

AGENCY I.D.
SC0210000

INCIDENT REPORT
Florence County Sheriff Office

CASE NUMBER
2016-02-0433

NCIC
INQ. ENTD.

EVENT	INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM							
	1. 11A - SEX / CRIMINAL SEXUAL CONDUCT - 1ST DEGREE - 16-03-0652		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	14(Hotel/Motel/Etc.)		<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.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO										
VICTIM NO. 1	INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE								
	2120 WEST LUCAS STREET, Florence, SC				29501-	40-Personal Weapons (Hands, Fists,								
	INCIDENT DATE	24 HR. CLOCK	TO DATE	24 HR. CLOCK	DISPATCH DATE/TIME		24 HR. CLOCK		LOCATION NO.					
	02/06/2016	23:40	02/07/2016	1:30	02/17/2016	12:45								
	COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETHL	HOME PHONE				
				#1 #2 #3	* J S O U					EMPLOYER PHONE				
	ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.							
				Columbia	SC									
	VICTIM'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETHL	HOME PHONE				
				AQ	* J S O U				(803)	EMPLOYER PHONE				
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.										
ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.								
			Columbia	SC										
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN - M - Apparent Minor Injury				COMPLAINT OF NON-VISIBLE INJURIES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										
VICTIM (NO. 1): NONE <input checked="" type="checkbox"/> USING ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> TYPE:														
TWO-WAY VEH. <input type="checkbox"/> ONE-WAY 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 type="checkbox"/> SUSPECT	NAME (LAST, FIRST, MIDDLE)			RACE	SEX	AGE	ETHL	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES	
	<input type="checkbox"/> RUNAWAY	OCTAVE, DIEUSON			B	M	18	N	1997	5'06"	135	BLK - Blac	BRO - Bro	
	<input checked="" type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.												
	<input type="checkbox"/> WARRANT	ADDRESS												
	<input type="checkbox"/> ARREST				CITY	STATE	ZIP CODE	LOCATION NO.						
	<input type="checkbox"/> JAIL				POMPANO BEACH	FL	33064-							
	<input type="checkbox"/> SUBMITS	SUBJECT (NO. 1) USING: ALCOHOL <input type="checkbox"/> COMPUTER EQUIP. <input type="checkbox"/>			ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST					
	DRUGS <input type="checkbox"/>			NONE <input type="checkbox"/>		TOTAL # ARRESTED 0		02/06/2016 23:40						
	NARRATIVE	ON 2/10/2016 OUR OFFICE RECEIVED AN EMAIL FROM LT. JERRY MALDONADO OF THE RICHLAND COUNTY SHERIFF'S OFFICE FORWARDING A REPORT THAT WAS FILED IN RICHLAND COUNTY. THE REPORT THAT WAS FILED WAS OF A SEXUAL ASSAULT THAT OCCURRED IN FLORENCE COUNTY ON OR ABOUT 2/6/2016-2/7/2016.												
		WE RECEIVED THE REPORT THAT RICHLAND COUNTY DEPUTY FORD T. FILED ON THE DATE THAT THE VICTIM REPORTED THE INCIDENT. THE VICTIM FILED THE REPORT WITH HER SCHOOL RESOURCE OFFICER AFTER REPORTING THE INCIDENT TO THE SCHOOL NURSE [REDACTED].												
THE INCIDENT REPORT FILED BY RICHLAND COUNTY REVEALED THE ALLEGATIONS MADE BY [REDACTED] OF THE INCIDENT.														
THE REPORTED INCIDENT WAS OF A SEXUAL ASSAULT THAT OCCURRED AT COMFORT INN AND SUITES IN FLORENCE														
				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY						
PROPERTY EST.														
TYPE (GROUP)		TOTAL VALUE												
STOLEN														
DAMAGED														
BURNED														
RECOVERED														
SEIZED														
COUNTERFEIT														
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					
0194 - Chad Collins			02/17/2016	0194	0204 - Lt. Alvin Powell			03/04/2016						
			FOLLOW-UP INVESTIGATION OFFICER											
			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			0194 - Chad Collins			0194					

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SUPPLEMENTAL INCIDENT REPORT
Florence County Sheriff Office

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<input type="checkbox"/> ORIGINAL REPORT	<input type="checkbox"/> SUPPLEMENTAL REPORT	<input type="checkbox"/> ADDITIONAL VICTIMS	<input type="checkbox"/> ADDITIONAL STOLEN PROPERTY	PAGE <u>2</u> of <u>3</u> PAGES
<input type="checkbox"/> MODIFIED ORIGINAL	<input type="checkbox"/> CASE STATUS CHANGE	<input type="checkbox"/> ADDITIONAL OFFENDERS	<input type="checkbox"/> ADDITIONAL RECOVERED PROPERTY	

VICT./SUBJ. I.D. OVERFLOW	<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST, MIDDLE)		VICTIM RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH
	<input type="checkbox"/> VICTIM #	[REDACTED]		#1	AQ	#2		J	U	B	F	
	<input type="checkbox"/> SUBJECT #	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						
	<input type="checkbox"/> RUNAWAY	ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.	HOME PHONE	EMPLOYER PHONE		
	<input type="checkbox"/> WANTED	<input type="checkbox"/> VICTIM NO. <input type="checkbox"/> VISIBLE INJURY: <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> VICTIM USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE/PLASMT		<input type="checkbox"/> ALONE		
	<input type="checkbox"/> WARRANT	EXPLAIN		<input type="checkbox"/> DRUGS: <input type="checkbox"/>		<input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER		<input type="checkbox"/> ASSISTED				

VICT./SUBJ. I.D. OVERFLOW	<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST, MIDDLE)		VICTIM RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH
	<input type="checkbox"/> VICTIM #	[REDACTED]		#1		#2		J	S	O	U	
	<input type="checkbox"/> SUBJECT #	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						
	<input type="checkbox"/> RUNAWAY	ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.	HOME PHONE	EMPLOYER PHONE		
	<input type="checkbox"/> WARRANT	<input type="checkbox"/> VICTIM NO. <input type="checkbox"/> VISIBLE INJURY: <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> VICTIM USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE/PLASMT		<input type="checkbox"/> ALONE		
	<input type="checkbox"/> ARREST	EXPLAIN		<input type="checkbox"/> DRUGS: <input type="checkbox"/>		<input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER		<input type="checkbox"/> ASSISTED				

COUNTY. REPORTED THAT SHE AND A FRIEND HAD TRAVELLED TO FLORENCE TO ATTEND A CONCERT THAT WAS BEING HELD AT A LOCAL CLUB, "TREASURE CITY." REPORTED THAT WHEN SHE AND HER FRIEND RETURNED TO THE HOTEL WITH THE SUBJECT AND ANOTHER PERSON THAT THEY WERE ALL HANGING OUT IN A ROOM. SHE SAID THAT AFTER A FEW MINUTES THAT SHE AND THE SUBJECT WENT INTO A SEPARATE ROOM ALONE. STATED THAT THE SUBJECT THEN BECAME PHYSICALLY AGGRESSIVE WITH HER. STATED THAT THE SUBJECT KNOWN AS "KODAK BLACK" PUSHED HER INTO A WALL THEN DOWN ONTO THE COUCH IN THE ROOM. ATTEMPTED SEVERAL TIMES TO GET HIM TO STOP BY TELLING HIM "NO" AND PUSHING HIM OFF OF HER. WAS EVEN SCREAMING FOR HELP. THE SUBJECT THEN PUSHED HER ONTO THE BED AND CONTINUED THE ASSAULT. STATED THAT THE SUBJECT REMOVED HER UNDERWEAR AND PUT HER ON THE FLOOR. ALSO STATED THE THE

VEH/GUN/ECT	STATUS	TYPE	VIN AND/OR LICENSE NO.		BOAT HULL NO. AND/OR REG. NO.		
	<input type="checkbox"/> STOLEN	<input type="checkbox"/> VEHICLE	SERIAL AND/OR OWNER APPLIED NO.				STATE
	<input type="checkbox"/> RECOVERED	<input type="checkbox"/> GUN	YEAR OF REGISTRATION	YEAR OF EXPIRATION	YEAR	MAKE	TYPE
	<input type="checkbox"/> FOUND	<input type="checkbox"/> BOAT	MODEL	STYLE	COLOR	BRAND NAME	CALIBER
	<input type="checkbox"/> TOWED	<input type="checkbox"/> LICENSE PLATE	NIC NO.	DENOMINATION		ISSUER	SECURITY DATE
	<input type="checkbox"/> SUSPECT	<input type="checkbox"/> SECURITIES/BONDS, STOCKS	MISCELLANEOUS				

PROPERTY EST.	TYPE (GROUP)					TOTAL VALUE
	STOLEN					
	DAMAGED					
	BURNED					
	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
0194 - Chad Collins		02/17/2016	0194	0204 - Lt. Alvin Powell		03/04/2016	
				FOLLOW-UP INVESTIGATION OFFICER			
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		0194 - Chad Collins	

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<input type="checkbox"/> ORIGINAL REPORT	<input type="checkbox"/> SUPPLEMENTAL REPORT	<input type="checkbox"/> ADDITIONAL VICTIMS	<input type="checkbox"/> ADDITIONAL STOLEN PROPERTY	PAGE <u>3</u> of <u>3</u> PAGES
<input type="checkbox"/> MODIFIES ORIGINAL	<input type="checkbox"/> CASE STATUS CHANGE	<input type="checkbox"/> ADDITIONAL OFFENDERS	<input type="checkbox"/> ADDITIONAL RECOVERED PROPERTY	

NARRATIVE

SUBJECT WAS BITING HER ON THE NECK, HE BIT HER ON THE RIGHT BREAST AND LICKED HER VAGINA. STATED THAT SHE CONTINUED TO TELL THE SUBJECT "NO" BUT HE WOULD NOT STOP. STATED THAT THE SUBJECT TOLD HER THAT HE COULD NOT HELP HIMSELF AND CONTINUED THE ASSAULT. STATED THAT THE SUBJECT THEN PUT HIS PENIS INSIDE OF HER VAGINA AND HAD SEXUAL INTERCOURSE WITH HER. SHE SAID THAT WHEN THE ASSAULT WAS OVER THAT SHE LEFT THE ROOM AND THE HOTEL WITH HER FRIEND AND WENT HOME.

ADMINISTRATIVE	SUBJECT IDENTIFIED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		SUBJECT LOCATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<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"/> 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) 0194 - Chad Collins			DATE 02/17/2016	UNIT NUMBER 0194	APPROVING OFFICER 0204 - Lt. Alvin Powell		DATE 03/04/2016	UNIT NUMBER
					FOLLOW-UP INVESTIGATION OFFICER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 0194 - Chad Collins		0194	