

AGENCY I.D.  
SC0340000

MARION COUNTY SHERIFF OFFICE  
INCIDENT REPORT

CASE NUMBER

2024-0700005

NCIC

INQ. ENT.

E V E N T	INCIDENT TYPE				COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM								
	1. 13A - ASSAULT AND BATTERY 2ND				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	15		<input checked="" type="checkbox"/> Individual <input 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)							ZIP CODE		WEAPON TYPE								
2715 E HWY 76, MULLINS SC							29571		40								
INCIDENT DATE		24 HR. CLOCK		TO	DATE		24 HR. CLOCK		DISPATCH DATE/TIME 24 HR. CLOCK		LOCATION NO.						
07/01/2024		1100			07/01/2024		1130		DISP. DATE DISP. TIME TIME ARRIVED DEPART. TIME		02						
07/01/2024		1100			07/01/2024		1130		07/01/2024 1131 1201 1207								
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE				
[REDACTED]				#1 #2 #3			J S O U		F	53		H B	H B				
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				
[REDACTED]				#1 #2 #3			J S O U		F	53		H B	H B				
HEIGHT WEIGHT HAIR EYES FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.																	
ADDRESS				CITY			STATE		ZIP CODE		LOCATION NO.						
VISIBLE INJURY (VICT. 1) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN -- Apparent Minor Injur																	
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.																	
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPL.ASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown																	
S U B J E C T	<input checked="" type="checkbox"/> SUSPECT				SUBJECT NAME (LAST, FIRST, MIDDLE)				RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
	<input type="checkbox"/> RUNAWAY				WILLIS, ROBERT LEE JR					M	46						
	<input type="checkbox"/> WANTED				FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.												
	<input checked="" type="checkbox"/> WARRANT				ADDRESS				CITY		STATE		ZIP CODE		LOCATION NO.		
<input type="checkbox"/> ARREST																	
# 1	<input checked="" type="checkbox"/> JAIL				SUBJECT (NO. 1) USING:ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.				ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				DATE/TIME OF OFFENSE		DATE/TIME OF ARREST		
	<input type="checkbox"/> SUMMONS				DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:				TOTAL # ARRESTED 1		07/01/2024 1100		07/01/2024 1130				
Offenses: ASSAULT AND BATTERY 2ND																	
N A R R A T I V E	ON JULY 1ST, DEPUTY CAULDER RESPONDED TO 2715 E HWY 76 IN REFERENCE TO AN ASSAULT. UPON ARRIVAL, DEPUTY CAULDER MET WITH [REDACTED] WHO IS THE NURSE AT THE MARION COUNTY DETENTION CENTER [REDACTED] STATED THAT SHE HAD BEEN ATTACK BY ROBERT WILLIS WHO WAS AN INMATE AT THE TIME OF THE INCIDENT. DEPUTY CAULDER MET WITH THE JAIL STAFF SO THAT DEPUTY CAULDER COULD REVIEW THE FOOTAGE. DEPUTY CAULDER NOTICED THAT MR. WILLIS WAS STANDING AT THE BOOKING DESK WHEN HE THEN WENT AFTER [REDACTED] N. MR. WILLIS WHILE IN HANDCUFFS, PUT [REDACTED] IN A CHOKE HOLD AND WOULD NOT LET GO. AT THIS TIME, DETENTION DEPUTIES ATTEMPTED TO GET MR. WILLIS OFF OF [REDACTED] DETENTION DEPUTIES WERE ABLE TO GET MR. WILLIS OFF OF [REDACTED] N AND ON TO THE GROUND. DEPUTIES THEN PLACED MR. WILLIS INTO THE RESTRAINT CHAIR FOR SAFETY PURPOSES. DEPUTY CAULDER DID NOTICE THAT [REDACTED] N HAD APPARENT INJURY TO HER FACE FROM WHERE MR. WILLIS ATTACKED HER. DEPUTY CAULDER RETRIEVED AN INCIDENT REPORT FROM THE DEPUTIES AT THE JAIL. DEPUTIES CAULDER THEN CLEARED THE SCENE. END OF REPORT.																

Print Date: 02/13/2025 10:46:06 AM				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY				
P R O P E R T Y	TYPE (GROUP)											TOTAL VALUE
	Burned											
	Count./Forged											
	Dest./Damaged											
	Recovered											
	Seized											
	Stolen											
A D M I N I S T	SUBJECT IDENTIFIED		SUBJECT LOCATED		<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18		<input type="checkbox"/> EX-CLEAR UNDER 18			
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input checked="" type="checkbox"/> ARRESTED 18 AND OVER		<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	
	PFC JOHN ROBERT CAULDER		07/01/2024		142		SGT BRYAN L. WOODBERRY		07/01/2024		122	
						FOLLOW-UP INVESTIGATION OFFICER						
						<input type="checkbox"/> YES <input type="checkbox"/> NO DETECTIVE DEWAYNE ROGERS		07/02/2024				

# INCIDENT REPORT SUPPLEMENTAL

Page #: 1

Case Number: 2024-0700005

Officer: 0600 ROGERS, DEWAYNE

Date Entered/Changed: 07/02/2024

Reviewer:

Review Date:

DETAILED STATEMENT OF INVESTIGATION: On July 1, 2024 Det. Rogers responded to the Marion County Detention Center in reference to this incident. Det. Rogers spoke with Cpl. Sanders who was in booking at the time of the incident and the victim [REDACTED]. Det. Rogers also viewed the video from the jail camera systems.