

AGENCY I.D.
SC0260400

INCIDENT REPORT

CASE NUMBER

2 0 2 4 1 4 3 7 9 3

NCIC

INQ. ENTD.

EVENT	INCIDENT TYPE					COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.					
	1. 980 - Suicide					<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	10							
						<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 Handgun Semi Automatic						
5000 HWY 17 BYP															
INCIDENT DATE		24 HR. CLOCK		TO	DATE		24 HR. CLOCK		DISPATCH DATE/TIME 24 HR. CLOCK						
11/01/2024		00:00			11/01/2024		09:43		DISP. DATE	DISP. TIME					
									11/01/2024	09:44					
									10:00	DEPART. TIME					
									11:59	LOCATION NO.					
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 NO. 1	VICTIM'S NAME (LAST, FIRST, MIDDLE)					RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH.	DAYTIME PHONE	EVENING PHONE	
	[REDACTED]							X S O U		F	56		H B	H B	
	HEIGHT					WEIGHT		HAIR		EYES		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.			
	[REDACTED]					[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]			
ADDRESS					CITY		STATE		ZIP CODE		LOCATION NO.				
[REDACTED]					[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]				
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 type="checkbox"/> UNK <input checked="" type="checkbox"/>					DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input checked="" 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.	<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 November 1, 2024 I, Officer Amon responded to the area of Hwy 17 Bypass and Azalea Lakes which is located in the Myrtle Beach Section of Horry County in reference to an unconscious person. I arrived on scene and made contact with O2 who advised that she drove by that location and saw a woman laying on the ground next to a SUV. O2 advised that she did not get out of her vehicle and approach the scene. The SUV information is listed under the property section of this report. As I approached the female that was laying on the ground towards the rear driver's side of the vehicle. There was a black in color semi-auto handgun laying in proximity to her right hand. It was obvious that there was blood coming from her head and it did not appear that the victim was breathing at that point. Supervisors and CID units were advised and requested to assist. The crime scene was setup and CID arrived on scene to assist with processing the scene. CID Officers took possession of the handgun that was on scene. I received a call later that day from O1 who stated that her surveillance camera recorded a gunshot between the time of 03:30 and 05:30 hours. O1 advised that she was going to review the video and was provided a link to upload it to evidence.com. The Coroner arrived on scene and assisted with the investigation. CID was able to go and speak with family members to gather more information. The vehicle was released to a neighbor per the request of the family member so that it could be returned</p>														
	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY							JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY							
PROPERTY EST.	TYPE (GROUP)											TOTAL VALUE			
	STOLEN														
	DAMAGED														
	BURNED														
	RECOVERED														
SEIZED															
ADMINISTRATIVE	SUBJECT IDENTIFIED		SUBJECT LOCATED		<input type="checkbox"/> ACTIVE <input checked="" 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 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(S)			DATE	UNIT NUMBER	APPROVING OFFICER			DATE	UNIT NUMBER					
Amon, Robert			11/01/2024	562											
FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					OFFICER										

back to their residence.
Nothing further.

**COURTESY OF
LUNA SHARK MEDIA**