

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, R/O conducted a follow-up at South State Bank (5019 Dick Pond Rd), and spoke to O2. O2 confirmed that the listed Suspect was the person who came into the Bank and closed the account in question. O2 also confirmed that the Suspect made a cash withdrawal and then made a cash deposit, into a personal account, that she is the only authorized signee. O2 was also able to confirm that the now closed account, was in fact a church account, under the 501c3. O2 was also able to advise that the Suspect had previously made 2 deposits, in January 2024, totaling more than she withdrew from the account. Both deposits were made from the Suspect's personal Apple Pay account.</p> <p>This case will be presented to a Horry County Magistrate, for warrant consideration.</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 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															