

AGENCY I.D.  
SC0060100

BARNWELL PD  
INCIDENT REPORT

CASE NUMBER

NCIC

C 2 4 - 0 2 - 0 4 1 8

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 checked="" 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 checked="" type="checkbox"/> NO	20																																																																		
	3. AST - ASSISTING OTHER AGENCY					<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	11																																																																		
	INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER) <b>BARNWELL SC</b>									ZIP CODE 29812	WEAPON TYPE 20 11																																																															
	INCIDENT DATE 02/08/2024		24 HR. CLOCK 2100	TO	DATE 02/19/2024	24 HR. CLOCK 1600	DISPATCH DATE/TIME 24 HR. CLOCK 02/12/2024 1351 1355 1400					LOCATION NO.																																																														
	COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)					RELATIONSHIP TO SUBJECT #1 OF #2 #3		RESIDENT J S O U	RACE B	SEX F	AGE 40	ETH N	DAYTIME PHONE [REDACTED] B	EVENING PHONE H B																																																												
	ADDRESS					CITY			STATE SC	ZIP CODE 29824		LOCATION NO.																																																														
	VICTIM'S NAME (LAST, FIRST, MIDDLE) <b>JUVENILE VICTIM</b>					RELATIONSHIP TO SUBJECT #1 #2 #3		RESIDENT J S O U	RACE B	SEX F	AGE 17	ETH N	DAYTIME PHONE H B	EVENING PHONE H B																																																												
	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 checked="" type="checkbox"/> NO UNK. DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 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																																																																										
<table border="1"> <tr> <td><input type="checkbox"/> SUSPECT</td> <td colspan="3">SUBJECT NAME (LAST, FIRST, MIDDLE) <b>PERSON, UNKNOWN/UNTRACKED</b></td> <td>RACE U</td> <td>SEX U</td> <td>AGE 00</td> <td>ETH. U</td> <td>DATE OF BIRTH</td> <td>HEIGHT</td> <td>WEIGHT</td> <td>HAIR</td> <td>EYES</td> </tr> <tr> <td colspan="12">FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.</td> </tr> </table>												<input type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE) <b>PERSON, UNKNOWN/UNTRACKED</b>			RACE U	SEX U	AGE 00	ETH. U	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.																																																	
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ON 02/12/2024 AT APPROXIMATELY 1351 HRS I/O WAS REQUESTED TO CONTACT THE COMPLAINANT BY PHONE DUE TO [REDACTED] 17 YEAR OLD BEING MISSING. ON CONTACT I/O SPOKE WITH THE COMPLAINANT WHO STATED THAT [REDACTED] WHO LIVES [REDACTED] IN BARNWELL, WAS LAST SEEN ON 02/08/2024 [REDACTED] AND HAS NOT BEEN SEEN SINCE. THE COMPLAINANT STATED THAT [REDACTED] WAS LAST SEEN BY [REDACTED] ON TUESDAY, 02/06/2024 VICTIM TO HER DOCTOR APPOINTMENT DUE TO [REDACTED] 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	SUBJECT IDENTIFIED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		SUBJECT LOCATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> UNFOUNDED	ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18 <input checked="" type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR UNDER 18 <input checked="" type="checkbox"/> EX-CLEAR 18 AND OVER			
D	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										
M	REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER				DATE	UNIT NUMBER	
I	DET - LT DENNIS BOOTS		02/12/2024	102	DET - LT DENNIS BOOTS				02/12/2024	102	
N					FOLLOW-UP INVESTIGATION OFFICER						
S					<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO DET - LT DENNIS BOOTS				02/12/2024	102	
T											