

AGENCY I.D.
SCO080000

BCSO COPY \ BERKELEYCOUNTY STEFANIE.AUCLAIR
INCIDENT REPORT

CASE NUMBER

NCIC

2 | 0 | 0 | 1 | - | 0 | 6 | 0 | 1 | 9 | 1 | 1 | 5

INQ | ENTD

EVENT	INCIDENT TYPE	ENTD JUN 11 2001	Code	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM <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.
	1. FORCIBLE RAPE - REID, J.	11A	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	OTHER/ RESORT			
	2. SIMPLE ASSAULT - JOYNER, M.	13-B	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	OTHER/ RESORT			
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)						ZIP CODE		WEAPON TYPE						
211 SHORT STAY ROAD, VILLE # 30, MONCK'S CORNER, SC						29461		Hands-feet/Bodily Force						
INCIDENT DATE	24 HR CLOCK	TO	DATE	24 HR CLOCK	DISP DATE	DISPATCH DATE/TIME 24 HR. CLOCK	DISP TIME	TIME ARRIVED	DEPART TIME	LOCATION NO.				
06-08-01	2200		06-09-01	0110	06-09-01	0110	0128	0630		Z1-163				
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT			J S O U	RACE	SEX	AGE	ETH	DAYTIME PHONE	H	EVENING PHONE	H
SEE VICTIM #1														
ADDRESS			CITY			STATE		ZIP CODE		LOCATION NO.				

VICTIM'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT			J S O U	RACE	SEX	AGE	ETH	DAYTIME PHONE	H	EVENING PHONE	H
REID, JESSICA NICOLE			RU					B	F	13	N	832-2132	B	832-2132
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS TATOOS GLASSES CLOTHING, PHYSICAL PECULIARITIES ETC										
506	100	BLK	BRN	NONE										

ADDRESS			CITY			STATE		ZIP CODE		LOCATION NO.			
400 PINWOOD DRIVE APARTMENT # 18			SUMMERVILLE			SC		29483		S			
VISIBLE INJURY (VICT 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> EXPLAIN -											COMPLAINT OF ANY NON VISIBLE INJURIES <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		
VICTIM (NO 1): USING ALCOHOL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> DRUGS <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input checked="" 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													

SUBJECT NO. 1	<input checked="" type="checkbox"/> SUSPECT	NAME (LAST, FIRST, MIDDLE)			RACE	SEX	UNK	AGE	ETH	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
	<input type="checkbox"/> RUNAWAY	UNKNOWN			B	M			N	UNKNOWN	UNK	UNK	UNK	UNK
	<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES ETC												
	<input type="checkbox"/> WARRANT	UNK												
	<input type="checkbox"/> ARREST	ADDRESS			CITY			STATE		ZIP CODE		LOCATION NO.		
	<input type="checkbox"/> JAIL	UNKNOWN			UNKNOWN			UNK		UNKNOWN		UNKNOWN		
<input type="checkbox"/> SUMMONS	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				
	DRUGS <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK TYPE			TOTAL # ARRESTED 00										

ON THE ABOVE DATE AND TIME THIS DEPUTY RESPONDED TO SHORT STAY, NAVAL RECREATIONAL CENTER, VILLE#30 IN REFERENCE TO A POSSIBLE RAPE. UPON ARRIVAL THIS DEPUTY AND RESERVE DEPUTY THOMAS, MET WITH SHORT STAY SECURITY, C. DANGERFIELD, AND ADVISED HIM OF THE SITUATION. BOTH UNITS THEN PROCEEDED TO VILLE #30 WHERE WE FOUND TWO BLACK FEMALES SITTING IN FRONT OF THE TWO STORY RENTAL UNIT. UPON APPROACHING THE TWO WOMEN I NOTICED A BLACK IN COLOR MERCEDES BENZ WITH THREE BLACK MALES IN IT. I IMMEDIATELY ASKED THE VICTIMS IF THE MEN IN THE MERCEDES WERE INVOLVED AND THEY REPLIED NO THAT THEY HAD JUST STOPPED TO LET THE GIRLS USE THERE CELL PHONE TO CALL FOR HELP. WHILE I ASSESSED THE GIRLS INJURIES THE MERCEDES PULLED AWAY LEAVING SHORT STAY. I IMMEDIATELY RECOGNIZED THAT THE TWO GIRLS VERY INTOXICATED IN SOME TYPE OF MANNER UNKNOWN TO ME AT THAT TIME. THE FIRST FEMALE TO SPEAK WAS LATER IDENTIFIED AS MALIKA JOYNER, STATED THAT SHE HAD NO IDEA WHERE THEY WERE OR HOW THEY GOT THERE. I THEN TRIED TALKING TO THE SECOND FEMALE, LATER IDENTIFIED AS JESSICA NICOLE REID, WHO WAS CRYING UNCONTROLLABLY STATING THAT SHE JUST NEEDED HELP AND WANTED TO GO HOME. I THEN ADVISED

				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY			
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PROPERTY EST	TYPE (GROUP)													
	STOLEN													
	DAMAGED													
	BURNEO													
	RECOVERED													
	SEIZED													

SUBJECT IDENTIFIED		SUBJECT LOCATED		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM CLOSED		<input type="checkbox"/> ARRESTED UNDER 18		<input type="checkbox"/> EX-CLEAR UNDER 18		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<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										
REPORTING OFFICER(S)		DATE		UNIT NUMBER		APPROVING OFFICER		DATE		UNIT NUMBER
C. ROOD, PFC		06-09-01		133		M. ARNETTE, SGI		06-09-01		54
FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OFFICER										