



## ADDITIONAL NARRATIVE

Agency Name: Columbia Police Department	ORI #: SC0400100	Report Date/Time: 10/17/2009 03:45	OCA #: 090030255
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TWO OTHER OFFICERS HAD TO HELP SUBDUE SUBJECT #1 TO THE GROUND TO GAIN CONTROL OF HIM. WHILE THIS WAS TAKING PLACE SUBJECT #2 CAME UP AND GRABBED AN OFFICER BY THE ARM AND ASKED WHAT WAS HAPPENING. AT THAT TIME SUBJECT #2 WAS TOLD TO STEP BACK. RO'S FINALLY PLACED SUBJECT #1 INTO CUFFS AND STOOD HIM UP ON HIS FEET. AT THAT TIME SUBJECT #2 CONTINUED TO INTERVENE BY GETTING IN RO'S FACE ASKING ABOUT WHAT WAS HAPPENING. AGAIN SUBJECT #2 WAS TOLD TO BACK UP AND LEAVE WITH NEGATIVE RESULTS. AT THAT TIME SUBJECT #2 WAS PLACED UNDER ARREST. BOTH SUBJECTS WERE CITED AND TRANSPORTED TO ASGDC.

AGENCY : Columbia Police Department  
 ORI # :  
 Report Date/Time : 10/17/2009 03:45  
 Incident # : 090030255

**INCIDENT REPORT  
 ADDITIONAL OTHERS**

PERSON TYPE SUSPECT	NAME (LAST, FIRST, MIDDLE) MCCOY, JONATHAN, DAVID				RELATIONSHIP SUBJECT #1 ST #2 #3			RESIDENT S	RACE W	SEX M	AGE 26 /	D.O.B. 4/19/1983	ETH N
	HEIGHT 600	WEIGHT 170	HAIR BLACK	EYES BROWN	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECUALIARITIES, ETC.								
	ADDRESS 408 33RD AVE			CITY COLUMBIA	STATE SC	ZIP CODE 29577-	LOCATION NO. 299	DAYTIME PHONE		EVENING PHONE			
VISIBLE INJURY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> EXPLAIN-											COMPLAINT OF ANY NON-VISIBLE INJURIES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
USING: ALCOHOL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/>											DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> 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, TATOOS, GLASSES, CLOTHING, PHYSICAL PECUALIARITIES, ETC.								
	ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.	DAYTIME PHONE		EVENING PHONE			
VISIBLE INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN-											COMPLAINT OF ANY NON-VISIBLE INJURIES: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		
USING: ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/>											DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> 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, TATOOS, GLASSES, CLOTHING, PHYSICAL PECUALIARITIES, ETC.								
	ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.	DAYTIME PHONE		EVENING PHONE			
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	ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.	DAYTIME PHONE		EVENING PHONE			
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	ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.	DAYTIME PHONE		EVENING PHONE			
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