

# INCIDENT REPORT

INFORMATION ONLY

CASE NUMBER  
200028986

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. 00-00-000 FORCED SODOMY FORCIBLE SODOMY	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	RESIDENCE/HOME		<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.	<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) 3310 MONROE ST, COLUMBIA, SC

ZIP CODE 29205 WEAPON TYPE PERSONAL WEAPON

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK				LOCATION NO.
11/15/2020	23:00		11/16/2020	02:00	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME	415
					11/17/2020	14:06	14:07	15:02	

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE
	#1 #2 #3				/		<input type="checkbox"/> H <input type="checkbox"/> B	<input type="checkbox"/> H <input type="checkbox"/> B

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 ST #2 #3	S			/	N	<input checked="" type="checkbox"/> H <input type="checkbox"/> B	<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)  YES  NO  EXPLAIN- COMPLAINT OF ANY NON-VISIBLE INJURIES:  YES  NO

VICTIM (NO.1) USING: ALCOHOL  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.

<input checked="" type="checkbox"/> SUSPECT	NAME (LAST, FIRST, MIDDLE)	RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
	SCHAFFER, EDWARDS, JOSEPH	W	M	46	N					

RUNAWAY  WANTED  WARRANT  ARREST  JAIL  SUMMONS

FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. RELATED OFFENSE(S) 11B DAYTIME PHONE  H  B EVENING PHONE  H  B

ADDRESS CITY STATE ZIP CODE LOCATION NO.

SUBJECT (NO.1) USING: ALCOHOL  YES  NO  UNK.  ARRESTED NEAR OFFENSE SCENE  YES  NO  DATE/TIME OF OFFENSE 11/15/2020 11:00:00 PM DATE/TIME OF ARREST

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				N	B= WEAPONS	F= DOMESTIC
		B= REPORT TAKEN BY PHONE	E= OFFICER INITIATED		C= UNFOUNDED CALLS	N= NORMAL
		C= COMPLAINANT WALKED IN	F= OTHER		D= MENTAL SUBJECT	

INITIAL NARRATIVE

ON THE ABOVE LISTED DATE AND TIME I RESPONDED TO 1 JUSTICE SQ (POLICE HEADQUARTERS) IN REFERENCE TO A CSC REPORT. UPON ARRIVAL I MADE CONTACT WITH THE COMPLAINANT WHO STATED THAT SHE WOKE UP TO AN UNKNOWN INDIVIDUAL [REDACTED] WITHOUT HER CONSENT.

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  EX-CLEAR UNDER 18  ARRESTED 18 AND OVER  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
DELPOZO, NILCALIZ 24095	11/17/2020 2:05:00 PM	24095	WALKER, STACEY A 12974		12974
			FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

**ADDITIONAL NARRATIVE**

Agency Name: Columbia Police Department	ORI #: SC0400100	Report Date/Time: 11/15/2020 23:00	OCA #: 200028986
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ADDITIONAL NARRATIVE

