

**SIMPSONVILLE DEPARTMENT**  
**INCIDENT REPORT**

CASE NUMBER  
**0 5 - 2 1 - 0 0 0 7 5 7**

NCIC  
INQ. ENTD.

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. CA1 - CHILD ABUSE- AGGRAVATED ASSAULT	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>20</b>		<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.
2. 999 - EMERGENCY PROTECTIVE CUSTODY	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>20</b>		
3.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			

EVENT

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				Z P CODE		WEAPON TYPE	
<b>SIMPSONVILLE SC</b>				<b>29680</b>		<b>40</b>	
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK		LOCATION NO.
<b>01/14/2021</b>	<b>1400</b>		<b>01/14/2021</b>	<b>1420</b>	DISP. DATE	DISP. TIME	TIME ARRIVED
					<b>01/14/2021</b>	<b>1425</b>	<b>1431</b>
							<b>1800</b>
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT		RESIDENT	RACE
<b>SIMPSONVILLE FIRE DEPT, STATION 2</b>				<b>ST</b>		<b>J S O U</b>	
ADDRESS				CITY		STATE	Z P CODE
<b>9 CAPEWOOD DR</b>				<b>SIMPSONVILLE</b>		<b>SC</b>	<b>29680</b>
							<b>C</b>

VICTIM

VICTIM'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH.	DAYTIME PHONE	EVENING PHONE
<b>JUVENILE VICTIM</b>						<b>J S O U</b>						
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.								
ADDRESS				CITY		STATE	Z P CODE	LOCATION NO.				

#1

VISIBLE INJURY (VICT. 1) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN -- <b>Other Major Injury</b>											
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.											
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPL.ASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED <b>J - This Jurisdiction S - State O - Out of State U - Unknown</b>											

SUBJECT

<input checked="" type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)					RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
<input type="checkbox"/> RUNAWAY	<b>ROBINSON, ARIEL S</b>					<b>B</b>	<b>F</b>	<b>29</b>	<b>N</b>				<b>BLK</b>	<b>BRO</b>
<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.													
<input type="checkbox"/> WARRANT	ADDRESS					CITY		STATE	ZIP CODE	LOCATION NO.				
<input type="checkbox"/> ARREST								<b>SC</b>	<b>29650</b>					
<input type="checkbox"/> JAIL	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.					ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			DATE/TIME OF OFFENSE		DATE/TIME OF ARREST			
<input type="checkbox"/> SUMMONS	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:					TOTAL # ARRESTED <b>2</b>			<b>01/14/2021</b>	<b>1400</b>	<b>01/19/2021</b>	<b>1430</b>		

NARRATIVE

Offenses:  
CHILD ABUSE- AGGRAVATED ASSAULT  
EMERGENCY PROTECTIVE CUSTODY

On 01/14/2021 at 1430, I responded to [REDACTED] in reference to assist Simpsonville Fire Department in a child abuse case.

Print Date: 01/20/2021 11:19:01 AM				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY			
P	TYPE (GROUP)										TOTAL VALUE
R	Burned										
O	Count /Forged										
P	Dest./Damaged										
E	Recovered										
R	Seized										
T	Stolen										
Y	Unknown										
A	SUBJECT IDENTIFIED		SUBJECT LOCATED		<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18		<input type="checkbox"/> EX-CLEAR UNDER 18		
D	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input checked="" type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR 18 AND OVER		
M	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										
I	REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER				DATE	UNIT NUMBER	
N	<b>PFC K PATRIKIS</b>		<b>01/14/2021</b>	<b>C5</b>	<b>SGT A J SEMANSKI</b>				<b>01/14/2021</b>	<b>C1</b>	
I					FOLLOW-UP INVESTIGATION OFFICER						
S					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <b>INV MARK SCOTT MAGAW</b>				<b>01/15/2021</b>		

**SIMPSONVILLE DEPARTMENT**  
**SUPPLEMENTAL INCIDENT REPORT**

<input type="checkbox"/> ORIGINAL REPORT	<input type="checkbox"/> SUPPLEMENTAL REPORT	<input type="checkbox"/> ADDITIONAL VICTIMS	<input type="checkbox"/> ADDITIONAL STOLEN PROPERTY	PAGE <b>1</b>
<input type="checkbox"/> MODIFIES ORIGINAL	<input type="checkbox"/> CASE STATUS CHANGE	<input checked="" type="checkbox"/> ADDITIONAL OFFENDERS	<input type="checkbox"/> ADDITIONAL RECOVERED PROPERTY	

<b>V I C T I M S U B J E C T O V E R F L</b>	<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST, MIDDLE) <b>ROBINSON, JERRY AUSTIN</b>			RELATIONSHIP TO SUBJECT #1 #2 #3			RESIDENT <b>J S O U</b>	RACE <b>B</b>	SEX <b>M</b>	AGE <b>34</b>	D.O.B.	ETH <b>N</b>
	<input type="checkbox"/> VICTIM #	HEIGHT <b>5-11</b>	WEIGHT <b>280</b>	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.							
	<input checked="" type="checkbox"/> SUBJECT # <b>02</b>	ADDRESS											
	<input type="checkbox"/> RUNAWAY	CITY			STATE	Z P CODE	LOCATION NO.	DAY PHONE H B		EVENING PHONE H B			
	<input type="checkbox"/> WANTED	EXPLAIN:			VICTIM NO. _____ VISIBLE INJURY: <input type="checkbox"/> NO <input type="checkbox"/> YES			VICTIM USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK.			TWO-MAN VEH. <input type="checkbox"/> DETECTIVE/SPL.ASMT. <input type="checkbox"/> ALONE		
<input type="checkbox"/> WARRANT	USING DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE:			DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE:			<input type="checkbox"/> UNK. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> OTHER			<input type="checkbox"/> ASSISTED			
<input type="checkbox"/> ARREST	<input checked="" type="checkbox"/> SUBJECT NO. <b>02</b> USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES			<input checked="" type="checkbox"/> UNKNOWN									
<input type="checkbox"/> JAIL	USING DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE:												
<input type="checkbox"/> SUMMONS													
<input type="checkbox"/> _____													

<b>A D M I N I S T</b>	SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SUBJECT LOCATED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. 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 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE - NO CUSTODY					
	REPORTING OFFICER(S) <b>PFC K PATRIKIS</b>		DATE <b>01/14/2021</b>	UNIT NUMBER <b>C5</b>	APPROVING OFFICER <b>SGT A J SEMANSKI</b>	
					DATE <b>01/14/2021</b>	
					UNIT NUMBER <b>C1</b>	
			FOLLOW-UP INVESTIGATION OFFICER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <b>INV MARK SCOTT MAGAW</b>			
			DATE <b>01/15/2021</b>			

# INCIDENT REPORT SUPPLEMENTAL

Case Number: 05-21-000757

Officer: 00380 PATRIKIS, K      Date Entered/Changed: 01/14/2021      Reviewer: 00350      Review Date: 01/14/2021

DETAILED STATEMENT OF INVESTIGATION: On 01/14/2021 at 1430, I responded to [REDACTED] in reference to assist Simpsonville Fire Department (SFD) in a child abuse case. My body worn camera was activated upon arrival. Upon arrival, I was met by SFD Battalion Chief Norwood outside the residence. He informed me that the victim [REDACTED]

[REDACTED]

[REDACTED] EMS informed me that they had [REDACTED] was going to PRISMA (Greenville Memorial Hospital).

SFD Engine 66 and Rescue 66 of the Simpsonville Fire Department were on scene. The personnel on the trucks were Clayton, Owens, Stone, Jennings, Givens, and Hurst. Greenville County EMS Medic 25 and QRV 205 were on scene. The fire department was dispatched at 1416 and arrived on scene at 1419. EMS arrived approximately 5 to 7 minutes after FD's arrival. The fire department provided written statements.

I was met back inside the home with Inv Magaw, Pfc Smith, Inv Guest, Cpt Manley, and Cpt Foreman.

I began to interview Ariel (mother). Ariel explained that yesterday, 01/13/2021, [REDACTED]

[REDACTED] she told Jerry to call 911. Ariel stated that dispatch told her to move [REDACTED] to the floor and begin CPR, which Ariel stated that she did. At that time, FD arrived on scene and took over compressions.

[REDACTED]





[REDACTED]

[REDACTED]

Case Number: 05-21-000757

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] to which he evoked his right to counsel. He was secured, searched and transported to SPD by Inv. Magaw and myself.