

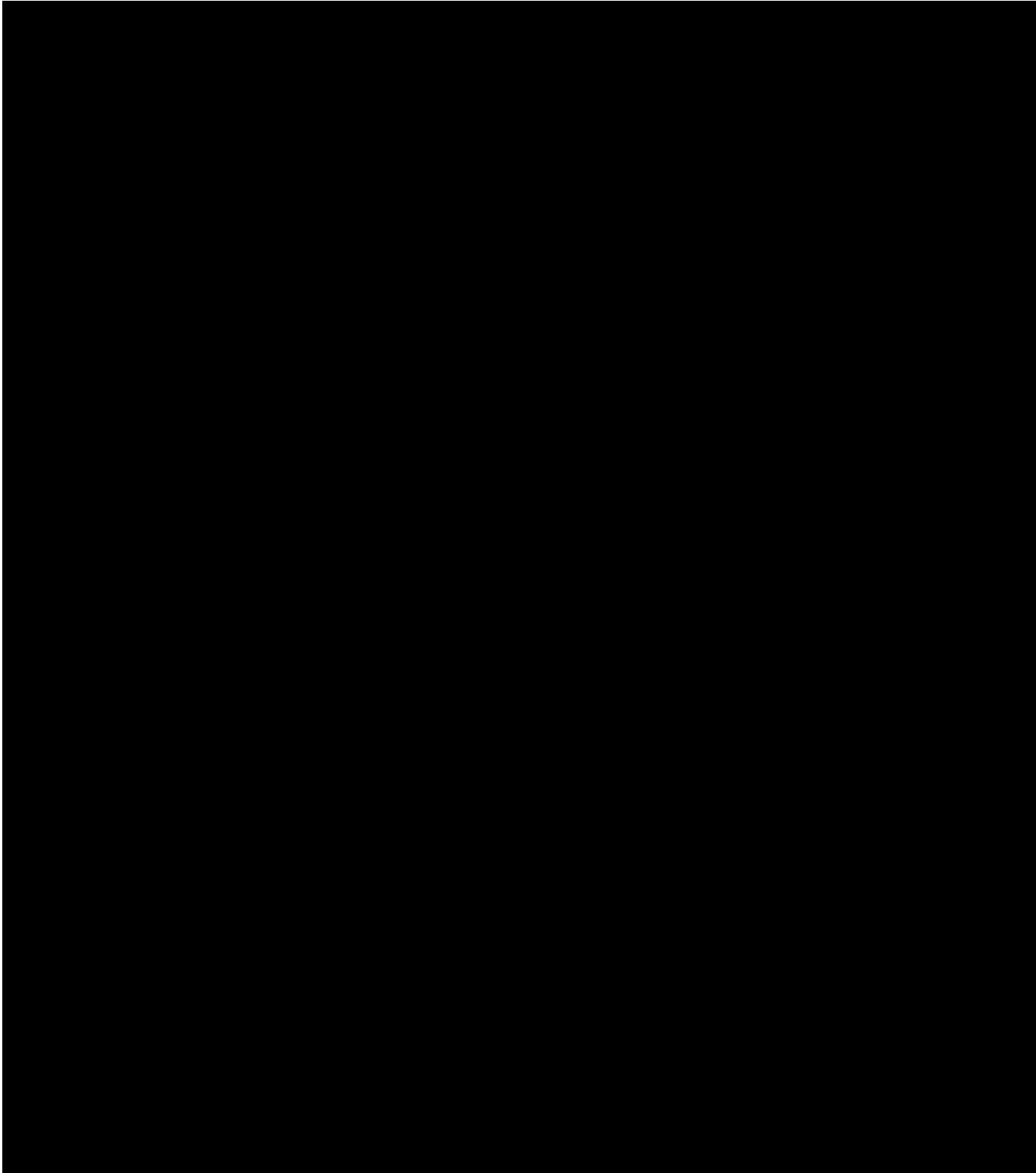
INCIDENT REPORT

INQ. No	ENTD. No
<input checked="" type="checkbox"/>	Individual
<input type="checkbox"/>	Business
<input type="checkbox"/>	Financial Inst.
<input type="checkbox"/>	Government
<input type="checkbox"/>	Relig. Orgn.
<input type="checkbox"/>	Soc./Public
<input type="checkbox"/>	Other
<input type="checkbox"/>	Unknown
<input type="checkbox"/>	Police Off.

EVENT	INCIDENT TYPE						COMPLETED	FORCED ENTRY	PREMISE TYPE			UNITS ENTERED	TYPE VICTIM			
	1. 16-03-0010, 0020 MURDER MURDER & NON-NEGIGENT 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			
	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				<input type="checkbox"/> Business			
	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				<input type="checkbox"/> Financial Inst.			
	INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER) ████ Ripplemeyer Dr, #Apt █████ COLUMBIA, SC										ZIP CODE 29203	WEAPON TYPE				
	INCIDENT DATE 08/23/2022	24 HR. CLOCK 15:38	TO	DATE 08/23/2022	24 HR. CLOCK 15:42	DISP. DATE 08/23/2022	DISP. TIME 15:38	TIME ARRIVED 15:42	DEPART. TIME 17:30	LOCATION NO. 120						
	COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT #1 #2 #3			RESIDENT	RACE	SEX	AGE /	ETH	DAYTIME PHONE <input type="checkbox"/> H <input checked="" type="checkbox"/> I <input type="checkbox"/> B	EVENING PHONE <input type="checkbox"/> H <input type="checkbox"/> B		
	ADDRESS						CITY			STATE		ZIP CODE		LOCATION NO.		
	VICTIM'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT #1 RU #2 #3			RESIDENT J	RACE	SEX	AGE /	ETH N	DAYTIME PHONE <input type="checkbox"/> H <input checked="" type="checkbox"/> I <input type="checkbox"/> B	EVENING PHONE <input type="checkbox"/> H <input type="checkbox"/> B		
	HEIGHT ████	WEIGHT ████	HAIR ████	EYES ████	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.											
ADDRESS						CITY			STATE ████	ZIP CODE		LOCATION NO.				
VISIBLE INJURY(MCT:1) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN-						COMPLAINT OF ANY NON-VISIBLE INJURIES: <input type="checkbox"/> YES <input type="checkbox"/> NO										
VICTIM(No.1) USING: ALCOHOL <input type="checkbox"/> YES NO <input checked="" type="checkbox"/> UNK. <input type="checkbox"/> DRUGS: <input type="checkbox"/> YES NO <input checked="" type="checkbox"/> UNK. <input type="checkbox"/> TYPE:																
TWO MAN VEH. <input type="checkbox"/> ONE MAN VEH. <input type="checkbox"/> DETECTIVE SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED <input type="checkbox"/>						*J-This Jurisdiction. S-State. O-Out of State. U-Unknown.										
VICTIM NO.	<input checked="" type="checkbox"/> SUSPECT	NAME (LAST, FIRST, MIDDLE) JOWERS, KEVIN, DARRELL, Jr.						RACE B	SEX M	AGE 19 /	ETH N	DATE OF BIRTH ████	HEIGHT ████	WEIGHT ████	HAIR ████	EYES ████
	<input type="checkbox"/> RUNAWAY															
	<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						RELATED OFFENSE(S) 09A 520 NR			DAYTIME PHONE <input type="checkbox"/> H <input checked="" type="checkbox"/> I <input type="checkbox"/> B		EVENING PHONE <input type="checkbox"/> H <input type="checkbox"/> B			
	<input type="checkbox"/> WARRANT															
	<input checked="" type="checkbox"/> ARREST	ADDRESS						CITY			STATE ████	ZIP CODE		LOCATION NO.		
	<input checked="" type="checkbox"/> JAIL	SUBJECT(No.1) USING: ALCOHOL <input type="checkbox"/> YES NO <input type="checkbox"/> UNK. <input type="checkbox"/> DRUGS: <input type="checkbox"/> YES NO <input type="checkbox"/> UNK <input type="checkbox"/> TYPE:						ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES NO			DATE/TIME OF OFFENSE 8/23/2022 3:38:00 PM			DATE/TIME OF ARREST		
	<input type="checkbox"/> SUMMONS	TOTAL # ARRESTED														
DAY OF THE WEEK S M T W T F S UNK		HOW REPORTED A= OFFICER DISPATCHED ON CALL B= REPORT TAKEN BY PHONE C= COMPLAINANT WALKED IN		D= COMPLAINT WRITTEN IN E= OFFICER INITIATED F= OTHER		DIFF. FACTOR	A= RESISTANCE/HOSTILITY B= WEAPONS C= UNFOUNDED CALLS D= MENTAL SUBJECT			E= COMPLAINANT FREQUENTLY INTOXICATED F= DOMESTIC 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																
SUSPECT IDENTIFIED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		SUBJECT LOCATED <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		S. F. <input type="checkbox"/> AI		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. <input type="checkbox"/> CLOSED <input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED UNDER 18 <input checked="" 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. PROSECUTION.		3. <input type="checkbox"/> EXTRADITION DENIED. DENIED.		4. <input type="checkbox"/> VICTIM DECLINES COOPERATION.		5. <input type="checkbox"/> JUVENILE-NO CUSTODY.								
REPORTING OFFICER(S) SEAY, JUSTIN M 23659				DATE 8/23/2022 3:38:00 PM		UNIT NUMBER 23659	APPROVING OFFICER MYERS, JOHN S 22390					DATE 22390				
CROCKER, LANCE W 23087				8/29/2022 1:42:00 AM		23087	FOLLOW UP INVESTIGATION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OFFICER HYNES, AMBERN					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

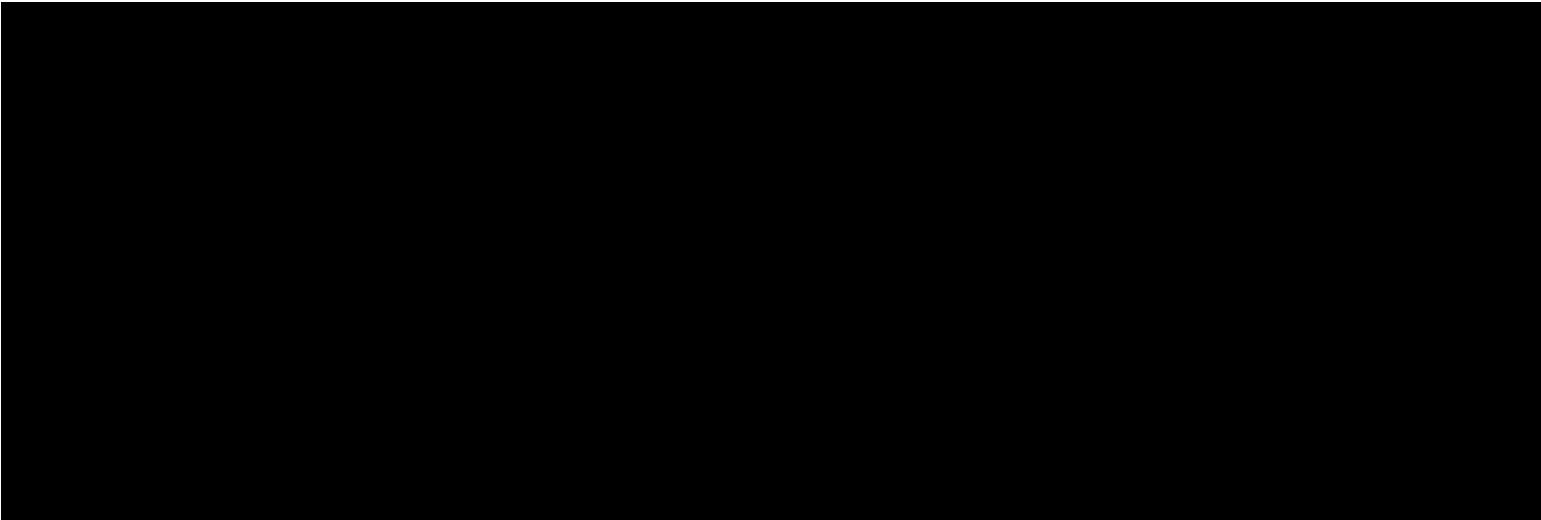


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INCIDENT REPORT

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INCIDENT REPORT



INCIDENT REPORT DRUGS



AGENCY ID
SC0400100

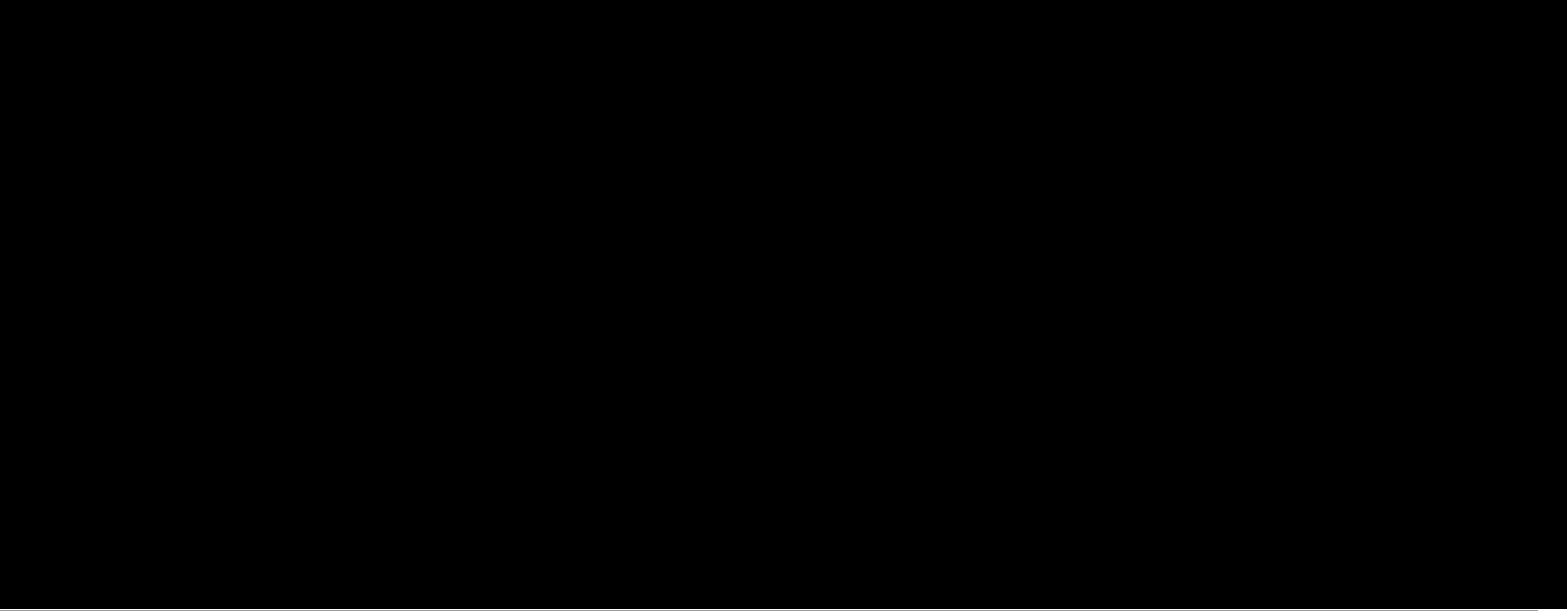
CASE NUMBER
220020508

ADDITIONAL NARRATIVE

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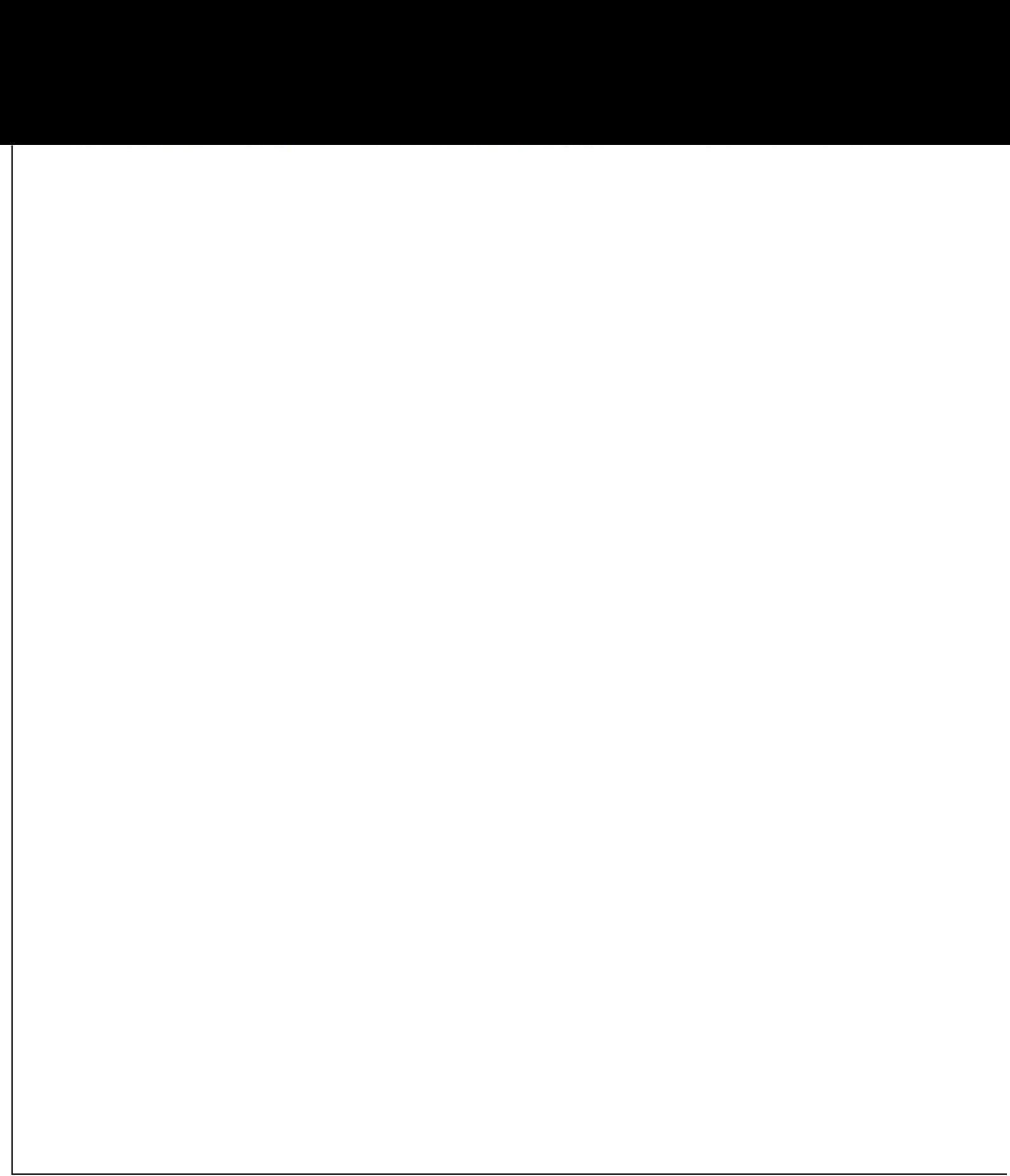


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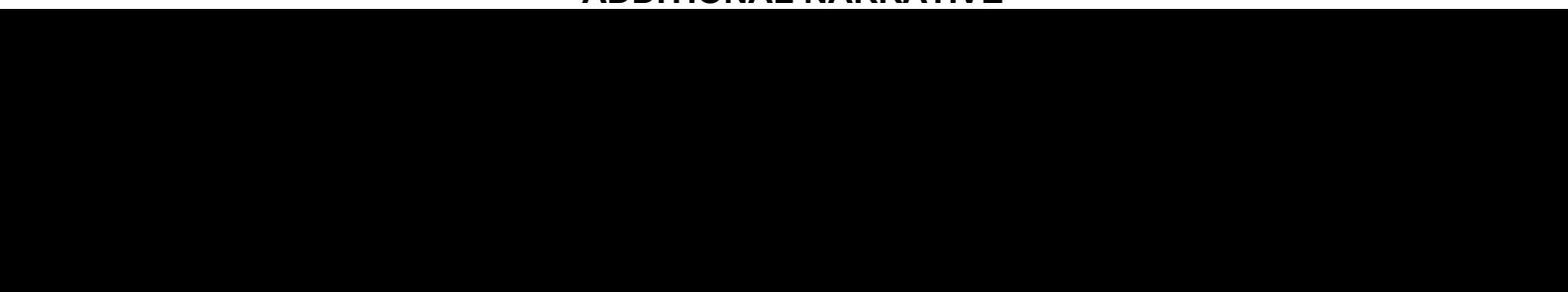
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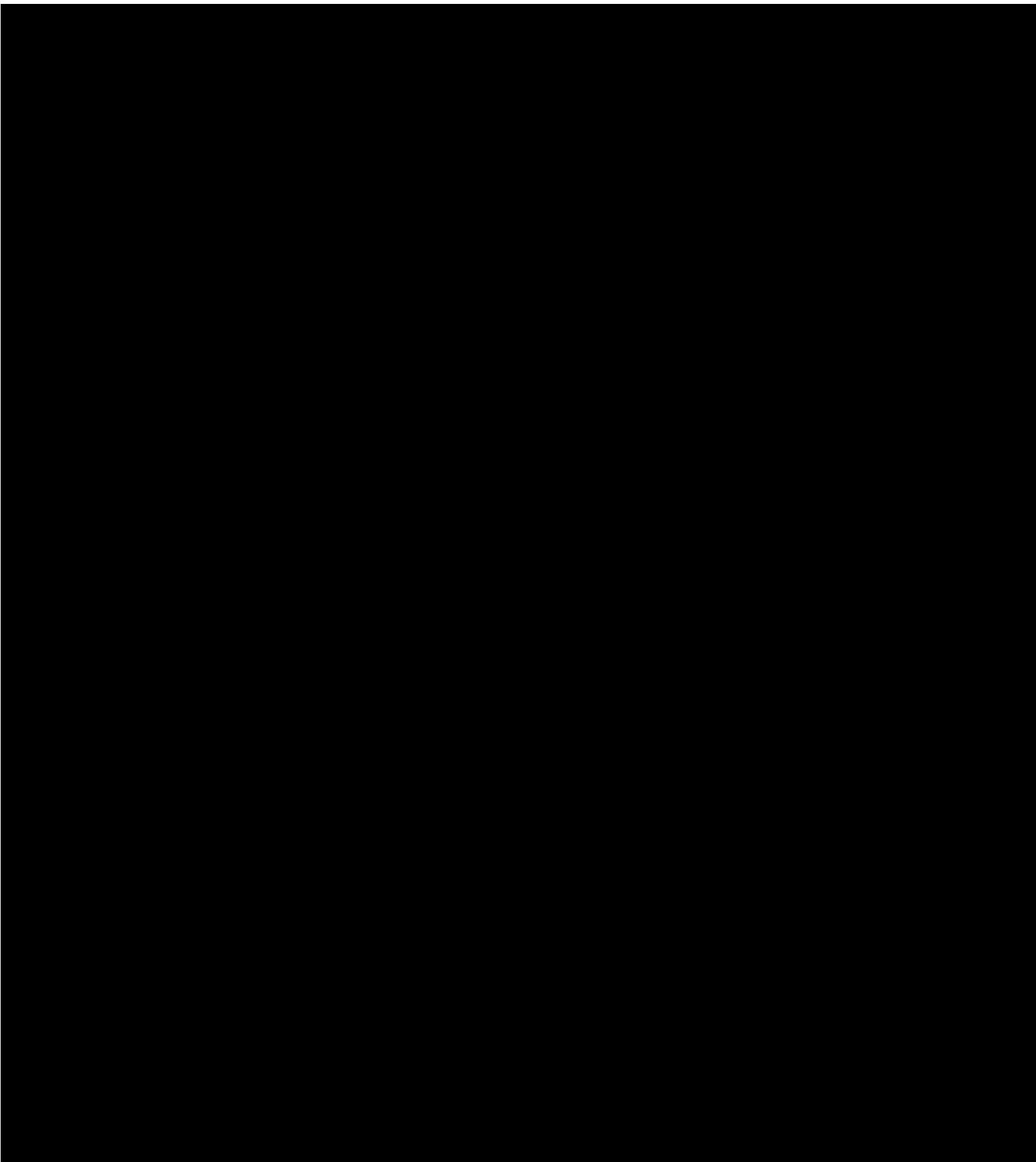


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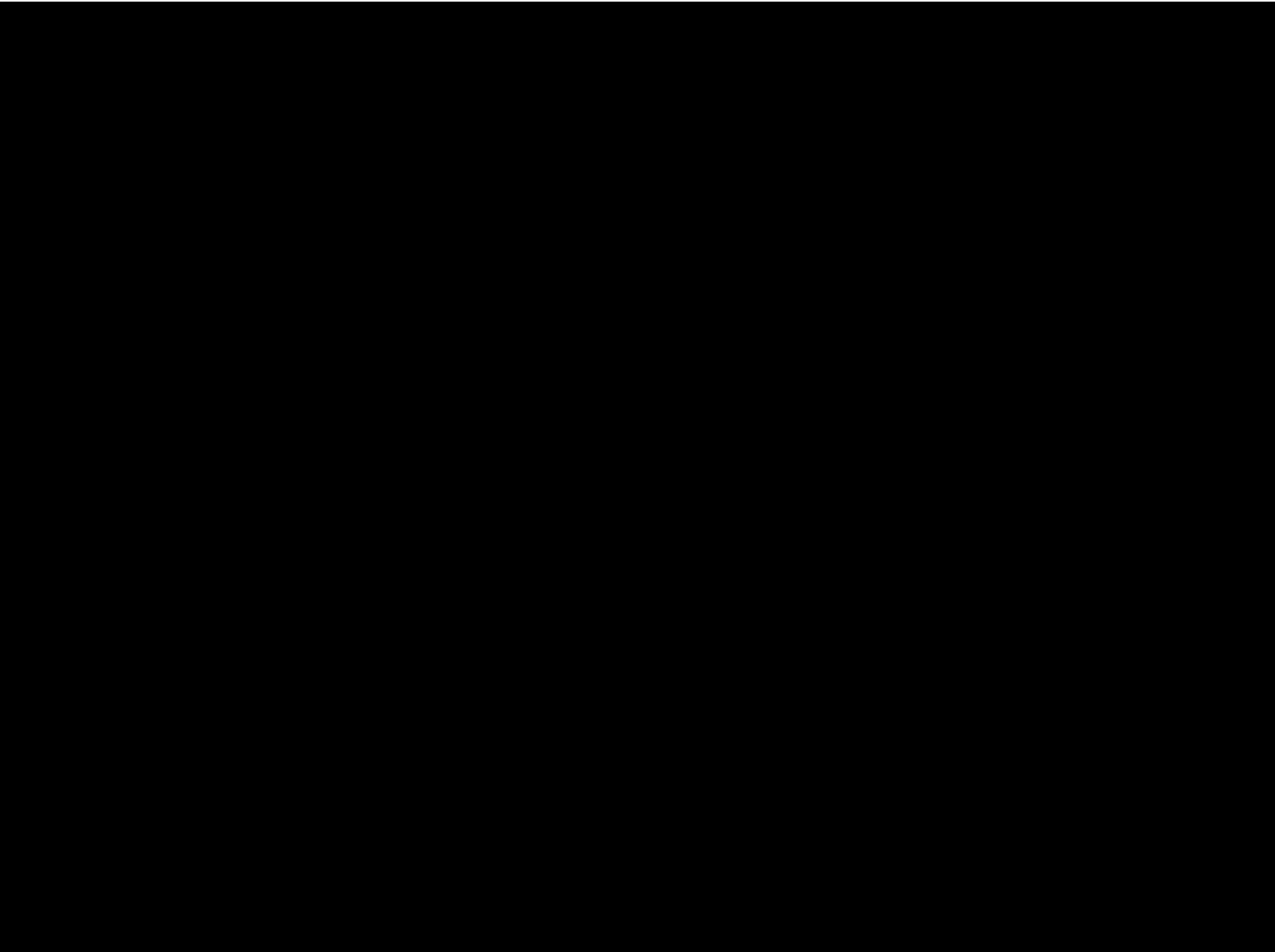
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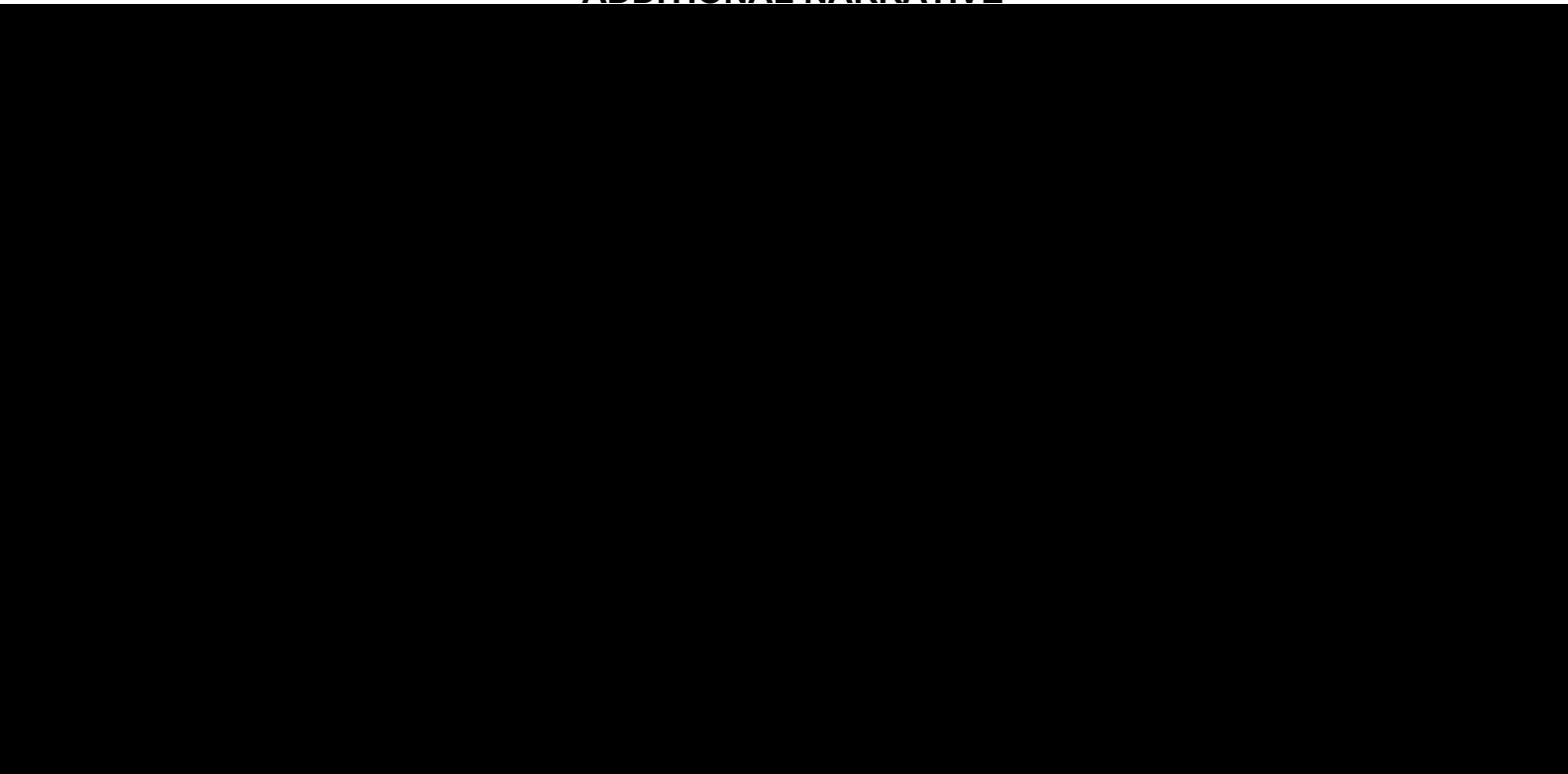
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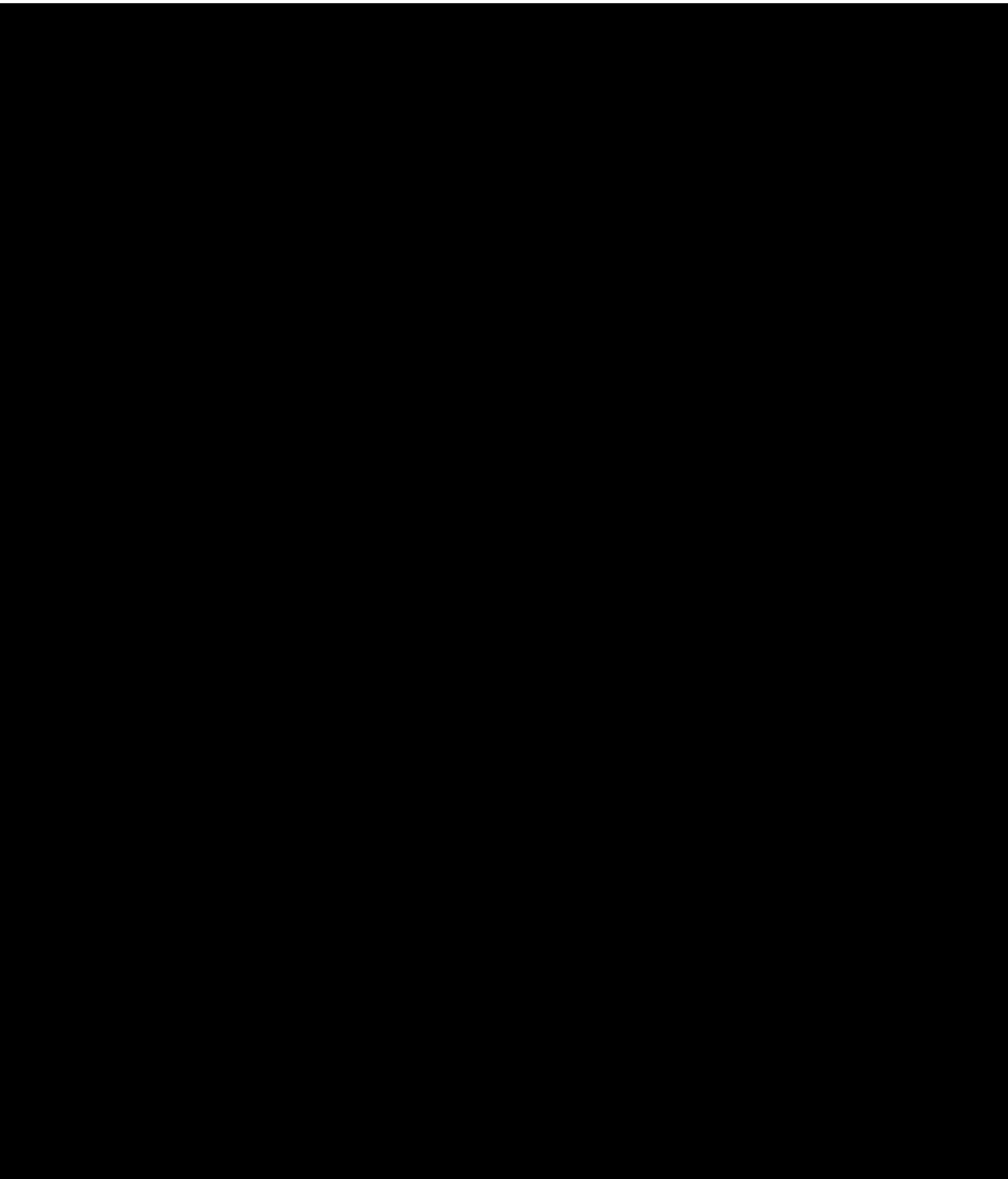
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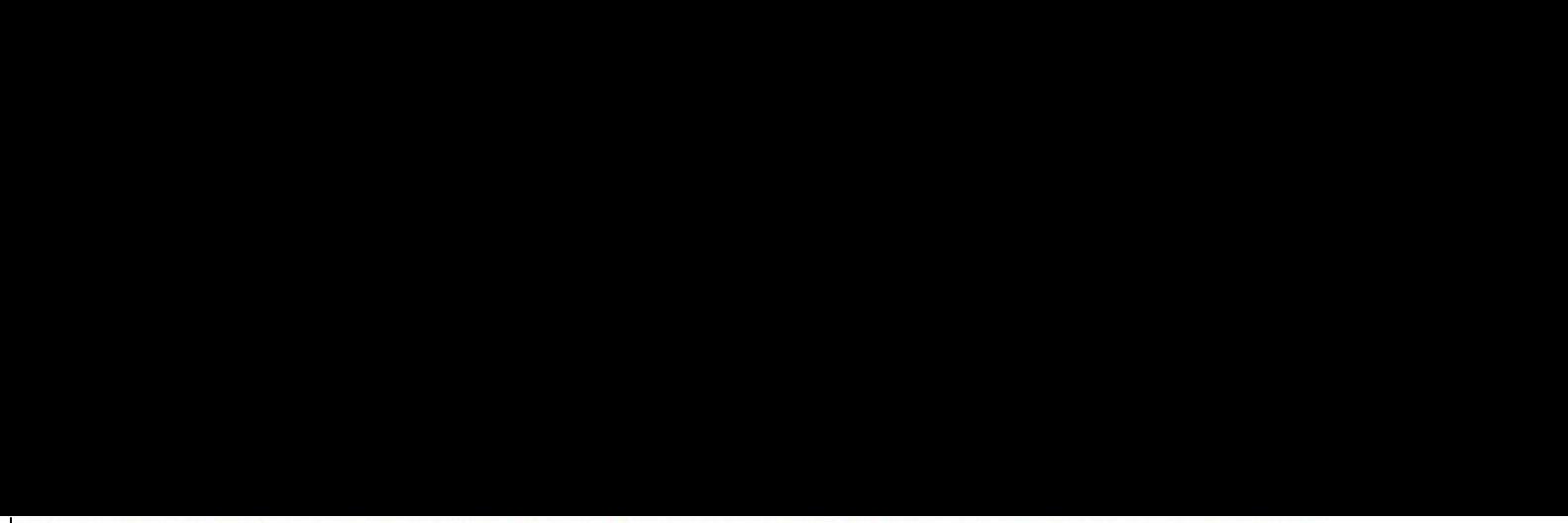
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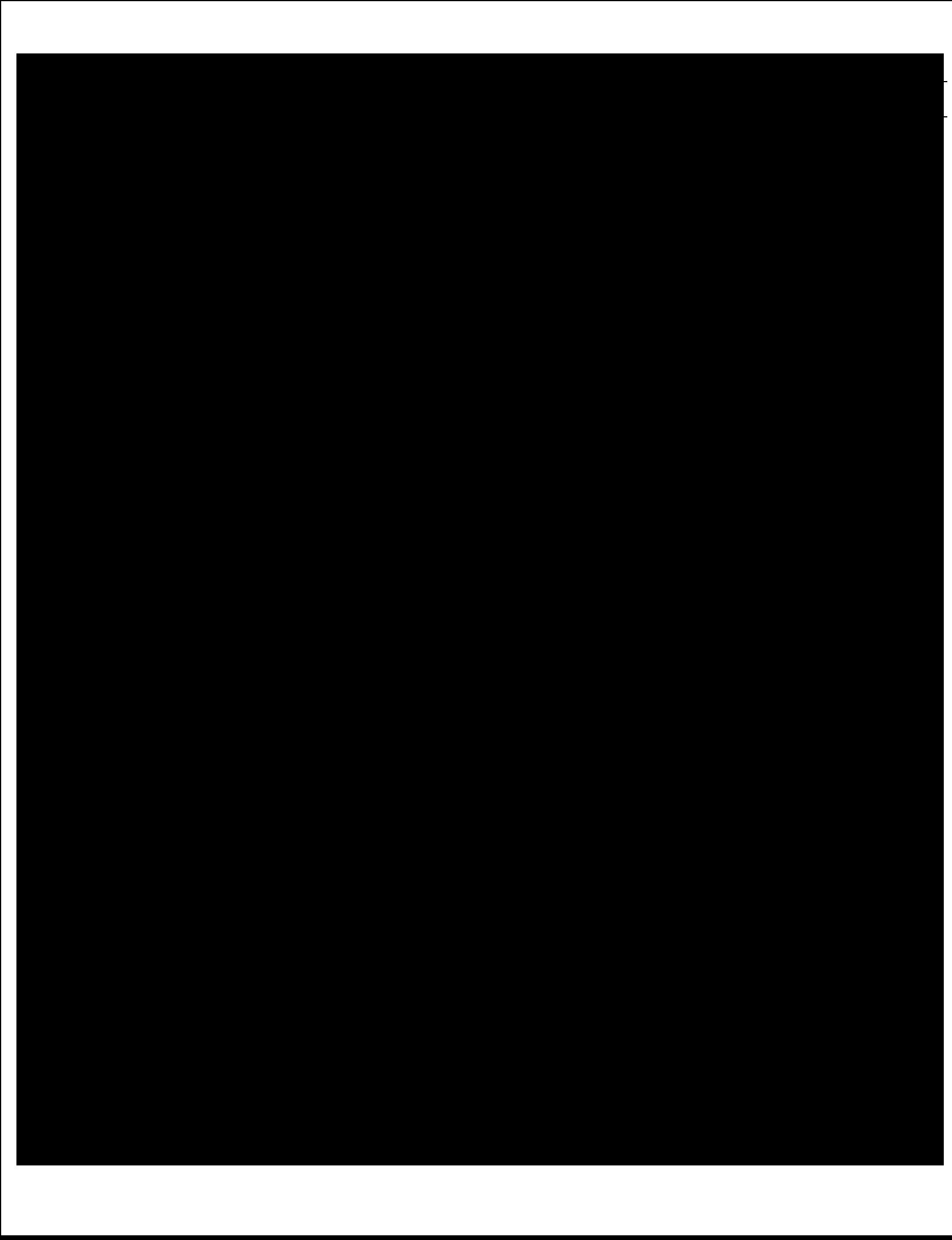
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