

AGENCY I.D.
SC0060100

BARNWELL PD
INCIDENT REPORT

CASE NUMBER

C 2 4 - 0 2 - 0 4 1 8

NCIC

INQ. ENTD.

E V E N T	INCIDENT TYPE				COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM				
	1. 09A - MURDER				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	10		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input checked="" 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.				
	2. 979 - MISSING PERSONS-JUVENILE				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	20						
	3. AST - ASSISTING OTHER AGENCY				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	11						
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)								ZIP CODE	WEAPON TYPE				
BARNWELL SC								29812	20 11				
INCIDENT DATE		24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK		LOCATION NO.					
02/08/2024		2100		02/19/2024	1600	DISP. DATE DISP. TIME TIME ARRIVED DEPART. TIME							
						02/12/2024 1351 1355 1400							
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE	
				#1 OF #2 #3		J S O U	B	F	40	N			
ADDRESS				CITY		STATE	ZIP CODE	LOCATION NO.					
						SC	29824						
V I C T I M	VICTIM'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE
	JUVENILE VICTIM				#1 #2 #3		J S O U	B	F	17	N		
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.								
	ADDRESS				CITY		STATE	ZIP CODE	LOCATION NO.				
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EXPLAIN --													
VICTIM (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.													
<input type="checkbox"/> 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 J - This Jurisdiction S - State O - Out of State U - Unknown													
S U B J E C T	SUBJECT NAME (LAST, FIRST, MIDDLE)				RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
	PERSON, UNKNOWN/UNTRACKED				U	U	00	U					
	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.												
	ADDRESS				CITY		STATE	ZIP CODE	LOCATION NO.				
# 1	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.				ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST				
	DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. TYPE:				TOTAL # ARRESTED 0		02/08/2024 2100						
N A R R A T I V E	Offenses: MURDER MISSING PERSONS-JUVENILE ASSISTING OTHER AGENCY												
	ON 02/12/2024 AT APPROXIMATELY 1351 HRS I/O WAS REQUESTED TO CONTACT THE COMPLAINANT BY PHONE DUE TO 17 YEAR OLD BEING MISSING. ON CONTACT I/O SPOKE WITH THE COMPLAINANT WHO STATED THAT WHO LIVES IN BARNWELL, WAS LAST SEEN ON 02/08/2024 AND HAS NOT BEEN SEEN SINCE. THE COMPLAINANT STATED THAT WAS LAST SEEN BY ON TUESDAY, 02/06/2024 VICTIM TO HER DOCTOR APPOINTMENT DUE TO BEING 9 MONTHS PREGNANT.												

Print Date: 02/20/2024 09:53:42 AM				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY			
P	TYPE (GROUP)										TOTAL VALUE
R	Burned										
O	Count./Forged										
P	Dest./Damaged										
E	Recovered										
R	Seized										
T	Stolen										
Y	Unknown										
A D M I N I S T	SUBJECT IDENTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO		SUBJECT LOCATED <input type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED <input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR UNDER 18 <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
	DET - LT DENNIS BOOTS		02/12/2024		102		DET - LT DENNIS BOOTS		02/12/2024		102
FOLLOW-UP INVESTIGATION OFFICER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						DET - LT DENNIS BOOTS		02/12/2024		102	