

INCIDENT REPORT

INFORMATION ONLY

CASE NUMBER
15001158

NCIC
INQ. ENTD.

EVENT	INCIDENT TYPE				COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
	1. 16-11-0620 TRESPASSING/ENTERING PREMISES AFTER WARNING 90J TRESPASS OF REAL PROPERTY				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Shopping Mall (Includes strip malls.)		<input type="checkbox"/> Individual <input checked="" 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			
	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) 100 COLUMBIANA DR, COLUMBIA, SC						ZIP CODE 29212	WEAPON TYPE	
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK			LOCATION NO.
04/26/2015	17:30		04/26/2015	18:15	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME
					04/26/2015	18:16	18:16	18:35

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE
[REDACTED]			#1 ST	#2	#3	J	W	M	25 / 35	N	[REDACTED]	[REDACTED]
ADDRESS						CITY	STATE	ZIP CODE	LOCATION NO.			
100 COLUMBIANA CIRCLE						COLUMBIA	SC	29212	501			

VICTIM NO. 1	VICTIM'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE
	BIRCHLEY, LT			#1 ST	#2	#3	J	W	M	25 / 35	N	[REDACTED]	[REDACTED]
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.								
	ADDRESS						CITY	STATE	ZIP CODE	LOCATION NO.			
100 COLUMBIANA CIR						COLUMBIA	SC	29212	501				

VISBLE INJURY (MCT.1) YES NO EXPLAIN- _____ COMPLAINT OF ANY NON-VISBLE INJURES 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.

SUBJECT NO. 1	<input checked="" type="checkbox"/> SUSPECT	NAME (LAST, FIRST, MIDDLE)	RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES	
	<input type="checkbox"/> RUNAWAY	ROOF, DYLANN, STORM	W	M	21 /	N	04/03/1994	509	120			
	<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					RELATED OFFENSE(S)	DAYTIME PHONE	EVENING PHONE			
	<input type="checkbox"/> WARRANT	10428 GARNERS FERRY RD					EASTOVER	SC	29044-	299		

<input checked="" type="checkbox"/> ARREST	ADDRESS					CITY	STATE	ZIP CODE	LOCATION NO.			
<input type="checkbox"/> JAIL	10428 GARNERS FERRY RD					EASTOVER	SC	29044-	299			
<input type="checkbox"/> SUMMONS	SUBJECT (NO.1) USING: ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. <input type="checkbox"/>		ARRESTED NEAR OFFENSE SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST					
		DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. <input type="checkbox"/> TYPE: _____		TOTAL # ARRESTED		04/26/2015 18:15:00		04/26/2015 18:19:00				

ADMINISTRATIVE	DAY OF THE WEEK		HOW REPORTED		A= OFFICER DISPATCHED ON CALL D= COMPLAINT WRITTEN IN		DIFF. FACTOR		A= RESISTANCE/HOSTILITY E= COMPLAINANT FRE-											
	S	M	T	W	T	F	S	UNK	A	B	C	D	E	F	B= REPORT TAKEN BY PHONE	E= OFFICER INITIATED	B= WEAPONS	C= UNFOUNDED CALLS	F= DOMESTIC	N= NORMAL
	1	2	3	4	5	6	7	8	A	B	C	D	E	F	C= COMPLAINANT WALKED IN	F= OTHER	D= MENTAL SUBJECT			
	I WAS DISPATCHED TO COLUMBIANA CENTER FOR THE ABOVE SUSPECT (ROOF) TRESPASSING ON PROPERTY.																			

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY			
TYPE (GROUP)							TOTAL VALUE
STOLEN							
DAMAGED							
BURNED							
RECOVERED							
SEIZED							

SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SUBJECT LOCATED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	S. F. <input type="checkbox"/> CN	<input type="checkbox"/> ACTIVE <input checked="" type="checkbox"/> ADM. CLOSED	<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)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
SJOLUND MARK D	04/26/2015 19:06:19	21738	HOLMES MARY E	04/26/2015 19:15:08	10864
FOLLOW UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO		OFFICER			

ADDITIONAL NARRATIVE

Agency Name: City of Columbia Police Department	ORI #: SC0400100	Report Date/Time: 04/26/2015 17:30	OCA #: 150011158
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I MADE CONTACT WITH THE ABOVE SUSPECT IN THE PARKING LOT ZONE #1 THEN PLACED THE SUSPECT UNDER ARREST FOR TRESPASS AFTER NOTICE. THE SUSPECT WAS ON 1 YEAR BAN FROM THE MALL FROM AN INCIDENT ON 02-28-2015 CASE #150005592. THE COMPLAINANT (BIRCHEY) PROVIDED THE BAN PAPERWORK UPON CONTACT WITH THE SUSPECT. THE SUSPECT WAS THEN PLACED ON A THREE YEAR BAN 04-26-2015 TO 04-26-2018. THE SUSPECTS VEHICLE WAS TURNED OVER TO HIS MOTHER. THE SUSPECT WAS TRANSPORTED TO LEXINGTON COUNTY DETENTION CENTER BY MPO PRIEST.