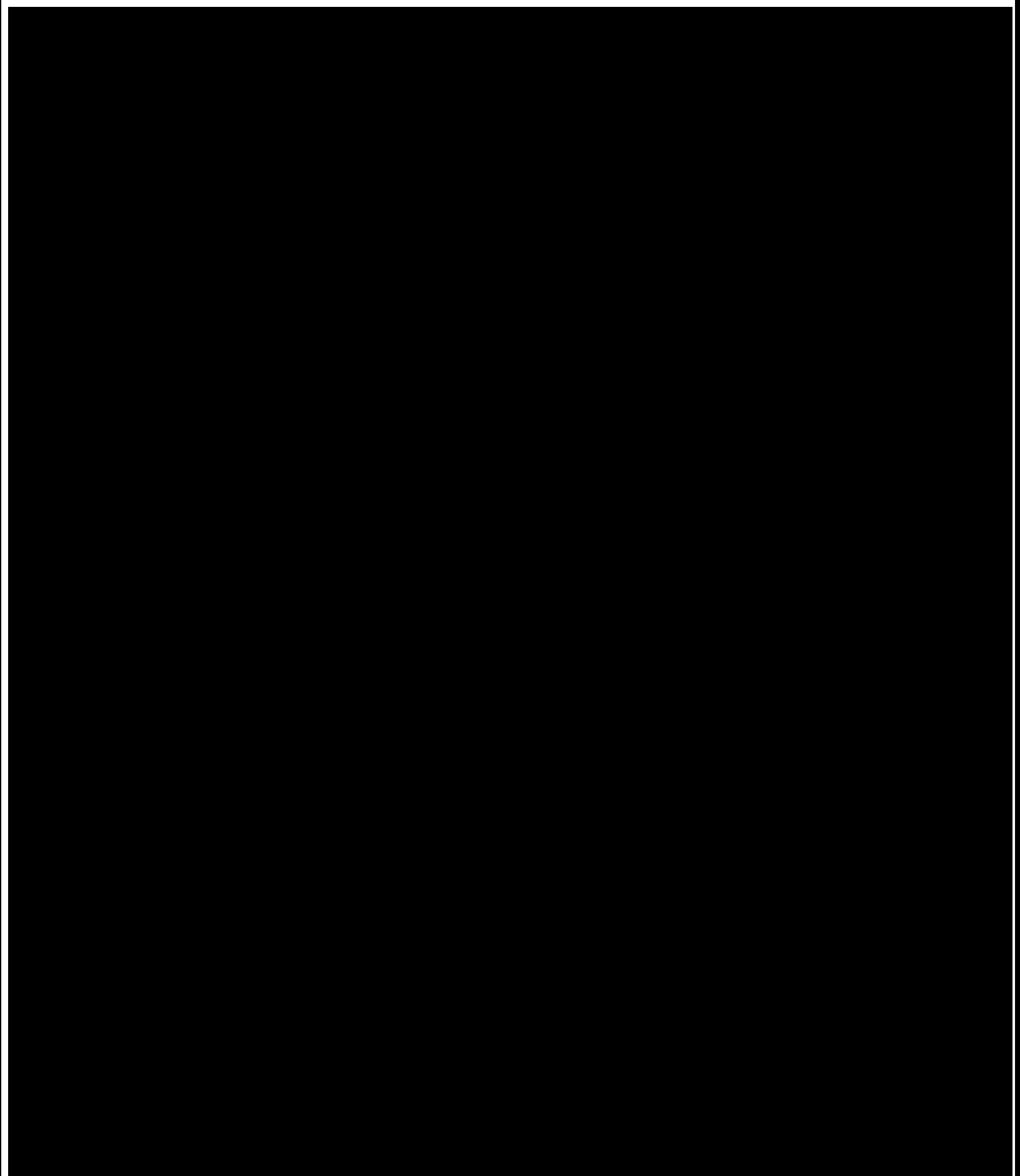


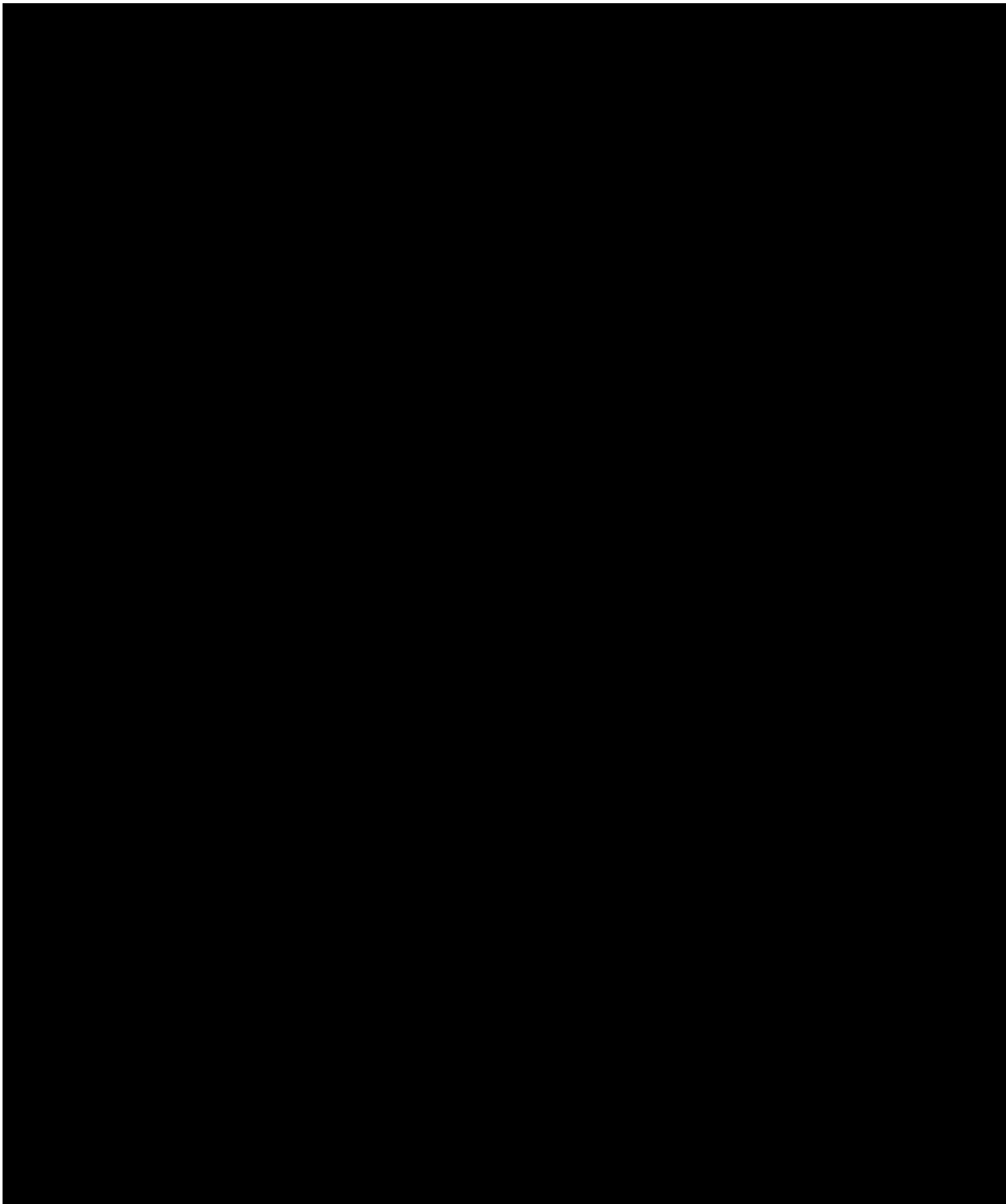
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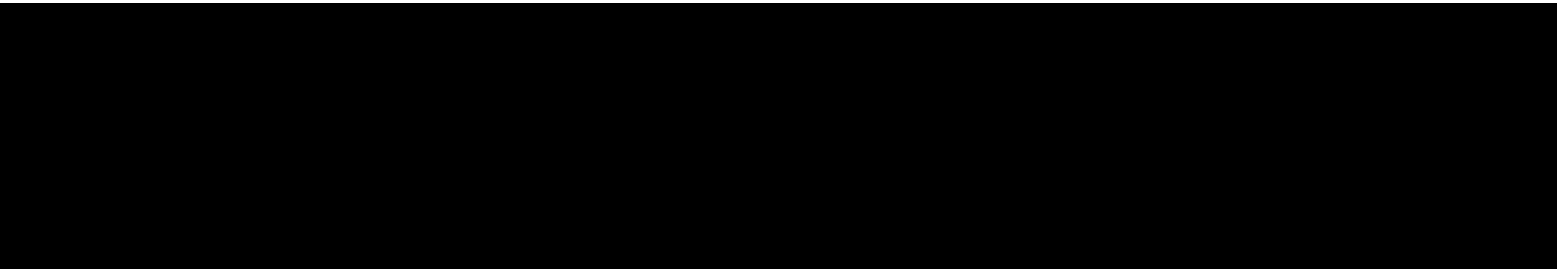
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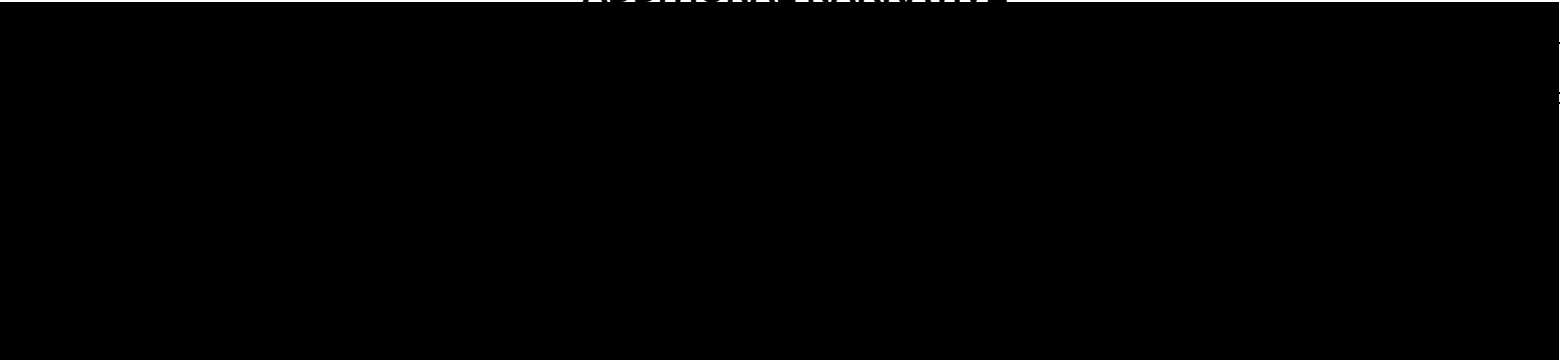


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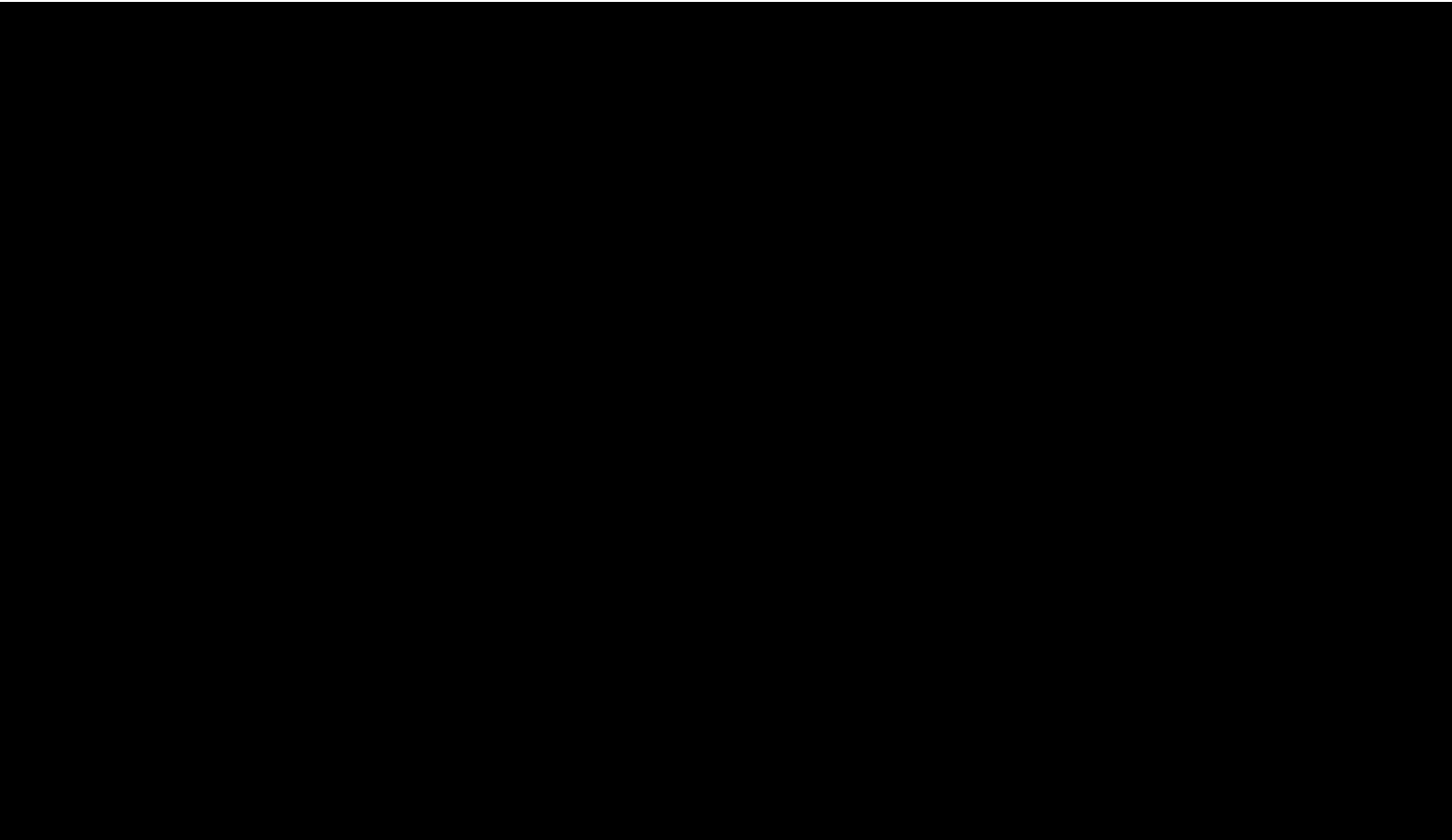
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ADDITIONAL NARRATIVE



The remaining area of the page is a large, empty rectangular box, likely intended for an additional narrative or report. The box is defined by a thin black border and occupies the majority of the page's vertical space below the redaction.

ADDITIONAL NARRATIVE



The bottom half of the page is a large, empty white rectangular area, likely intended for a narrative or additional information. It is bounded by a thin black line on the left and bottom edges.