

AGENCY I.D.
SC0260400

INCIDENT REPORT

CASE NUMBER

2 0 2 4 0 2 9 3 5 9

NCIC

INQ. ENTD.

EVENT	INCIDENT TYPE					COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM						
	1. 26A - False Pretenses/Swindle/Confidence Game					<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	04		<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial <input type="checkbox"/> Government <input checked="" type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.						
	INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)					ZIP CODE			WEAPON TYPE							
	803 HOWARD AVE					29588										
VICTIM NO. 1	INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK			LOCATION NO.							
	02/14/2024	12:00				DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME							
	COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)					RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH.	DAYTIME PHONE	EVENING PHONE			
	[REDACTED]						X S O U	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	H B	H B			
	ADDRESS					CITY	STATE	ZIP CODE	LOCATION NO.							
	[REDACTED]					[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]							
	VICTIM'S NAME (LAST, FIRST, MIDDLE)					RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH.	DAYTIME PHONE	EVENING PHONE			
	Solid Rock at Market Common						J S O U					H B	H B			
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.											
ADDRESS					CITY	STATE	ZIP CODE	LOCATION NO.								
803 Howard Ave					Myrtle Beach	SC	29577									
VISIBLE INJURY (VICT. 1) <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"/>											
VICTIM (NO. 1) USING: ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>					DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/> 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	NAME (LAST, FIRST, MIDDLE)					RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES	
	<input type="checkbox"/> RUNAWAY	[REDACTED]					[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
	<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.														
	<input type="checkbox"/> WARRANT	ADDRESS					CITY	STATE	ZIP CODE	LOCATION NO.						
	<input type="checkbox"/> ARREST	[REDACTED]					[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]						
	<input type="checkbox"/> JAIL	SUBJECT (NO. 1) USING: ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input checked="" type="checkbox"/>					ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		DATE/TIME OF OFFENSE			DATE/TIME OF ARREST				
<input type="checkbox"/> SUMMONS	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input checked="" type="checkbox"/> TYPE:					TOTAL # ARRESTED 0		2/14/2024 12:00:00 PM								
NARRATIVE	<p>On 3/13/2024, I PFC Calloway responded to 803 Howard Ave which is located in the city of Myrtle Beach in reference to a past larceny service call, that occurred at 5 [REDACTED] Dick Pond Rd, located in the Myrtle Beach section of Horry County.</p> <p>Upon arrival R/O met with the complainant who stated the suspect opened a Missions bank account [under the non-profit 501c3 of Solid Rock Ministries, Inc.]. The complainant stated Solid Rock Ministries entrusted the suspect with managing the missions account which is located at The South State Bank. The complainant stated the suspect was entrusted to collect donations, and for the donations to be used in the "Dare 2 Care Missions for Solid Rock Ministries", but the suspect used the funds for her own personal use. The complainant stated the suspect stopped coming to work on February 14th 2024, which is the same day she removed all the funds from the South State bank account # [REDACTED] in the amount of \$159.09. [REDACTED].</p> <p>The complainant stated that the church tried to work with the suspect, to get the funds returned, but the suspect has since failed to reach back out. The complainant provided R/O with copies of the withdraw slips with the suspects name attached. R/O will do a follow-up with the bank for video proof of the suspect signing the check. If follow up is</p>															
						JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY HCPD					JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY					
PROPERTY EST.	TYPE (GROUP)	20													TOTAL VALUE	
	STOLEN	159													159	
	DAMAGED															
	BURNED															
	RECOVERED															
	SEIZED															
ADMINISTRATIVE	SUBJECT IDENTIFIED		SUBJECT LOCATED			<input checked="" 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 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(S)			DATE	UNIT NUMBER	APPROVING OFFICER					DATE	UNIT NUMBER				
	Calloway, Aldrich			03/13/2024	511											
					FOLLOW-UP INVESTIGATION		OFFICER									
					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO											

successful, this case will be presented to a judge for warrant consideration.
Nothing further.

**COURTESY OF
LUNA SHARK MEDIA**