

RICHLAND COUNTY SHERIFF'S DEPARTMENT

INCIDENT REPORT

AGENCY I.D.
SCORI 400000

CASE NUMBER

1812812321

NCIC

INQ ENTD

EVENT	INCIDENT TYPE				COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM			
	1 HARASSMENT				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	20		<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 OFFICER			
	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 AND NAME AND NUMBER)						SUBDIVISION	ZIP CODE	WEAPON TYPE				
4521 BRIARFIELD ROAD							29206	99				
INCIDENT DATE		24 HR CLOCK	TO	DATE	24 HR CLOCK	DISPATCH DATE / TIME 24 HR CLOCK			AREA	GRID		
12212018		0000		12212018	1230	DISP DATE	DISP TIME	TIME ARRIVED	DEPART TIME			
						12212018	1251	1251	1300	2		
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT			RES	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE
MCGILL, JOHN			1	2	3	J	W	M	39	U		
ADDRESS						CITY			STATE	ZIP CODE		
						COLUMBIA			SC	29206		

VICTIM NO. 1	VICTIM'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT			RES	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE	
	MCGILL, JOHN			1	2	3	J	W	M	39	U			
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC									
	602	225	3	4	DOB: 07161979 EMAIL: [REDACTED]									
ADDRESS												CITY	STATE	ZIP CODE
4521 BRIARFIELD ROAD												COLUMBIA	SC	29206
VISIBLE INJURY (VICT 1) <input type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN.				COMPLAINT OF ANY NON-VISIBLE INJURIES: <input type="checkbox"/> YES <input type="checkbox"/> NO										
VICTIM (NO 1) USING ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK				DRUGS <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK TYPE:										
<input type="checkbox"/> TWO-MAN VEH <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DET / SPEC. ASMNT <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED				GANG RELATED <input type="checkbox"/> NO <input type="checkbox"/> YES										

SUBJECT NO. 1	<input checked="" type="checkbox"/> SUSPECT	NAME (LAST, FIRST, MIDDLE)			RACE	SEX	AGE	ETH	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
	<input type="checkbox"/> RUNAWAY	MCGILL, JENNIFER			W	F	34	U	11211984	504	100	3	2
	<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.											
	<input type="checkbox"/> WARRANT	PHONE: [REDACTED]											
<input type="checkbox"/> ARREST	ADDRESS												
<input type="checkbox"/> JAIL	882 SOUTH KINGS GRANT DRIVE												
<input type="checkbox"/> SUMMONS	SUBJECT (NO 1) USING ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			ARRESTED NEAR OFFENSE SCENE: <input type="checkbox"/> YES <input type="checkbox"/> NO			OFFENSE DATE		OFFENSE TIME	ARREST DATE	ARREST TIME		
			DRUGS <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK TYPE:			TOTAL # ARRESTED							

NARRATIVE

C/V JOHN MCGILL FILED AN I/R REFERENCING HARASSMENT. C/V STATED ESTRANGED WIFE/SUBJ JENNIFER MCGILL CONTINUOUSLY COMES TO AND DRIVES BY HIS RESIDENCE, DESPITE HAVING A COURT ORDER ADVISING HER NOT TO DO SO. PER C/V, IN ADDITION TO SAID COURT ORDER, HIS ATTORNEY HAS ALSO MAILED HER A LETTER OF NO CONTACT. C/V ADVISED THAT HE HAS TEXTS, ALONG W/THE COURT ORDER, AND IS WILLING TO SUBMIT BOTH TO AN INVESTIGATOR UPON REQUEST.

C/V JOHN MCGILL WAS ISSUED A CASE NUMBER AND ADVISED HOW TO OBTAIN A COPY OF HIS I/R.

PROPERTY	SEIZED	\$	BURNED	\$	DAMAGED	\$
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ADMINISTRATIVE	<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					
	S. NO.	REPORTING OFFICER(S)	DATE	S. NO.	APPROVING OFFICER	DATE
C406	Guinyard, Yolanda	12212018		White, Nathan	12222018	
			FOLLOW UP INVESTIGATION	S. NO.	OFFICER	DATE
			<input type="checkbox"/> YES <input type="checkbox"/> NO	795	HINSON	12/24/18