

AGENCY I.D.
SC0260400

INCIDENT REPORT

CASE NUMBER

2 0 2 2 1 2 9 7 3 0

NCIC

INQ.	ENTD.
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EVENT	INCIDENT TYPE				COMPLETED <input type="checkbox"/> YES <input type="checkbox"/> NO	FORCED ENTRY <input type="checkbox"/> YES <input type="checkbox"/> NO	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM <input 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.					
					<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								
					<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						
INCIDENT DATE		24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK			LOCATION NO.					
						DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME					
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT		RESIDENT J S O U	RACE	SEX	AGE	ETH.	DAYTIME PHONE H B	EVENING PHONE H B		
ADDRESS				CITY		STATE		ZIP CODE		LOCATION NO.				
VICTIM'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT		RESIDENT J S O U	RACE	SEX	AGE	ETH.	DAYTIME PHONE H B	EVENING PHONE 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														
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	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.												
	<input type="checkbox"/> WANTED	ADDRESS				CITY		STATE		ZIP CODE		LOCATION NO.		
	<input type="checkbox"/> WARRANT													
<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													
<input type="checkbox"/> SUMMONS	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> TYPE: TOTAL #ARRESTED													
NARRATIVE	On 28 November 2022, R/o responded to call for service at Waccamaw Mental Health (WMH) at 9630 Scipio Lane in the Myrtle Beach section of Horry County in reference to a female locked in the bathroom with an unknown condition.													
	On scene, WMH workers informed officers that the female has exited the bathroom and was sitting in the passenger seat of a burgundy Ram truck in the parking lot with a male who is trying to take her from the scene. Officers located the truck and both occupants. While speaking with the female later identified as Other Entity 2 (O2) the male identified as Other Entity 3 (O3) would interrupt her answers and not allow her to speak to officers. WMH workers advised R/o that the female appeared to be extremely weak when she was inside the building and stated she passed out both in the lobby and the bathroom and they feared she was under the influence.													
	R/o was approached by the female identified as Other Entity 1 (O1) [REDACTED]. O1 stated her and [REDACTED] drove here separately without O3 to get O2 mental health help [REDACTED]. O1 stated that O3 pulled up went inside and wouldn't allow O2, [REDACTED], to get the help she needed inside and instead brought her													
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 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SUBJECT LOCATED <input checked="" 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) Amberg, Nicholas				DATE 11/28/2022	UNIT NUMBER 456	APPROVING OFFICER				DATE	UNIT NUMBER		
							FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				OFFICER			

out to his truck and wouldn't let her out. O1 further stated this has been an ongoing issues between the group and just weeks prior O2 left the area seeking help in Cherokee County [REDACTED] in an attempt to leave O3. While away O3 allegedly had a mental break down and stated he was suicidal resulting in MBPD conducting welfare checks on him. O1 stated that O3 has been "mentally abusing" O2 for an extended period of time by not allowing her to sleep, eat or contact her family.

Do to the unknown circumstances surrounding this incident officers on scene separated the parties which finally allowed HCFR to speak with O2 alone and determine she needed to go to the hospital. O3 was unhappy about being separated and made a call to who he stated was Lt. Wilson. O3 still being kept distant to [REDACTED] while the investigation took place. O2 decided to go voluntarily with HCFR to [REDACTED] for a mental health evaluation. While leaving on the stretcher O1 was allowed to make contact with O2 so personal items could be secured. O3 was upset about this but was told do to the circumstances of the situation he was being kept away from O2. O3 again called Lt. Wilson and advised R/o "you will be getting a call". O3 then walked to the far side of the parking lot away from the incident location. HCFR transported O2 and all officers on scene cleared. O1 requested that this incident be documented in a report.

