

Incident Report

Agency I.D. SC0230000 RTA

09AC-0Y,13AC-0Y,520C-0Y,950C,

Case Number 20000110909

Adult/Juv

EVENT	INCIDENT TYPE				OFFENSE COMPLETED	FORCED ENTRY	PREMISE TYPE			UNITS ENTERED	TYPE VICTIM		
	S417 - Death Investigation				Y	N	3 - Bar/Night Club; 18 - Parking Lot/Garage			0	<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Religious Org. <input type="checkbox"/> Soc / Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Officer		
	Incident Location(Subdivision, Mill Village, Apartment & Number, Street Name & Number)						Closest Intersection			Zip Code			
	1701 White Horse Rd Greenville SC (Club Lavish)						Cartee Av			29605			
VICTIM	Incident Date	Time	To	Date	Time	Weapon Type		Time Arrived	Time Completed	Patrol District			
	07/05/2020	01:30		07/05/2020	02:00	95		01:50	06:36	06			
	Complainants Name (Last, first, Middle)				Resident	Race	Sex	Age	Primary Phone		Business Phone	Mobile Phone	
	Bowers, Terrence				S	B	M	42					
SUBJECT	Victim's Name (Last, first, Middle)				Victim Relationship To Subject	Resident	Ethnicity	Race	Sex	Age	Primary Phone	Business Phone	Mobile Phone
	Address				City			State		Zip Code	Patrol District		
					Greenville			SC		29601	CJ11		
	Visible Injury (Vict 1) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Explain: _____ Complaint of any Non-Visible Injuries <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												
NARRATIVE	Victim (No.1) Using Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Drugs <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk 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"/>		Jurisdiction: -						
	<input type="checkbox"/> Suspect <input type="checkbox"/> Runaway <input type="checkbox"/> Wanted <input type="checkbox"/> Warrant <input type="checkbox"/> Arrest <input type="checkbox"/> Missing												
	Subject's Name (Last, first, Middle)				Ethnicity	Race	Sex	Age	Date of Birth	Height	Weight	Hair	Eyes
VEHICLE	Address											SSN	
	Facial Hair, Scars, Tattoos, Glasses, Clothing, Physical, Peculiarities, Etc.											Patrol District	
	Subject (No.1) Using Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk				Arrested Near Offense Scene <input type="checkbox"/> Yes <input type="checkbox"/> No		Date/Time of Offense		Date of Arrest				
	Drugs <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Type				Total Arrested 0								
PROPERTY	Arrestee Armed <input type="checkbox"/> Yes <input type="checkbox"/> No Weapon Type _____ <input type="checkbox"/> Arrested on Current Offense <input type="checkbox"/> Cleared By Arrest on Prior Offense												
	Juvenile Disposition <input type="checkbox"/> Handled Released <input type="checkbox"/> Referred To Other Authority						<input type="checkbox"/> On View Arrest <input type="checkbox"/> Summoned <input type="checkbox"/> Custody						
	Charge				Warrant Number				Ticket Number				
	Arrest Location _____ Gang Affiliation: GR - Gang Related												
ADMIN	I arrived at the incident location in response to a shooting in progress.												
	Jurisdiction of Theft :						Jurisdiction of Recovery :						
VEHICLE	<input type="checkbox"/> Towed <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Suspect <input type="checkbox"/> Victim												
	Tag Number _____ State _____ Year _____ V.I.N. _____ Value _____ Year _____ Make _____ Model _____ Style _____ Color _____ Tag Only <input type="checkbox"/> Additional Vehicle description _____												
ADMIN	Status	Property Type	Quantity	Property Make	Color	Description			Serial # / OAN	Value			
ADMIN	Subject Identified		Subject Located		<input checked="" type="checkbox"/> Active <input type="checkbox"/> Admin Closed		<input type="checkbox"/> Arrested Under 18		<input type="checkbox"/> Ex-Cleared 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-Cleared 18 and Over				
	Reason For Exceptional Clearance <input type="checkbox"/> Offender Death <input type="checkbox"/> No Prosecution <input type="checkbox"/> Victim Declines Cooperation <input type="checkbox"/> Extradition Denied <input type="checkbox"/> Juvenile No Arrest												
Reporting Officer(s)		Date	Unit#/Star#	Approving Officer			Date	Unit#/Star#					
BOWERS, TERRENCE		07/05/2020	A13 / 01217	OWENS, JASON			07/09/2020	A02 / 00881					
			/	Follow Up Investigation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		(Officer) CID - Homicide		07/09/2020		/ 00000			

<input type="checkbox"/> Original Report	<input type="checkbox"/> Status Change	<input type="checkbox"/> Additional Victims	<input type="checkbox"/> Additional Stolen Property	Incident Type <u>S417 - Death Investigation</u>
<input checked="" type="checkbox"/> Supplemental Report	<input type="checkbox"/> Other Report	<input type="checkbox"/> Additional Defendants	<input type="checkbox"/> Additional Recovered Property	Patrol District <u>06</u> Page <u>1</u> of <u>3</u> Pages

I. D. OVERFLOW	<input type="checkbox"/> Complainant	Subject's Name (Last, first, Middle)		Victim Relationship To Subject	Ethnicity	Resident	Race	Sex	Age	Date of Birth	
	<input type="checkbox"/> Victim	Address		City	State	Zip Code	Patrol District	Day Phone	Evening Phone		
	<input type="checkbox"/> Subject	Height	Weight	Hair	Eyes	Facial Hair, Scars, Tattoos, Glasses, Clothing, Physical, Peculiarities, Etc.					
	<input type="checkbox"/> Runaway	<input type="checkbox"/> Victim No. _____	Visible Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	Complaint of any Non-Visible Injuries <input type="checkbox"/> Yes <input type="checkbox"/> No	Victim Using Alcohol <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unk	Two-Man Veh <input type="checkbox"/> One Man Veh <input type="checkbox"/> ALONE <input type="checkbox"/>					
	<input type="checkbox"/> Arrest	Explain:		Drugs <input type="checkbox"/> No <input type="checkbox"/> Yes Type:	Detective <input type="checkbox"/> Other <input type="checkbox"/> ASSISTED <input type="checkbox"/>						

Arrestee Armed <input type="checkbox"/> Yes <input type="checkbox"/> No	Weapon Type	<input type="checkbox"/> On View Arrest	<input type="checkbox"/> Summoned	<input type="checkbox"/> Custody
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Juvenile Disposition Handled Released Referred To Other Authority

Arrest Location

Overflow:
Show of Force: NO
Terrorist Affiliation: Not Terrorist related
Hate Group Affiliation: Not Hate Group related

Narrative:
Incident Type: Death Investigation

Incident Location: 1701 White Horse Road "Club Lavish"

First Responders: Deputies Graham (A36), Pittman (A24), Campos (A45), McKenzie (A25), Englund (E32), Bryson (E24), Derosa (E35), Miller (K14), Collinson (K21), Pierce (E38), Moore (A22), Reese (A21), Miller (A31), M/D Norris (A12) & Albrecht (A12-A), Pelicano (A49) & Scrobe (A49-A), Gravley (A33), E. Davis (551), Kalu (744), Sgt. Hill (780), Sgt. Mansel (Sgt. Lovelace (K02), Sgt. Piller (A04), Sgt. Owens (A02), Sgt. May (A03), Sgt. Cannon (E03), Lt. Debruyen (A01), Lt. Bolt, Capt. Gladson (Car11), Capt. Whatley (Car10). **Sheriff H. Lewis (Car-1)** also responded to the scene.

Forensics: Lt. Lendway (912), Sgt. Hamilton (918), Minwegen (919), Ford (920), Brown (926).

EMS: unknown at this time

Homicide: Lt. Matheny (61), Investigator D. Picone (614), and Investigator T. King

On 7/5/20 while enroute to a 911 call on the Southern End of Greenville County, I drove pass 1701 White Horse Road "Club Lavish", and observed several crowds of subject(s) scattering in a panic, and running in opposite directions. I slowed down believing that a fight was in progress in the parking lot, and then noticed that subject(s) were crouching down behind vehicles, and jumping on the ground. I activated my blue lights, and pulled onto Cartee Ave,

Status	Property Type	Quantity	Property Make	Color	Description	Serial # / OAN	Value

ADMIN	Subject Identified	Subject Located	<input checked="" type="checkbox"/> Active <input type="checkbox"/> Admin Closed	<input type="checkbox"/> Arrested Under 18	<input type="checkbox"/> Ex-Cleared 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-Cleared 18 and Over
	Reason For Exceptional Clearance <input type="checkbox"/> Offender Death <input type="checkbox"/> No Prosecution <input type="checkbox"/> Victim Declines Cooperation <input type="checkbox"/> Extradition Denied <input type="checkbox"/> Juvenile No Arrest				
	Reporting Officer(s)	Date	Unit#/Star#	Approving Officer	Date
BOWERS, TERRENCE	07/05/2020	A13 / 01217	OWENS, JASON	07/09/2020	A02 / 00881
		/	Follow Up Investigation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Officer) CID - Homicide	07/09/2020	/ 00000

<input type="checkbox"/> Original Report	<input type="checkbox"/> Status Change	<input type="checkbox"/> Additional Victims	<input type="checkbox"/> Additional Stolen Property	Incident Type <u>S417 - Death Investigation</u>			
<input checked="" type="checkbox"/> Supplemental Report	<input type="checkbox"/> Other Report	<input type="checkbox"/> Additional Defendants	<input type="checkbox"/> Additional Recovered Property	Patrol District <u>06</u>	Page <u>2</u> of <u>3</u> Pages		

I. D. OVERFLOW	<input type="checkbox"/> Complainant	Subject's Name (Last, first, Middle)			Victim Relationship To Subject		Ethnicity	Resident	Race	Sex	Age	Date of Birth
	<input type="checkbox"/> Victim	Address			City	State	Zip Code	Patrol District	Day Phone	Evening Phone		
	<input type="checkbox"/> Subject	Height	Weight	Hair	Eyes	Facial Hair, Scars, Tattoos, Glasses, Clothing, Physical, Peculiarities, Etc.						
	<input type="checkbox"/> Runaway	<input type="checkbox"/> Victim No. _____	Visible Injury <input type="checkbox"/> Yes <input type="checkbox"/> No		Complaint of any Non-Visible Injuries <input type="checkbox"/> Yes <input type="checkbox"/> No		Victim Using Alcohol <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unk		Two-Man Veh <input type="checkbox"/> One Man Veh <input type="checkbox"/> ALONE <input type="checkbox"/>			
	<input type="checkbox"/> Arrest	Explain:		Drugs <input type="checkbox"/> No <input type="checkbox"/> Yes Type:		Detective <input type="checkbox"/> Other <input type="checkbox"/> ASSISTED <input type="checkbox"/>						

<input type="checkbox"/> Jail	<input type="checkbox"/> Other	Subject No. _____	Using Alcohol <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unk	<input type="checkbox"/> Arrested on Current Offense
		Using Drugs <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unk	Type:	<input type="checkbox"/> Cleared By Arrest on Prior Offense

Arrestee Armed <input type="checkbox"/> Yes <input type="checkbox"/> No	Weapon Type	<input type="checkbox"/> On View Arrest	<input type="checkbox"/> Summoned	<input type="checkbox"/> Custody
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Juvenile Disposition <input type="checkbox"/> Handled Released <input type="checkbox"/> Referred To Other Authority

DOB [REDACTED]

Continued: I exited my patrol vehicle with my service weapon (MRN872) drawn at the ready, [REDACTED]

[REDACTED] I relayed this information to dispatch as we were clearing the parking lot, and requested Emergency Assistance "10-41(A)" due to there possibly being an active shooter at this location.

Once a quick sweep was conducted throughout the parking lot with negative findings of an active shooter or injured victim(s), I directed my attention to possible victim(s) on the other side of the roadway closer to the club. More GCSO Deputies arrived on scene, and [REDACTED] and someone relayed on the radio that shots were still being fired on scene. There were people still running all over the parking lot screaming, and saying that there were more victim(s) inside. I assembled an entry team of deputies to assist with clearing the inside of the club. [REDACTED]

[REDACTED] and we continued visually sweeping the area for any potential active shooter, and more gunshot victim(s). We made it into an open area where a bar was structured, and a stage area where more people were seen scattering in a panic. We observed a [REDACTED] and deputies applied tourniquet [REDACTED] while we held cover. At this time more GCSO Deputies entered the building through the front door entrance, and we were able to finish clearing the rear hallways / offices [REDACTED]. We worked fast to clear the remaining patrons and employees from the building as the fire alarm was going off, and smoke was in the air. While this was being accomplished, M/D Norris (A12) arrived on scene, and assisted [REDACTED]

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	<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-Cleared 18 and Over	
	Reason For Exceptional Clearance				<input type="checkbox"/> Offender Death	<input type="checkbox"/> No Prosecution	<input type="checkbox"/> Victim Declines Cooperation	<input type="checkbox"/> Extradition Denied	<input type="checkbox"/> Juvenile No Arrest
	Reporting Officer(s)		Date	Unit#/Star#	Approving Officer		Date	Unit#/Star#	
BOWERS, TERENCE		07/05/2020	A13 / 01217	OWENS, JASON		07/09/2020	A02 / 00881		
			/	Follow Up Investigation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		07/09/2020	/ 00000		
				CID - Homicide					

<input type="checkbox"/> Original Report	<input type="checkbox"/> Status Change	<input type="checkbox"/> Additional Victims	<input type="checkbox"/> Additional Stolen Property	Incident Type <u>S417 - Death Investigation</u>			
<input checked="" type="checkbox"/> Supplemental Report	<input type="checkbox"/> Other Report	<input type="checkbox"/> Additional Defendants	<input type="checkbox"/> Additional Recovered Property	Patrol District <u>06</u>	Page <u>3</u> of <u>3</u> Pages		

I. D. OVERFLOW	<input type="checkbox"/> Complainant	Subject's Name (Last, first, Middle)			Victim Relationship To Subject	Ethnicity	Resident	Race	Sex	Age	Date of Birth
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	<input type="checkbox"/> Runaway	<input type="checkbox"/> Victim No. _____	Visible Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	Complaint of any Non-Visible Injuries <input type="checkbox"/> Yes <input type="checkbox"/> No	Victim Using Alcohol <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unk	Two-Man Veh <input type="checkbox"/> One Man Veh <input type="checkbox"/> ALONE <input type="checkbox"/>					
	<input type="checkbox"/> Arrest	Explain:		Drugs <input type="checkbox"/> No <input type="checkbox"/> Yes Type:	Detective <input type="checkbox"/> Other <input type="checkbox"/>						

<input type="checkbox"/> Missing	Subject No. _____	Using Alcohol <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unk	<input type="checkbox"/> Arrested on Current Offense
<input type="checkbox"/> Jail	Using Drugs <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unk	Type:	<input type="checkbox"/> Cleared By Arrest on Prior Offense
<input type="checkbox"/> Other	Arrestee Armed <input type="checkbox"/> Yes <input type="checkbox"/> No		Weapon Type
		<input type="checkbox"/> On View Arrest <input type="checkbox"/> Summoned <input type="checkbox"/> Custody	

Juvenile Disposition Handled Released Referred To Other Authority

Arrest Location

NARRATIVE	
	Once everyone was cleared from the building, I relayed this information to Sgt. Owens (A02), and told him that I was going to conduct a final sweep of the building to ensure no other persons were still hiding or trapped inside. GCSO Deputies, and SCHP Troopers cleared the building a final time with negative findings, and we then went back outside where we assisted EMS with victim(s), and started securing witnesses. Deputies on scene worked swiftly in the chaos, and posted Crime scene tape up on the exterior and interior portion of the crime scene.
	Eventually once victim(s) were transported from the scene, we were able to allow patrons to start leaving the location. SCHP Troopers assisted in getting vehicle out of the parking lots, and safely back onto the roadways.
	Sgt. Owens (A02) notified on call Homicide Investigators, who responded to the scene.
	I remained on scene until being relieved by Bravo Platoon.
	BWC was activated while on scene.

PROPERTY	Status	Property Type	Quantity	Property Make	Color	Description	Serial # / OAN	Value

ADMIN	Subject Identified	Subject Located	<input checked="" type="checkbox"/> Active <input type="checkbox"/> Admin Closed	<input type="checkbox"/> Arrested Under 18	<input type="checkbox"/> Ex-Cleared 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-Cleared 18 and Over	
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	BOWERS, TERRENCE	07/05/2020	A13 / 01217	OWENS, JASON	07/09/2020	A02 / 00881

Follow Up Investigation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Officer) CID - Homicide	07/09/2020	/ 00000
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