

AGENCY I.D.
SC0320700

INCIDENT REPORT

CASE NUMBER
20-02506

NCIC
INQ ENT

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. CRIMINAL SEXUAL CONDUCT, 11B		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	RESIDENCE/HOME		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Org. <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	
127 PALE IVY LANE IRMO SC				29063		PERSONAL WEAPONS	
INCIDENT DATE	24 HR. CLOCK	TO DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK		LOCATION NO.	
06/07/2016	00:00	12/01/2020	00:00	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME
				12/08/2020	11:50	11:50	12:50
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT	RES. DENT	RACE	SEX
				#1 #2 #3	J S O U		
ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.
VICTIM'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT	RES. DENT	RACE	SEX
				#1 #2 #3	J S O U		
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, PHYSICAL PECULIARITIES, ETC.			
ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN -				COMPLAINT OF ANY NON-VISIBLE INJURIES: <input type="checkbox"/> YES <input type="checkbox"/> NO			
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"/>			
				* J - This Jurisdiction, S - State, O - Out of State, U - Unknown.			

SUBJECT NO. 1	<input checked="" type="checkbox"/> SUSPECT 1	NAME (LAST, FIRST, MIDDLE)	RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
	<input type="checkbox"/> RUNAWAY	PENFIELD, GABRIEL	W	M	40	N	**/**/	509	187	BRO	BLU
	<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATTOOS, GLASSES, PHYSICAL PECULIARITIES, ETC.									
	<input type="checkbox"/> WARRANT										
	<input type="checkbox"/> ARREST	ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.					
		127 PALE IVY LANE	IRMO	SC	29063	CARMEL COMMONS					
<input 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 TYPE: <input checked="" type="checkbox"/> UNK		TOTAL # ARRESTED 0		06/07/2016 00:00						

NARRATIVE	REPORTING OFFICER WAS DISPATCHED TO THE IRMO POLICE DEPARTMENT IN REFERENCE TO A CRIMINAL SEXUAL CONDUCT WITH REPORTING OFFICER MADE CONTACT WITH THE COMPLAINANT WHO ADVISED REPORTING OFFICER THAT WAS POSSIBLY THE VICTIM OF CRIMINAL SEXUAL CONDUCT. THE COMPLAINANT ADVISED THAT HER TOLD HER THAT THE SUBJECT, SEXUALLY ABUSED AT THE INCIDENT LOCATION. THE COMPLAINANT ALSO ADVISED REPORTING OFFICER THAT THE VICTIM MADE SIMILAR STATEMENT TO HER COUNSELOR.	
	THE COMPLAINANT PROVIDED REPORTING OFFICER WITH A TIME LINE OF EVENTS, THAT IS INCLUDED WITH	

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	ARRESTED UNDER 18	EX-CLEAR UNDER 18
<input checked="" type="checkbox"/> YES <input 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-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
CAMERON, D.	12/08/2020	189	PITTMAN, P.	12/08/2020	117
			FOLLOW-UP OFFICER MOUNTZOUROS, K. S.		
			INVESTIGATION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	12/9/2020	

AGENCY I.D.
0320700

SUPPLEMENTAL INCIDENT REPORT

CASE NUMBER
20-02506

NCIC
INQ. ENTD.

☒ ORIGINAL REPORT
☐ MODIFIES ORIGINAL
☐ SUPPLEMENTAL REPORT
☐ CASE STATUS CHANGE
☐ ADDITIONAL VICTIMS
☐ ADDITIONAL OFFENDERS
☐ ADDITIONAL STOLEN PROPERTY
☐ ADDITIONAL RECOVERED PROPERTY

PAGE 2 OF 2 PAGES

VICT./SUBJ. I.D. OVERFLOW	COMPLAINANT	NAME (LAST, FIRST MIDDLE)		VICTIM RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH.
	VICTIM #											
	SUBJECT #	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, PHYSICAL PECULIARITIES, ETC.						
	RUNAWAY											
	WANTED											
	WARRANT											
	ARREST											
	JAIL											
	SUMMONS											
	OTHER											
VICT./SUBJ. I.D. OVERFLOW	COMPLAINANT	NAME (LAST, FIRST MIDDLE)		VICTIM RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH.
	VICTIM #											
	SUBJECT #	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, PHYSICAL PECULIARITIES, ETC.						
	RUNAWAY											
	WANTED											
	WARRANT											
	ARREST											
	JAIL											
	SUMMONS											
	OTHER											

THIS REPORT. THE COMPLAINANT WAS ISSUED A VICTIM RIGHTS FORM ON BEHALF OF THE VICTIM. THIS CASE WILL BE FORWARDED TO THE CRIMINAL INVESTIGATIONS DIVISION FOR FURTHER REVIEW. THERE IS NO FURTHER ACTION REQUIRED BY THE PATROL DIVISION AT THIS TIME.

NARRATIVE

JURISDICTION OF THEFT
LAW ENFORCEMENT AGENCY

JURISDICTION OF RECOVERY
LAW ENFORCEMENT AGENCY

VEH. / GUN / ETC. 1	STATUS	TYPE	VIN AND/OR LICENSE NO.		BOAT HULL NO. AND/OR REG. NO.	
	<input type="checkbox"/> STOLEN	<input type="checkbox"/> VEHICLE				
	<input type="checkbox"/> RECOVERED	<input type="checkbox"/> GUN	SERIAL AND/OR OWNER APPLIED NO.		STATE	
	<input type="checkbox"/> FOUND	<input type="checkbox"/> BOAT	YEAR OF REGISTRATION		YEAR OF EXPIRATION	
	<input type="checkbox"/> SEIZED	<input type="checkbox"/> VEHICLE PARTS & ACCESSORIES	MODEL		STYLE	
	<input type="checkbox"/> SUSPECT	<input type="checkbox"/> SECURITIES / BOND, STOCKS	NIC NO.		DENOMINATION	
	<input type="checkbox"/> VICTIM	<input type="checkbox"/> ARTICLE	ISSUER		SECURITIES DATE	
	MISCELLANEOUS					

PROPERTY EST.	TYPE (GROUP)	TOTAL VALUE
	STOLEN	
	DAMAGED	
	BURNED	
	RECOVERED	
	SEIZED	

SUBJECT IDENTIFIED	SUBJECT LOCATED	ACTIVE	ADM. CLOSED	ARRESTED UNDER 18	EX-CLEAR UNDER 18
<input checked="" type="checkbox"/> YES <input 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-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
CAMERON, D.	12/08/2020	189	PITTMAN, P.	12/08/2020	117
			FOLLOW-UP INVESTIGATION	OFFICER MOUNTZOUROS, K. S.	
			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	12/9/2020	



Irmo Police Department

1230 Columbia Avenue • Post Office Box 406 • Irmo, SC 29063-0406
(803) 781-8088 • Fax (803) 781-1884

September 26, 2025

FREEDOM OF INFORMATION ACT (FOIA) REQUEST:

RE: Any and all files pertaining to a criminal investigation by the criminal investigations unit of the Irmo Police Department into Gabriel Penfield who resides at 127 Pale Ivy Lane in Irmo, SC, 29063. Specifically from an incident report made by uniformed officers on 12/01/2020. Also, any inquiries made by the Irmo Police Department or their knowledge of other law enforcement agencies concerning Gabriel Penfield in the last ten years.

The Irmo Police Department received your FOIA request on September 15, 2025.

The information you requested is part of an active South Carolina Law Enforcement Division investigation case. Therefore, we are unable to provide records related to this case at this time. Please see S.C. Code Ann. §§ 30-4-20(c), 30-4-40 (a)(2), 30-4-40(a)(3)(A), 30-4-40(a)(3)(B), 30-4-40(a)(3)(C), 30-4-40(a)(3)(E), and 30-4-40(a)(4).

Sincerely,

Inga Whelchel
Administrative Assistant – Records