

# INCIDENT REPORT

INFORMATION ONLY

CASE NUMBER

150005592

NCIC INQ. ENTD.

EVENT	INCIDENT TYPE				COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
	1. 44-53-230 POSSESSION OF SCHEDULE III 35A DRUG/NARCOTIC VIOLATIONS				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DEPARTMENT/DISCOUNT STORE		<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input checked="" 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) [REDACTED] ZIP CODE 29212- WEAPON TYPE NONE

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK				LOCATION NO.
02/28/2015	20:42		02/28/2015	20:43	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME	501
					02/28/2015	20:44	20:45	22:00	

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE) [REDACTED] RELATIONSHIP TO SUBJECT #1 ST #2 #3 RESIDENT J RACE W SEX M AGE 27 / ETH N DAYTIME PHONE [REDACTED] EVENING PHONE [REDACTED]

ADDRESS #1 JUSTICE SQ CITY COLUMBIA STATE SC ZIP CODE 29201- LOCATION NO. 212

VICTIM'S NAME (LAST, FIRST, MIDDLE) CITY OF COLUMBIA RELATIONSHIP TO SUBJECT #1 ST #2 #3 RESIDENT J RACE W SEX M AGE / ETH N DAYTIME PHONE [REDACTED] EVENING PHONE [REDACTED]

HEIGHT WEIGHT HAIR EYES FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

ADDRESS #1 JUSTICE SQ CITY COLUMBIA STATE SC ZIP CODE 29201- LOCATION NO. 212

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

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

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

**SUBJECT NO. 1**

SUSPECT NAME (LAST, FIRST, MIDDLE) ROOF, DYLANN, STORM RACE W SEX M AGE 20 / ETH N DATE OF BIRTH 04/03/1994 HEIGHT 509 WEIGHT 120 HAIR BRO EYES BRO

RUNAWAY FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. RELATED OFFENSE(S) 35A DAYTIME PHONE [REDACTED] EVENING PHONE [REDACTED]

WANTED

WARRANT ADDRESS 10428 GARNERS FERRY RD CITY EASTOVER STATE SC ZIP CODE 29044- LOCATION NO. 299

ARREST

JAIL SUBJECT (NO.1) USING: ALCOHOL  YES  NO  UNK. ARRESTED NEAR OFFENSE SCENE  YES  NO DATE/TIME OF OFFENSE 02/28/2015 20:45:00 DATE/TIME OF ARREST

SUMMONS DRUGS:  YES  NO  UNK. TYPE TOTAL # ARRESTED 1

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	A B C D E F	B= REPORT TAKEN BY PHONE	E= OFFICER INITIATED	N	B= WEAPONS	F= DOMESTIC
1 2 3 4 5 6 7 8		C= COMPLAINANT WALKED IN	F= OTHER		C= UNFOUNDED CALLS	N= NORMAL

**NARRATIVE**

I WAS ON DIRECT PATROL ON THE ABOVE LISTED DATE AND TIME AT THE COLUMBIANA MALL WHEN I RECEIVED A COMPLAINT FROM MALL SECURITY STATING THAT A WHITE MALE WEARING ALL BLACK WAS GOING INTO THE "SHOE DEPARTMENT" STORE AND "BATH AND BODY WORKS" AND ASKING THE EMPLOYEES OUT OF THE ORDINARY QUESTIONS. THE MALL SECURITY GUARD STATED THAT THE EMPLOYEES WERE STATING THAT THE SUBJECT WAS ASKING THEM HOW MANY ASSOCIATES WERE WORKING, WHAT TIME THEY CLOSED, AND WHAT TIME THEY LEAVE. MALL SECURITY THEN POINTED OUT THE SUBJECT AT WHICH TIME I MADE CONSENSUAL CONTACT WITH HIM. UPON MAKING CONTACT WITH THE SUBJECT I CONFIRMED THAT HIS NAME WAS DYLANN S. ROOF, DOB: [REDACTED] UPON TALKING WITH MR DYLANN I ASKED HIM WHY HE WAS ASKING THE EMPLOYEES OF THE BUSINESSES THOSE QUESTIONS. MR. DYLANN THEN BEGAN

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

**ADMINISTRATIVE**

SUBJECT IDENTIFIED  YES  NO SUBJECT LOCATED  YES  NO S.F. CJ  ACTIVE  ADM. CLOSED  ARRESTED UNDER 18  EX-CLEAR UNDER 18  UNFOUNDED  ARRESTED 18 AND OVER  EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE 1  OFFENDER DEATH 2  NO PROSECUTION 3  EXTRADITION DENIED 4  VICTIM DECLINES COOPERATION 5  JUVENILE NO CUSTODY

REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
FITZGERALD BRANDON M	02/28/2015 22:34:37	22847	REASE ARTHUR E	03/01/2015 04:17:54	15311

FOLLOW UP INVESTIGATION  YES  NO OFFICER

# ADDITIONAL NARRATIVE

Agency Name: City of Columbia Police Department	ORI #: SC0400100	Report Date/Time: 02/28/2015 20:42	OCA #: 150005592
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SPEAKING VERY NERVOUSLY AND STATED THAT HIS PARENTS WERE PRESSURING HIM TO GET A JOB. I THEN ASKED MR. DYLANN IF HE ASKED FOR AN APPLICATION FROM ANY OF THE STORES AND HE STATED THAT HE DID NOT. I AGAIN OBSERVED THAT MR DYLANN WAS BECOMING MORE NERVOUS ACTING AND TAKING MORE TIME TO THINK OF ANSWERS TO MY QUESTIONS. I THEN ASKED MR. DYLANN IF HE HAD ANYTHING ILLEGAL ON HIS PERSON THAT I NEEDED TO KNOW ABOUT AND HE STATED THAT HE DID NOT. I THEN RECEIVED CONSENT TO SEARCH HIS PERSON AT WHICH TIME I LOCATED A SMALL UNLABELED WHITE BOTTLE CONTAINING MULTIPLE ORANGE IN COLOR SQUARE STRIPS LOCATED IN MR. DYLANN'S RIGHT JACKET POCKET. I THEN ASKED MR. DYLANN WHAT THE ORANGE STRIPS WERE AND HE STATED THEY WERE LISTERINE STRIPS. I AGAIN ASKED HIM WHAT THEY WERE AND HE STATED THAT THEY WERE SUBOXONE. I THEN ASKED MR. DYLANN IF HE HAD A PRESCRIPTION FOR THEM AND HE STATED THAT HE DID NOT. I THEN CONFIRMED THROUGH POISON CONTROL THAT SUBOXONE IS A SCHEDULE III NARCOTIC. I THEN PLACED MR DYLANN UNDER ARREST FOR POSSESSION OF SCHEDULE III. POST MIRANDA MR. DYLANN STATED THAT THE STRIPS WERE SUBOXONE AND THAT HE RECEIVED THEM FROM A FRIEND. DUE TO MR. DYLANN BEING ARRESTED I HAD HIS 2000 HYUNDAI ELANTRA [REDACTED] TOWED BY ST ANDREWS TOWING AND I NOTIFIED THE OWNER BY MAIL. I HAD ALL EVIDENCE TAGGED INTO THE PROPERTY ROOM.

**AGENCY:** City of Columbia Police Department  
**ORI #:** SC0400100  
**Report Date / Time:** 02/28/2015 20:42  
**Incident #:** 150005592

## ADDITIONAL VEHICLES

STATUS:	3	RELATED TO:	ROOF, DYLANN, STORM	VEHICLE TYPE:	P
VIN AND/OR LICENSE NO.		BOAT HULL NO. AND/OR REG. NO.			
SERIAL AND/OR OWNER APPLIED NO.			STATE SC		
YEAR OF REGISTRATION		YEAR OF EXPIRATION		YEAR	2000
MAKE		HYUN			
MODEL	HYUN-ELN	STYLE	4 DOOR	COLOR	BLACK
CID NO.					
COMMENTS SC TAG KER488					
STATUS:		RELATED TO:		VEHICLE TYPE:	
VIN AND/OR LICENSE NO.		BOAT HULL NO. AND/OR REG. NO.			
SERIAL AND/OR OWNER APPLIED NO.			STATE		
YEAR OF REGISTRATION		YEAR OF EXPIRATION		YEAR	MAKE
MODEL		STYLE		COLOR	
CID NO.					
COMMENTS					
STATUS:		RELATED TO:		VEHICLE TYPE:	
VIN AND/OR LICENSE NO.		BOAT HULL NO. AND/OR REG. NO.			
SERIAL AND/OR OWNER APPLIED NO.			STATE		
YEAR OF REGISTRATION		YEAR OF EXPIRATION		YEAR	MAKE
MODEL		STYLE		COLOR	
CID NO.					
COMMENTS					
STATUS:		RELATED TO:		VEHICLE TYPE:	
VIN AND/OR LICENSE NO.		BOAT HULL NO. AND/OR REG. NO.			
SERIAL AND/OR OWNER APPLIED NO.			STATE		
YEAR OF REGISTRATION		YEAR OF EXPIRATION		YEAR	MAKE
MODEL		STYLE		COLOR	
CID NO.					
COMMENTS					
STATUS:		RELATED TO:		VEHICLE TYPE:	
VIN AND/OR LICENSE NO.		BOAT HULL NO. AND/OR REG. NO.			
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COMMENTS					
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VIN AND/OR LICENSE NO.		BOAT HULL NO. AND/OR REG. NO.			
SERIAL AND/OR OWNER APPLIED NO.			STATE		
YEAR OF REGISTRATION		YEAR OF EXPIRATION		YEAR	MAKE
MODEL		STYLE		COLOR	
CID NO.					
COMMENTS					

### INCIDENT REPORT ADDITIONAL OFFENSES

UCR	OFFENSE	BIAS MOTIVATED	BIAS CODE	STATUS	OFFENDER
		<input type="checkbox"/>	[ ]	<input type="checkbox"/> Attempt <input type="checkbox"/> Complete	
		<input type="checkbox"/>	[ ]	<input type="checkbox"/> Attempt <input type="checkbox"/> Complete	
		<input type="checkbox"/>	[ ]	<input type="checkbox"/> Attempt <input type="checkbox"/> Complete	
		<input type="checkbox"/>	[ ]	<input type="checkbox"/> Attempt <input type="checkbox"/> Complete	
		<input type="checkbox"/>	[ ]	<input type="checkbox"/> Attempt <input type="checkbox"/> Complete	
		<input type="checkbox"/>	[ ]	<input type="checkbox"/> Attempt <input type="checkbox"/> Complete	

### INCIDENT REPORT DRUGS

Code	Status	Quantity	Measure	Suspected Type	Check up to 3 types of activity for each							
					Using	Buy	Cultivating	Distributing	Exploiting Children	Operating	Possess	Transport
H	Z	1	GM	OTHER NARCOTICS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**AGENCY ID**  
**SC0400100**

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