

# INCIDENT REPORT

EVENT

VICTIM NO.

SUBJECT NO.

NARRATIVE

PROPERTY EST.

ADMINISTRATIVE

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. OFFICER-INVOLVED SHOOTING	<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"/> Relg. 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)  
2449 MELVILLE Road , N. CHARLESTON, SC

ZIP CODE: 29406-8906 WEAPON TYPE: FIREARM

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK	DISPATCH TIME	TIME ARRIVED	DEPART. TIME	LOCATION NO.
01/16/2022	04:10		01/16/2022	04:30	01/16/2022	04:10	04:10	05:30	008

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE	
	#1 #2 #3				/				
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
WILLIAMS, JUNNIE, LEVON	#1 ST #2 ST #3	J	B	M	35 /	N	*****	

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
509	190	BLK	BRO	
ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
2501 MELVILLE ROAD	NORTH CHARLESTON	SC	29406	

VS BLE INJURY (VICT.1)  YES  NO  EXPLAIN- COMPLAINT OF ANY NON-VS BLE INJURIES:  YES  NO

VICTIM (NO. 1) USING: ALCOHOL  YES  NO  UNK.  DRUGS:  YES  NO  UNK.  TYPE:

TWO MAN VEH  ONE MAN VEH  DETECTIVE/PLASMT.  OTHER  ALONE  ASSISTED  \*J-This Jurisdiction. S-State. O-Out of State. U-Unknown.

SUSPECT	NAME (LAST, FIRST, MIDDLE)	RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
<input checked="" type="checkbox"/>	*****	W	M	32 /	H	*****	600	190	BLK	BRO
WANTED	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.	RELATED OFFENSE(S)	DAYTIME PHONE	EVENING PHONE						
<input type="checkbox"/>		09C	*****							
WARRANT	ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.					
<input type="checkbox"/>	2500 CITY HALL LN	N CHARLESTON	SC	29406						
ARREST	SUBJECT (NO. 1) USING ALCOHOL	ARRESTED NEAR OFFENSE SCENE	DATE/TIME OF OFFENSE	DATE/TIME OF ARREST						
<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. <input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	01/16/2022 04:10							
JAIL	SUBJECTS	TOTAL # ARRESTED								
<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. <input type="checkbox"/>									

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					B= WEAPONS	F= DOMESTIC
		C= COMPLAINANT WALKED IN	F= OTHER		C= UNFOUNDED CALLS	N= NORMAL

On 1-16-2022 at approximately 0410 hours, NCPD officers were checking the parking lot at 7950 Crossroads Drive in reference to locating the suspect in a B&E Auto which had just occurred (OCA#2022001230). A male matching the suspect's description was observed and officers attempted to get out with him for further investigation. The male fled on foot towards Melville Drive and ran between 2449 Melville Drive and the corner house. Officers caught up to the male and attempted to detain him. While resisting the officers, the male was armed with a firearm and shots were fired during this struggle. The male was injured. EMS responded and transported the male to Trident Hospital. Notifications were made to Command Staff and the South Carolina Law Enforcement Division. SLED assumed control of the investigation upon their arrival. Nothing further.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY	JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY

TYPE (GROUP)	TOTAL VALUE
STOLEN	
DAMAGED	
BURNED	
RECOVERED	
SEIZED	

SUBJECT IDENTIFIED	SUBJECT LOCATED	S. F.	ACTIVE	ADM. CLOSED	ARRESTED UNDER 18	EX-CLEAR UNDER 18
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REASON FOR EXCEPTIONAL CLEARANCE	EXTRADITION DENIED	VICTIM DECLINES COOPERATION	JUVENILE NO CUSTODY			
1. <input type="checkbox"/> OFFENDER DEATH. 2. <input type="checkbox"/> NO PROSECUTION PROSECUTION.	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>			
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER	
CORDRAY, KAREN	1/16/2022 4:10:00 AM	4				
			FOLLOW UP INVESTIGATION			
			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

AGENCY : NORTH CHARLESTON  
 ORI # : SC0100800  
 Report Date/Time : 01/16/2022 04:10  
 Incident # : 2022001232

**INCIDENT REPORT  
 ADDITIONAL OTHERS**

PERSON TYPE SUSPECT	NAME (LAST, FIRST, MIDDLE) *****, *****				RELATIONSHIP SUBJECT #1 #2 #3			RESIDENT J	RACE B	SEX M	AGE 22 /	D.O.B.	ETH N
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECUALIARITIES, ETC.						RELATED OFFENSE(S) 09C		
	ADDRESS 2500 CITY HALL LANE				CITY NORH CHARLESTON	STATE SC	ZIP CODE 29406	LOCATION NO.	DAYTIME PHONE *****	EVENING PHONE <input type="checkbox"/> H <input type="checkbox"/> B			

VISIBLE INJURY  YES NO  EXPLAIN- COMPLAINT OF ANY NON-VISIBLE INJURES:  YES NO

USING: ALCOHOL  YES NO  UNK.  DRUGS:  YES NO  UNK.  TYPE:

PERSON TYPE	NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP SUBJECT #1 #2 #3			RESIDENT	RACE	SEX	AGE /	D.O.B.	ETH
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECUALIARITIES, ETC.						RELATED OFFENSE(S)		
	ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.	DAYTIME PHONE	EVENING PHONE <input type="checkbox"/> H <input type="checkbox"/> B			

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