

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 <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.																																							
	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"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO																																										
											<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																																									
803 HOWARD AVE										29588																																												
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																																										
									03/13/2024	17:21	17:32	18:05																																										
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)					RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	ETH.	DAYTIME PHONE	EVENING PHONE																																								
								J S O U					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																																								
								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.																																											
VISIBLE INJURY (VICT.) <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.) 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:																																							
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				
<input type="checkbox"/> SUSPECT										NAME (LAST, FIRST, MIDDLE)					RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES																															
<input type="checkbox"/> RUNAWAY																																																						
<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																																																						
<input type="checkbox"/> JAIL										SUBJECT (NO.) USING: ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input 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 type="checkbox"/>					TYPE:					TOTAL # ARRESTED																																		
NARRATIVE	<p>ON 03/14/2024, the facts of this case were presented to Judge Clayton. Judge Clayton stated that this would be a civil issue. With the Suspect actually depositing funds (totaling more than withdrawn), from her own Apple account, this would not be a criminal matter. The complainant will be notified of these findings and this call will be exceptionally closed.</p> <p>Nothing further to report at this time.</p>																																																					
											JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY HCPD										JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY																																	
PROPERTY EST.	TYPE (GROUP)																				TOTAL VALUE																																	
	STOLEN																																																					
	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 checked="" 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											03/13/2024	511																															
										FOLLOW-UP INVESTIGATION					<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					OFFICER Calloway, Aldrich					03/13/2024					511																								