

AGENCY I.D.  
SC0320500

INCIDENT REPORT

CASE NUMBER

2516306

NCIC

ING. ENTD.

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM	
1. FATAL COLLISION		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	HOTEL/MOTEL/ETC		<input checked="" type="checkbox"/>	Individual
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/>	Business
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/>	Financial Inst
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)		WEST COLUMBIA SC		ZIP CODE	WEAPON TYPE		
110 MCSWAIN DRIVE				29169			
INCIDENT DATE	24 HR. CLOCK	TO DATE	24 HR. CLOCK	DISP. DATE	DISP. TIME	TIME ARRIVED	LOCATION NO.
06/03/2025	20:43	06/03/2025	20:43	06/03/2025	20:43		
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE
BROWNE, CHARLES H		#1	#2	#3	* J S O U	W	M
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.	
		WEST COLUMBIA		SC	29169		
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE
BROWNE, CHARLES H		#1	#2	#3	* J S O U	W	M
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, PHYSICAL PECULIARITIES, ETC.			
511	225	BRO	BRO				
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NO.	
		WEST COLUMBIA		SC	29169		
VISIBLE INJURY (VICT. 1)		COMPLAINT OF ANY NON-VISIBLE INJURIES:					
<input type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN -		<input type="checkbox"/> YES <input type="checkbox"/> NO					
VICTIM (NO. 1) USING: ALCOHOL		DRUGS:		TYPE:			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK					
TWO-MAN VEH.		ONE-MAN VEH.		DETECTIVE/SPL. ASMT.		OTHER	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
ALONE		ASSISTED		* J - This Jurisdiction, S - State, O - Out of State, U - Unknown.			
<input type="checkbox"/>		<input type="checkbox"/>					
SUSPECT 0		NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.
<input checked="" type="checkbox"/>		WORRELL, SKYLAR MAURICE		W	M	21	N
RUNAWAY		FACIAL HAIR, SCARS, TATTOOS, GLASSES, PHYSICAL PECULIARITIES, ETC.					
<input type="checkbox"/>							
WANTED		ADDRESS					
<input type="checkbox"/>		CITY					
WARRANT		STATE					
<input type="checkbox"/>		ZIP CODE					
ARREST		LOCATION NO.					
<input type="checkbox"/>							
JAIL		SUBJECT (NO. 1) USING: ALCOHOL:		ARRESTED NEAR OFFENSE SCENE		DATE/TIME OF OFFENSE	
<input type="checkbox"/>		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		06/03/2025 20:43	
SUMMONS		DRUGS:		TOTAL # ARRESTED		DATE/TIME OF ARREST	
<input type="checkbox"/>		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		0			
<p>ON 06/03/2025 I, CPL DURRETT, RESPONDED TO 110 MCSWAIN DR IN REFERENCE TO A PRIVATE PROPERTY COLLISION BETWEEN A VAN AND A MOPED. I ARRIVED ON SCENE AND SAW THE VAN WITH A DENT ON THE FRONT DRIVERS SIDE BUMPER. I ALSO NOTICED THE MOPED ON THE GROUND AND THE RIDER, IDENTIFIED AS CHARLES BROWNE, ON THE GROUND AS WELL. BROWNE STATED THAT HIS BACK HURT A LITTLE AND IT HURT TO BREATHE. I INSTRUCTED HIM NOT TO MOVE FROM HIS CURRENT POSITION UNTIL FIRE AND EMS ARRIVED. THERE WAS A SMALL AMOUNT OF BLOOD COMING FROM HIS HEAD WHERE HE HAD HIT THE CONCRETE.</p> <p>I SPOKE TO THE DRIVER OF THE VAN, IDENTIFIED AS SKYLAR WORRELL. HE STATED THAT AS HE WAS ENTERING THE PARKING LOT AREA FROM THE MAIN ENTRANCE TO THE HOTEL, HE STOPPED AND LOOKED BOTH WAYS</p>							
JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY			
TYPE (GROUP)		TOTAL VALUE					
STOLEN							
DAMAGED							
BURNED							
RECOVERED							
SEIZED							
SUBJECT IDENTIFIED		SUBJECT LOCATED		ACTIVE		ADM. CLOSED	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> ACTIVE <input checked="" type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18	
REASON FOR EXCEPTIONAL CLEARANCE: 1.		OFFENDER DEATH. 2.		NO PROSECUTION. 3.		EXTRADITION DENIED. 4.	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
VICTIM DECLINES COOPERATION. 5.		JUVENILE - NO CUSTODY					
<input type="checkbox"/>		<input type="checkbox"/>					
REPORTING OFFICER		DATE		UNIT NUMBER		APPROVING OFFICER	
DURRETT, J		07/09/2025		352			
FOLLOW - UP OFFICER		DATE		UNIT NUMBER			
No		07/09/2025					
INVESTIGATION		FOLLOW - UP OFFICER					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							

AGENCY I.D.  
SC0320500

SUPPLEMENTARY REPORT

CASE NUMBER

2516306

NCIC

INQ. ENTD.

ORIGINAL REPORT

SUPPLEMENTAL REPORT

ADDITIONAL VICTIMS

ADDITIONAL STOLEN PROPERTY

MODIFIES ORIGINAL

CASE STATUS CHANGE

ADDITIONAL OFFENDERS

ADDITIONAL RECOVERED PROPERTY

PAGE 2 OF 2 PAGES

NARRATIVE

BEFORE PROCEEDING. WHEN HE PULLED OUT HE STATED THAT THE MOPED BEING RIDDEN BY BROWNE WAS "FLYING" THROUGH THE LOT AND STRUCK THE VAN.

I COULD NOT GET BROWNE'S SIDE OF THE STORY AT THAT TIME AND MARKED BOTH PARTIES CONTRIBUTING ON THE ACCIDENT REPORT.

BROWNE WAS TRANSPORTED BY EMS TO PRISMA HEALTH RICHLAND WHERE IT WAS LEARNED HE HAD MULTIPLE BROKEN BONES, INCLUDING IN HIS NECK AND REQUIRED EMERGENCY SURGERY.

I WAS ABLE TO RETRIEVE VIDEO FOOTAGE FROM THE HOTEL THAT SHOWED WORRELL NOT STOPPING PRIOR TO ENTERING THE PARKING LOT, AS WELL AS BROWNE NOT "FLYING" THROUGH THE LOT. THE ACCIDENT REPORT WAS AMENDED TO SHOW WORRELL AS THE SOLE CONTRIBUTING PARTY.

ON 07/03/2025, I WAS NOTIFIED THAT BROWNE HAD PASSED AWAY AFTER A MONTH IN THE HOSPITAL FROM INJURIES SUSTAINED IN THE COLLISION.

THIS REPORT IS TO DOCUMENT THIS INCIDENT.

ADMINISTRATIVE	SUBJECT IDENTIFIED		SUBJECT LOCATED		ACTIVE	<input checked="" type="checkbox"/> ADM. CLOSED	ARRESTED UNDER 18	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 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	DATE	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER	
DURRETT, J	07/09/2025	352						
No	07/09/2025		FOLLOW - UP OFFICER					
			INVESTIGATION		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO		