

AGENCY I.D.
SC0210000

INCIDENT REPORT
Florence County Sheriff Office

CASE NUMBER

2025-06-0560

NCIC

INQ. ENTD.

EVENT	INCIDENT TYPE				COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM	
	1. 09A - MURDER - 16-03-0010				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	13(Highway/Road/Alley /Street/Sidewalk)		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Ins <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.	
	2. 290 - MALICIOUS / MALICIOUS INJURY ANIMALS, PERSONAL PROPE				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	13(Highway/Road/Alley /Street/Sidewalk)			
	3. 90Z - ACCESSORY / ACCESSORY BEFORE THE FACT TO A FELONY,				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	25;13(Other/Unknown; Highway/Road/Alley/St			
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)							ZIP CODE	WEAPON TYPE		
448 N FIRST NECK RD, JOHNSONVILLE, SC							29555-	12-Handgun		
INCIDENT DATE		24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK		LOCATION NO.		
06/24/2025		23:39		06/25/2025	2:15	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME	
06/24/2025		23:39		06/25/2025	2:15	06/24/2025	23:39	23:43	2:15	
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH.
				#1 #2 #3		<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	W		17	N
ADDRESS				CITY		STATE		ZIP CODE	LOCATION NO.	
						SC		29506-		
VICTIM NO. 1	VICTIM'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE
					#1 #2 #3		<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	W	M	16
					AQ FR AQ		<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	W	M	16
							<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	W	M	16
HEIGHT		WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARTIES, ETC.					
ADDRESS		CITY		STATE		ZIP CODE		LOCATION NO.		
				SC		29506-				
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN -										
COMPLAINT OF NON-VISIBLE INJURIES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										
VICTIM (NO. 1): NONE <input type="checkbox"/> USING: ALCOHOL <input checked="" type="checkbox"/> DRUGS <input type="checkbox"/> TYPE:										
TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPL.ASMT. <input type="checkbox"/> OTHER <input type="checkbox"/>										
SUBJECT NO. 1	<input checked="" type="checkbox"/> SUSPECT	NAME, (LAST, FIRST, MIDDLE)				RACE	SEX	AGE	ETH.	DATE OF BIRTH
	<input type="checkbox"/> RUNAWAY	RAPER, DEVIN				W	M	19	N	
	<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARTIES, ETC.								
	<input type="checkbox"/> WARRANT	ADDRESS				CITY	STATE		ZIP CODE	LOCATION NO.
<input type="checkbox"/> ARREST	5898 JUNIPER BAY RD				Conway		SC		29526-	
<input type="checkbox"/> JAIL	SUBJECT (NO. 1) USING: ALCOHOL <input type="checkbox"/> COMPUTER EQUIP. <input type="checkbox"/>				ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST	
<input type="checkbox"/> SUMMONS	DRUGS <input type="checkbox"/>				TOTAL # ARRESTED 9		06/24/2025 23:39		06/25/2025 19:30	
NARRATIVE	Murder									
	On June 24, 2025, at approximately 11:41 PM, I, Deputy Riley Free, responded to a call regarding a shooting incident involving juveniles at 448 North First Peck Road, Johnsonville, South Carolina.									
	Upon arrival, I observed a chaotic scene with multiple individuals present, some of whom appeared to be distressed and emotional. I observed a white male laying in the roadway with several individuals standing around him screaming. I observed 2 close range gun shots to the chest of the victim. I applied pressure with a towel that someone handed me. I held pressure on the wound until I assisted EMS with loading him in the ambulance.									
	I was informed that a 16-year-old male, identified as had been shot multiple times.									
Witnesses on the scene indicated that the shooter had fled in a white Mazda SUV driven by a female										
PROPERTY EST.	TYPE (GROUP)				03-Automobiles				TOTAL VALUE	
	STOLEN									
	DAMAGED				\$300.00				\$300.00	
	BURNED									
	RECOVERED									
	SEIZED									
	COUNTERFEIT									
ADMINISTRATIVE	SUBJECT IDENTIFIED		SUBJECT LOCATED		<input 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input checked="" 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	
	5354 - Riley Free		06/24/2025				1026 - Donna Baxley		06/26/2025	
						FOLLOW-UP INVESTIGATION OFFICER				
						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 1124 - Alvin K. Worsley		1124		

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<input type="checkbox"/> ORIGINAL REPORT	<input type="checkbox"/> SUPPLEMENTAL REPORT	<input type="checkbox"/> ADDITIONAL VICTIMS	<input type="checkbox"/> ADDITIONAL STOLEN PROPERTY	PAGE <u>2</u> of <u>10</u> PAGES
<input type="checkbox"/> MODIFIES ORIGINAL	<input type="checkbox"/> CASE STATUS CHANGE	<input type="checkbox"/> ADDITIONAL OFFENDERS	<input type="checkbox"/> ADDITIONAL RECOVERED PROPERTY	

VICT./SUBJ. I.D. OVERFLOW	<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST, MIDDLE)		VICTIM RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH
	<input checked="" type="checkbox"/> VICTIM # <u>2</u>			#1	#2	#3	* J S O U	W		17		N
	<input type="checkbox"/> SUBJECT #	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARTIES, ETC.						
	<input type="checkbox"/> RUNAWAY	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	HOME PHONE	EMPLOYER PHONE			
	<input type="checkbox"/> WANTED				SC	29572-						
	<input type="checkbox"/> WARRANT	<input checked="" type="checkbox"/> VICTIM NO. <u>2</u> VISIBLE INJURY: <input type="checkbox"/> NO <input type="checkbox"/> YES		COMPLAINT OF NON-VISIBLE INJURIES		VICTIM USING ALCOHOL: <input type="checkbox"/> NONE		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE/SPLASMT		<input type="checkbox"/> ALONE		
	<input type="checkbox"/> ARREST	EXPLAIN		<input type="checkbox"/> NO <input type="checkbox"/> YES		DRUGS: <input type="checkbox"/>		<input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER		<input type="checkbox"/> ASSISTED		
	<input type="checkbox"/> JAIL	<input type="checkbox"/> SUBJECT NO. USING: ALCOHOL <input type="checkbox"/>		DRUGS <input type="checkbox"/> TYPE:								
	<input type="checkbox"/> SUMMONS	COMPUTER EQUIP. <input type="checkbox"/>		NONE <input type="checkbox"/>								
	<input type="checkbox"/>											

VICT./SUBJ. I.D. OVERFLOW	<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST, MIDDLE)		VICTIM RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH
	<input checked="" type="checkbox"/> VICTIM # <u>3</u>			#1	#2	#3	* J S O U					
	<input type="checkbox"/> SUBJECT #	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARTIES, ETC.						
	<input type="checkbox"/> RUNAWAY	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	HOME PHONE	EMPLOYER PHONE			
	<input type="checkbox"/> WANTED											
	<input type="checkbox"/> WARRANT	<input checked="" type="checkbox"/> VICTIM NO. <u>3</u> VISIBLE INJURY: <input type="checkbox"/> NO <input type="checkbox"/> YES		COMPLAINT OF NON-VISIBLE INJURIES		VICTIM USING ALCOHOL: <input type="checkbox"/> NONE		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE/SPLASMT		<input type="checkbox"/> ALONE		
	<input type="checkbox"/> ARREST	EXPLAIN		<input type="checkbox"/> NO <input type="checkbox"/> YES		DRUGS: <input type="checkbox"/>		<input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER		<input type="checkbox"/> ASSISTED		
	<input type="checkbox"/> JAIL	<input type="checkbox"/> SUBJECT NO. USING: ALCOHOL <input type="checkbox"/>		DRUGS <input type="checkbox"/> TYPE:								
	<input type="checkbox"/> SUMMONS	COMPUTER EQUIP. <input type="checkbox"/>		NONE <input type="checkbox"/>								
	<input type="checkbox"/>											

NARRATIVE	with three male passengers.											
	Witnesses provided varying accounts of the events leading up to the shooting. It was reported that											
	had been involved in an altercation with the occupants of the white Mazda SUV. The											
	altercation was allegedly over a dispute involving girlfriend, and a series of											
	provocative messages exchanged via Snapchat.											
	One witness, identified as stated that approached the white Mazda and began											
	banging on the door before it was opened, at which point shots were fired. reported											

VEH./GUN/ECT	STATUS		TYPE		VIN AND/OR LICENSE NO.				BOAT HULL NO. AND/OR REG. NO.			
	<input type="checkbox"/> STOLEN		<input checked="" type="checkbox"/> VEHICLE		1G11H5SL4EU152468 / 366BSS							
	<input type="checkbox"/> RECOVERED		<input type="checkbox"/> GUN		SERIAL AND/OR OWNER APPLIED NO.				STATE			
					1G11H5SL4EU152468				SC			
	<input type="checkbox"/> FOUND		<input type="checkbox"/> BOAT		YEAR OF REGISTRATION		YEAR OF EXPIRATION		MAKE		TYPE	
					2014				CHEV			
	<input type="checkbox"/> TOWED		<input type="checkbox"/> LICENSE PLATE		MODEL		STYLE		COLOR		BRAND NAME	
					MALIBU				WHI - White			
	<input type="checkbox"/> SUSPECT		<input type="checkbox"/> SECURITIES/BONDS, STOCKS		NIC NO.		DENOMINATION		ISSUER		SECURITIES DATE	

PROPERTY EST.	TYPE (GROUP)									TOTAL VALUE
	STOLEN									
	DAMAGED									\$300.00
	BURNED									
	RECOVERED									
	SEIZED									
	COUNTERFEIT									

ADMINISTRATIVE	SUBJECT IDENTIFIED		SUBJECT LOCATED		<input 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input checked="" 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	
					5354 - Riley Free		06/24/2025			

1026 - Donna Baxley
FOLLOW-UP INVESTIGATION OFFICER
☐ YES ☒ NO 1124 - Alvin K. Worsley

1124

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REPORT
☐ MODIFIES
ORIGINAL

☐ SUPPLEMENTAL
REPORT
☐ CASE STATUS
CHANGE

☐ ADDITIONAL
VICTIMS
☐ ADDITIONAL
OFFENDERS

☐ ADDITIONAL
STOLEN PROPERTY
☐ ADDITIONAL
RECOVERED PROPERTY

PAGE 3 of 10 PAGES

NARRATIVE

hearing four shots initially, followed by additional shots as the vehicle drove away.

Another witness, _____ corroborated _____ account, adding that he had warned about the potential danger, suspecting that the individuals in the Mazda were armed. _____ mentioned seeing one of the suspects wearing a ski mask and holding a gun.

During the investigation, it was revealed that the suspected shooter was identified as Devon Raper, a 19-year-old male known to have been involved in a previous shooting incident at Ocean Lakes in Myrtle Beach. Witnesses described the firearm used as a black semi-automatic handgun, possibly a 9mm.

I collected contact information and statements from several witnesses, including _____, and _____. Each provided similar accounts of the events, emphasizing that the confrontation escalated quickly and unexpectedly.

While on the scene, I observed a white Chevrolet Malibu with a flat tire, which was later determined to have been struck by a bullet during the incident. The vehicle belonged to _____ who was present at the scene. She moved the car and i heard the flat tire as she was pulling away. I had other people on scene call her back. she returned with the damaged vehicle. The front driver side tire appears to have been shot.

I coordinated with other responding units to secure the area and gather further evidence. The crime scene was marked, and efforts were made to locate the suspect vehicle. SCHP, Marion county, Conway PD and Horry County were notified of the vehicle description.

Throughout the investigation, I maintained communication with the witnesses and ensured that they were provided with necessary support and information. I also contacted _____ mother, _____ to inform her of the situation and his transport to McLeod Hospital in Florence. She informed me that she was in route to the hospital.

As the investigation progressed, it became clear that the incident was a result of a planned confrontation that escalated into violence. The involvement of alcohol and previous altercations between the parties were contributing factors.

I documented all witness statements, collected evidence, and coordinated with the investigator on the way to the scene. The investigator, Worsley, and Captain Powell were briefed on the situation and took over the investigation upon arrival. Cpl. Hardee went to the hospital to meet with the victim.

ADMINISTRATIVE

SUBJECT IDENTIFIED
☒ YES ☐ NO

SUBJECT LOCATED
☒ YES ☐ NO

☐ ACTIVE
☐ UNFOUNDED

☐ ADM. CLOSED

☐ ARRESTED UNDER 18
☒ ARRESTED 18 AND OVER

☐ EX-CLEAR UNDER 18
☐ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. ☐ OFFENDER DEATH

2. ☐ NO PROSECUTION

3. ☐ EXTRADITION DENIED

4. ☐ VICTIM DECLINES COOPERATION

5. ☐ JUVENILE - NO CUSTODY

REPORTING OFFICER(S)

DATE

UNIT
NUMBER

APPROVING OFFICER

DATE

UNIT
NUMBER

5354 - Riley Free

06/24/2025

1026 - Donna Baxley

06/26/2025

FOLLOW-UP INVESTIGATION OFFICER
☐ YES ☒ NO ☒ 1124 - Alvin K. Worsley

1124

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REPORT
☐ CASE STATUS
CHANGE

☐ ADDITIONAL
VICTIMS
☐ ADDITIONAL
OFFENDERS

☐ ADDITIONAL
STOLEN PROPERTY
☐ ADDITIONAL
RECOVERED PROPERTY

PAGE 4 of 10 PAGES

The scene was processed, and all relevant information was recorded for further analysis. The white Mazda SUV and its occupants remained the primary focus of the search efforts and is supposed to be in the Socastee area of SC.

My BWC was used during this incident.

I acknowledge this report was generated using Draft One by Axon. I further acknowledge that I have reviewed the report in detail, made any necessary edits, and believe it to be an accurate representation of my recollection of the reported events. If needed, I am willing to testify to the accuracy of this report.

SUPPLEMENT #3 Riley Free - 5354 06/25/2025 03:55

2 shotguns were also recovered at the scene. None of the witnesses informed me about their use. One of the firearms was located near the roadway and appeared to have been discharged 3 times. A unfired round was found laying about 50 yards away and another shotgun was located leaning against a tree about 80 yards from the roadway. All were photographed and collected by crimescene

SUPPLEMENT #9 Tony Moore - 1174 06/27/2025 12:58

ON JUNE 25, 2025, LT. TONY MOORE OF THE FLORENCE COUNTY SHERIFF'S OFFICE (FCSO) ASSIGNED TO THE U.S. MARSHALS CAROLINAS REGIONAL FUGITIVE TASK FORCE (CRFTF) LOCATED AND APPREHENDED WANTED FUGITIVE DEVAN SCOTT RAPER. RAPER WAS WANTED ON CHARGES BY THE FCSSO FOR MURDER AND POSSESSION OF A WEAPON DURING A VIOLENT CRIME.

ON JUNE 25, 2025, INFORMATION FROM A LAW ENFORCEMENT INVESTIGATION REVEALED RAPER WAS CURRENTLY AT THE COUNTY INN & SUITES LOCATED AT 3515 WACCAMAW BLVD, MYRTLE BEACH, SC. CRFTF MEMBERS ARRIVED AT SAID LOCATION AND BEGAN SETTING A PERIMETER AROUND HOTEL. AFTER A BRIEF TIME, RAPER WAS SPOTTED WALKING ON THE HOTEL PROPERTY. AT THIS TIME, CRFTF MEMBERS AND HORRY COUNTY STREET CRIMES UNITS MOVED IN ON RAPER'S LOCATION. RAPER WAS TAKEN INTO CUSTODY AT APPROXIMATELY 7:30PM WITHOUT INCIDENT.

RAPER WAS TRANSPORTED TO THE FLORENCE COUNTY DETENTION CENTER BY LT. MOORE AND PLACED INTO THEIR CUSTODY. SGT. HARWELL BRYANT SERVED REAPER WITH WARRANTS 2025A21102001116 AND 117.

BEFORE AND AFTER TRANSPORT, VEHICLE WAS SEARCHED FOR ILLEGAL CONTRABAND.

NIC # W902232022

SUBJECT IDENTIFIED
☒ YES ☐ NO

SUBJECT LOCATED
☒ YES ☐ NO

☐ ACTIVE ☐ ADM. CLOSED
☐ UNFOUNDED

☐ ARRESTED UNDER 18
☒ ARRESTED 18 AND OVER

☐ EX-CLEAR UNDER 18
☐ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. ☐ OFFENDER DEATH 2. ☐ NO PROSECUTION 3. ☐ EXTRADITION DENIED 4. ☐ VICTIM DECLINES COOPERATION 5. ☐ JUVENILE - NO CUSTODY

REPORTING OFFICER(S)

DATE

UNIT
NUMBER

APPROVING OFFICER

DATE

UNIT
NUMBER

5354 - Riley Free

06/24/2025

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FOLLOW-UP INVESTIGATION OFFICER
☐ YES ☒ NO 1124 - Alvin K. Worsley

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VICTIMS
☐ ADDITIONAL
OFFENDERS

☐ ADDITIONAL
STOLEN PROPERTY
☐ ADDITIONAL
RECOVERED PROPERTY

PAGE 5 of 10 PAGES

END OF REPORT.

SUPPLEMENT #19 Tony Moore - 1174 08/01/2025 09:35

ON JULY 31, 2025, LT. TONY MOORE OF THE FLORENCE COUNTY SHERIFF'S OFFICE (FCSO) ASSIGNED TO THE UNITED STATES MARSHALS CAROLINAS REGIONAL FUGITIVE TASK FORCE (CRFTF) LOCATED AND APPREHENDED WANTED FUGITIVE WAS WANTED BY THE FCSO FOR MURDER.

ON JULY 31, 2025 AT APPROXIMATELY 11:10AM, CRFTF MEMBERS LOCATED AND APPREHENDED WITHOUT INCIDENT AT -- LOCATED IN HORRY COUNTY.

WAS TRANSPORTED TO THE FLORENCE COUNTY DETENTION CENTER BY LT. MOORE AND SERVED WARRANT 2025A2110201314.

THE TRANSPORT VEHICLE WAS CHECKED FOR ILLEGAL CONTRABAND BEFORE AND AFTER TRANSPORT.

END OF REPORT.

NARRATIVE

ADMINISTRATIVE

SUBJECT IDENTIFIED
☒ YES ☐ NO

SUBJECT LOCATED
☒ YES ☐ NO

☐ ACTIVE ☐ ADM. CLOSED
☐ UNFOUNDED

☐ ARRESTED UNDER 18
☒ ARRESTED 18 AND OVER

☐ EX-CLEAR UNDER 18
☐ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. ☐ OFFENDER DEATH 2. ☐ NO PROSECUTION 3. ☐ EXTRADITION DENIED 4. ☐ VICTIM DECLINES COOPERATION 5. ☐ JUVENILE - NO CUSTODY

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UNIT
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VICTIMS
☐ ADDITIONAL
OFFENDERS

☐ ADDITIONAL
STOLEN PROPERTY
☐ ADDITIONAL
RECOVERED PROPERTY

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Offense(s)

INCIDENT TYPE

COMPLETED FORCED ENTRY

PREMISE TYPE

UNITS
ENTERED

520 - WEAPONS / POSS. WEAPON DURING VIOLENT CRIME, IF NOT ALSO SEN

☒ YES ☐ NO

☐ YES ☐ NO

13(Highway/Road/Alley/Street/
Sidewalk)

Victim(s), Offender(s), Others Involved

<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # <input checked="" type="checkbox"/> SUBJECT # <u>2</u> <input type="checkbox"/> RUNAWAY <input checked="" type="checkbox"/> WANTED <input checked="" type="checkbox"/> WARRANT <input checked="" type="checkbox"/> ARREST <input checked="" type="checkbox"/> JAIL <input type="checkbox"/> SUMMONS <input checked="" type="checkbox"/> Suspect	NAME (LAST, FIRST, MIDDLE) HEIGHT <u>5'05"</u> WEIGHT <u>150</u> HAIR <u>BLN - Blonde or S</u> EYES <u>HAZ - Hazel</u> ADDRESS _____ CITY _____ STATE <u>SC</u> ZIP CODE _____ LOCATION NO. _____ HOME PHONE _____ EMPLOYER PHONE _____ FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARTIES, ETC. <u>Tattoo-Right-Fore Arm-EVERYTHING HAPPENS FOR A REASON;Tattoo-Right-Stomach-CROSS</u> VICTIM NO. _____ VISIBLE INJURY: <input type="checkbox"/> NO <input type="checkbox"/> YES COMPLAINT OF NON-VISIBLE INJURIES <input type="checkbox"/> NO <input type="checkbox"/> YES EXPLAIN _____ VICTIM USING ALCOHOL: <input type="checkbox"/> <input type="checkbox"/> NONE <input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE/SPLASMT <input type="checkbox"/> ALONE DRUGS: <input type="checkbox"/> <input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED SUBJECT NO. <u>2</u> USING: ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> TYPE: _____ COMPUTER EQUIP. <input type="checkbox"/> NONE <input checked="" type="checkbox"/>	VICTIM RELATIONSHIP TO SUBJECT #1 #2 #3 * J S O U RESIDENT RACE SEX AGE D.O.B. ETH W 17 N
<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # <input checked="" type="checkbox"/> SUBJECT # <u>3</u> <input type="checkbox"/> RUNAWAY <input checked="" type="checkbox"/> WANTED <input checked="" type="checkbox"/> WARRANT <input checked="" type="checkbox"/> ARREST <input checked="" type="checkbox"/> JAIL <input type="checkbox"/> SUMMONS <input checked="" type="checkbox"/> Suspect	NAME (LAST, FIRST, MIDDLE) HEIGHT <u>5'05"</u> WEIGHT <u>115</u> HAIR _____ EYES <u>BLU - Blue</u> ADDRESS _____ CITY _____ STATE <u>SC</u> ZIP CODE _____ LOCATION NO. _____ HOME PHONE _____ EMPLOYER PHONE _____ FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARTIES, ETC. VICTIM NO. _____ VISIBLE INJURY: <input type="checkbox"/> NO <input type="checkbox"/> YES COMPLAINT OF NON-VISIBLE INJURIES <input type="checkbox"/> NO <input type="checkbox"/> YES EXPLAIN _____ VICTIM USING ALCOHOL: <input type="checkbox"/> <input type="checkbox"/> NONE <input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE/SPLASMT <input type="checkbox"/> ALONE DRUGS: <input type="checkbox"/> <input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED SUBJECT NO. <u>3</u> USING: ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> TYPE: _____ COMPUTER EQUIP. <input type="checkbox"/> NONE <input checked="" type="checkbox"/>	VICTIM RELATIONSHIP TO SUBJECT #1 #2 #3 * J S O U RESIDENT RACE SEX AGE D.O.B. ETH W 16 N
<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # <input checked="" type="checkbox"/> SUBJECT # <u>4</u> <input type="checkbox"/> RUNAWAY <input checked="" type="checkbox"/> WANTED <input checked="" type="checkbox"/> WARRANT <input checked="" type="checkbox"/> ARREST <input checked="" type="checkbox"/> JAIL <input type="checkbox"/> SUMMONS <input checked="" type="checkbox"/> Suspect	NAME (LAST, FIRST, MIDDLE) HEIGHT <u>5'04"</u> WEIGHT <u>120</u> HAIR _____ EYES <u>BRO - Brown</u> ADDRESS _____ CITY _____ STATE <u>SC</u> ZIP CODE _____ LOCATION NO. _____ HOME PHONE _____ EMPLOYER PHONE _____ FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARTIES, ETC. VICTIM NO. _____ VISIBLE INJURY: <input type="checkbox"/> NO <input type="checkbox"/> YES COMPLAINT OF NON-VISIBLE INJURIES <input type="checkbox"/> NO <input type="checkbox"/> YES EXPLAIN _____ VICTIM USING ALCOHOL: <input type="checkbox"/> <input type="checkbox"/> NONE <input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE/SPLASMT <input type="checkbox"/> ALONE DRUGS: <input type="checkbox"/> <input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED SUBJECT NO. <u>4</u> USING: ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> TYPE: _____ COMPUTER EQUIP. <input type="checkbox"/> NONE <input checked="" type="checkbox"/>	VICTIM RELATIONSHIP TO SUBJECT #1 #2 #3 * J S O U RESIDENT RACE SEX AGE D.O.B. ETH W 18 H
<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # <input checked="" type="checkbox"/> SUBJECT # <u>5</u> <input type="checkbox"/> RUNAWAY <input checked="" type="checkbox"/> WANTED <input checked="" type="checkbox"/> WARRANT <input checked="" type="checkbox"/> ARREST <input checked="" type="checkbox"/> JAIL <input type="checkbox"/> SUMMONS <input checked="" type="checkbox"/> Suspect	NAME (LAST, FIRST, MIDDLE) HEIGHT <u>5'07"</u> WEIGHT <u>125</u> HAIR _____ EYES <u>BRO - Brown</u> ADDRESS _____ CITY _____ STATE <u>SC</u> ZIP CODE _____ LOCATION NO. _____ HOME PHONE _____ EMPLOYER PHONE _____ FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARTIES, ETC. VICTIM NO. _____ VISIBLE INJURY: <input type="checkbox"/> NO <input type="checkbox"/> YES COMPLAINT OF NON-VISIBLE INJURIES <input type="checkbox"/> NO <input type="checkbox"/> YES EXPLAIN _____ VICTIM USING ALCOHOL: <input type="checkbox"/> <input type="checkbox"/> NONE <input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE/SPLASMT <input type="checkbox"/> ALONE DRUGS: <input type="checkbox"/> <input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED SUBJECT NO. <u>5</u> USING: ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> TYPE: _____ COMPUTER EQUIP. <input type="checkbox"/> NONE <input checked="" type="checkbox"/>	VICTIM RELATIONSHIP TO SUBJECT #1 #2 #3 * J S O U RESIDENT RACE SEX AGE D.O.B. ETH W 17 N

AGENCY I.D.
SC0210000

SUPPLEMENTARY INCIDENT REPORT
Florence County Sheriff Office

CASE NUMBER

2025-06-0560

NCIC

INQ. ENTD.

☐ ORIGINAL
REPORT
☐ MODIFIES
ORIGINAL

☐ SUPPLEMENTAL
REPORT
☐ CASE STATUS
CHANGE

☐ ADDITIONAL
VICTIMS
☐ ADDITIONAL
OFFENDERS

☐ ADDITIONAL
STOLEN PROPERTY
☐ ADDITIONAL
RECOVERED PROPERTY

PAGE 7 of 10 PAGES

Victim(s), Offender(s), Others Involved

<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # <input checked="" type="checkbox"/> SUBJECT # 6 <input type="checkbox"/> RUNAWAY <input type="checkbox"/> WANTED <input type="checkbox"/> WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/> JAIL <input type="checkbox"/> SUMMONS <input checked="" type="checkbox"/> Suspect	NAME (LAST, FIRST, MIDDLE)		VICTIM RELATIONSHIP TO SUBJECT #1 #2 #3			RESIDENT * J S O U	RACE W	SEX M	AGE 17	D.O.B.	ETH I
	HEIGHT 5'07"	WEIGHT 125	HAIR	EYES BLU - Blue	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARTIES, ETC.						
	ADDRESS		CITY	STATE SC	ZIP CODE	LOCATION NO.	HOME PHONE D E	EMPLOYER PHONE D E			
	<input type="checkbox"/> VICTIM NO. <input type="checkbox"/> VISIBLE INJURY: <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> VICTIM USING ALCOHOL: <input type="checkbox"/> NONE		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE/SPLASMT		<input type="checkbox"/> ALONE		
	EXPLAIN		<input type="checkbox"/> NO <input type="checkbox"/> YES		DRUGS: <input type="checkbox"/>		<input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER		<input type="checkbox"/> ASSISTED		
	<input checked="" type="checkbox"/> SUBJECT NO. 6 USING: ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> TYPE:										
	<input type="checkbox"/> COMPUTER EQUIP. <input type="checkbox"/> NONE <input checked="" type="checkbox"/>										

<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # <input checked="" type="checkbox"/> SUBJECT # 7 <input type="checkbox"/> RUNAWAY <input type="checkbox"/> WANTED <input type="checkbox"/> WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/> JAIL <input type="checkbox"/> SUMMONS <input checked="" type="checkbox"/> Suspect	NAME (LAST, FIRST, MIDDLE)		VICTIM RELATIONSHIP TO SUBJECT #1 #2 #3			RESIDENT * J S O U	RACE W	SEX M	AGE 17	D.O.B.	ETH N
	HEIGHT 5'07"	WEIGHT 134	HAIR	EYES BRO - Brown	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARTIES, ETC.						
	ADDRESS		CITY	STATE SC	ZIP CODE	LOCATION NO.	HOME PHONE D E	EMPLOYER PHONE D E			
	<input type="checkbox"/> VICTIM NO. <input type="checkbox"/> VISIBLE INJURY: <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> VICTIM USING ALCOHOL: <input type="checkbox"/> NONE		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE/SPLASMT		<input type="checkbox"/> ALONE		
	EXPLAIN		<input type="checkbox"/> NO <input type="checkbox"/> YES		DRUGS: <input type="checkbox"/>		<input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER		<input type="checkbox"/> ASSISTED		
	<input checked="" type="checkbox"/> SUBJECT NO. 7 USING: ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> TYPE:										
	<input type="checkbox"/> COMPUTER EQUIP. <input type="checkbox"/> NONE <input checked="" type="checkbox"/>										

<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # <input checked="" type="checkbox"/> SUBJECT # 8 <input type="checkbox"/> RUNAWAY <input type="checkbox"/> WANTED <input type="checkbox"/> WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/> JAIL <input type="checkbox"/> SUMMONS <input checked="" type="checkbox"/> Suspect	NAME (LAST, FIRST, MIDDLE)		VICTIM RELATIONSHIP TO SUBJECT #1 #2 #3			RESIDENT * J S O U	RACE W	SEX M	AGE 18	D.O.B.	ETH N
	HEIGHT 5'09"	WEIGHT 140	HAIR	EYES BLU - Blue	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARTIES, ETC.						
	ADDRESS		CITY	STATE SC	ZIP CODE	LOCATION NO.	HOME PHONE D E	EMPLOYER PHONE D E			
	<input type="checkbox"/> VICTIM NO. <input type="checkbox"/> VISIBLE INJURY: <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> VICTIM USING ALCOHOL: <input type="checkbox"/> NONE		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE/SPLASMT		<input type="checkbox"/> ALONE		
	EXPLAIN		<input type="checkbox"/> NO <input type="checkbox"/> YES		DRUGS: <input type="checkbox"/>		<input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER		<input type="checkbox"/> ASSISTED		
	<input checked="" type="checkbox"/> SUBJECT NO. 8 USING: ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> TYPE:										
	<input type="checkbox"/> COMPUTER EQUIP. <input type="checkbox"/> NONE <input checked="" type="checkbox"/>										

<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # <input checked="" type="checkbox"/> SUBJECT # 9 <input type="checkbox"/> RUNAWAY <input type="checkbox"/> WANTED <input type="checkbox"/> WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/> JAIL <input type="checkbox"/> SUMMONS <input checked="" type="checkbox"/> Suspect	NAME (LAST, FIRST, MIDDLE)		VICTIM RELATIONSHIP TO SUBJECT #1 #2 #3			RESIDENT * J S O U	RACE W	SEX M	AGE 17	D.O.B.	ETH N
	HEIGHT 5'07"	WEIGHT 105	HAIR BLN - Blonde or S	EYES GRN - Green	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARTIES, ETC. Tattoo-Left-Wrist;						
	ADDRESS		CITY	STATE SC	ZIP CODE	LOCATION NO.	HOME PHONE D E	EMPLOYER PHONE D E			
	<input type="checkbox"/> VICTIM NO. <input type="checkbox"/> VISIBLE INJURY: <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> VICTIM USING ALCOHOL: <input type="checkbox"/> NONE		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE/SPLASMT		<input type="checkbox"/> ALONE		
	EXPLAIN		<input type="checkbox"/> NO <input type="checkbox"/> YES		DRUGS: <input type="checkbox"/>		<input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER		<input type="checkbox"/> ASSISTED		
	<input checked="" type="checkbox"/> SUBJECT NO. 9 USING: ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> TYPE:										
	<input type="checkbox"/> COMPUTER EQUIP. <input type="checkbox"/> NONE <input checked="" type="checkbox"/>										

<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # <input type="checkbox"/> SUBJECT # <input type="checkbox"/> RUNAWAY <input type="checkbox"/> WANTED <input type="checkbox"/> WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/> JAIL <input type="checkbox"/> SUMMONS <input checked="" type="checkbox"/> Witness	NAME (LAST, FIRST, MIDDLE)		VICTIM RELATIONSHIP TO SUBJECT #1 #2 #3			RESIDENT * J S O U	RACE W	SEX M	AGE 18	D.O.B.	ETH N
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARTIES, ETC.						
	ADDRESS		CITY	STATE SC	ZIP CODE	LOCATION NO.	HOME PHONE D E	EMPLOYER PHONE D E			
	<input type="checkbox"/> VICTIM NO. <input type="checkbox"/> VISIBLE INJURY: <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> VICTIM USING ALCOHOL: <input type="checkbox"/> NONE		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE/SPLASMT		<input type="checkbox"/> ALONE		
	EXPLAIN		<input type="checkbox"/> NO <input type="checkbox"/> YES		DRUGS: <input type="checkbox"/>		<input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER		<input type="checkbox"/> ASSISTED		
	<input type="checkbox"/> SUBJECT NO. USING: ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> TYPE:										
	<input type="checkbox"/> COMPUTER EQUIP. <input type="checkbox"/> NONE <input type="checkbox"/>										

AGENCY I.D.
SC0210000

SUPPLEMENTARY INCIDENT REPORT
Florence County Sheriff Office

CASE NUMBER

2025-06-0560

NCIC

INQ. ENTD.

<input type="checkbox"/> ORIGINAL REPORT	<input type="checkbox"/> SUPPLEMENTAL REPORT	<input type="checkbox"/> ADDITIONAL VICTIMS	<input type="checkbox"/> ADDITIONAL STOLEN PROPERTY	PAGE <u>8</u> of <u>10</u> PAGES
<input type="checkbox"/> MODIFIES ORIGINAL	<input type="checkbox"/> CASE STATUS CHANGE	<input type="checkbox"/> ADDITIONAL OFFENDERS	<input type="checkbox"/> ADDITIONAL RECOVERED PROPERTY	

Victim(s), Offender(s), Others Involved

<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # <input type="checkbox"/> SUBJECT # <input type="checkbox"/> RUNAWAY <input type="checkbox"/> WANTED <input type="checkbox"/> WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/> JAIL <input type="checkbox"/> SUMMONS <input checked="" type="checkbox"/> Witness	NAME (LAST, FIRST, MIDDLE)		VICTIM RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH	
						* <input checked="" type="radio"/> S	O	U	W	16	N	
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARTIES, ETC.							
	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	HOME PHONE	EMPLOYER PHONE				
			SC									
	<input type="checkbox"/> VICTIM NO. <input type="checkbox"/> VISIBLE INJURY: <input type="checkbox"/> NO <input type="checkbox"/> YES		COMPLAINT OF NON-VISIBLE INJURIES		VICTIM USING ALCOHOL: <input type="checkbox"/> <input type="checkbox"/> NONE		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE/SPLASMT		<input type="checkbox"/> ALONE			
	EXPLAIN		<input type="checkbox"/> NO <input type="checkbox"/> YES		DRUGS: <input type="checkbox"/>		<input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER		<input type="checkbox"/> ASSISTED			
	<input type="checkbox"/> SUBJECT NO. <input type="checkbox"/> USING: ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> TYPE:											
	COMPUTER EQUIP. <input type="checkbox"/> NONE <input type="checkbox"/>											

<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # <input type="checkbox"/> SUBJECT # <input type="checkbox"/> RUNAWAY <input type="checkbox"/> WANTED <input type="checkbox"/> WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/> JAIL <input type="checkbox"/> SUMMONS <input checked="" type="checkbox"/> Witness	NAME (LAST, FIRST, MIDDLE)		VICTIM RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH		
	LAUDERBACK, JERRY PATRICK					* <input checked="" type="radio"/> J	S	O	U	W	M	38	N
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARTIES, ETC.								
	5'06"	145	BLN - Blonde or S	HAZ - Hazel									
	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	HOME PHONE	EMPLOYER PHONE					
	448 N. 1ST NECK ROAD		JOHNSONVILLE	SC	29555-								
	<input type="checkbox"/> VICTIM NO. <input type="checkbox"/> VISIBLE INJURY: <input type="checkbox"/> NO <input type="checkbox"/> YES		COMPLAINT OF NON-VISIBLE INJURIES		VICTIM USING ALCOHOL: <input type="checkbox"/> <input type="checkbox"/> NONE		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE/SPLASMT		<input type="checkbox"/> ALONE				
	EXPLAIN		<input type="checkbox"/> NO <input type="checkbox"/> YES		DRUGS: <input type="checkbox"/>		<input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER		<input type="checkbox"/> ASSISTED				
	<input type="checkbox"/> SUBJECT NO. <input type="checkbox"/> USING: ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> TYPE:												
	COMPUTER EQUIP. <input type="checkbox"/> NONE <input type="checkbox"/>												

<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # <input type="checkbox"/> SUBJECT # <input type="checkbox"/> RUNAWAY <input type="checkbox"/> WANTED <input type="checkbox"/> WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/> JAIL <input type="checkbox"/> SUMMONS <input checked="" type="checkbox"/> Witness	NAME (LAST, FIRST, MIDDLE)		VICTIM RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH	
	LAUDERBACK, ALICIA					* <input checked="" type="radio"/> S	O	U	W	F	31	N
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARTIES, ETC.							
			BLN - Blonde or S	BLU - Blue								
	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	HOME PHONE	EMPLOYER PHONE				
	448 N 1ST NECK RD		Johnsonville	SC	29555-							
	<input type="checkbox"/> VICTIM NO. <input type="checkbox"/> VISIBLE INJURY: <input type="checkbox"/> NO <input type="checkbox"/> YES		COMPLAINT OF NON-VISIBLE INJURIES		VICTIM USING ALCOHOL: <input type="checkbox"/> <input type="checkbox"/> NONE		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE/SPLASMT		<input type="checkbox"/> ALONE			
	EXPLAIN		<input type="checkbox"/> NO <input type="checkbox"/> YES		DRUGS: <input type="checkbox"/>		<input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER		<input type="checkbox"/> ASSISTED			
	<input type="checkbox"/> SUBJECT NO. <input type="checkbox"/> USING: ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> TYPE:											
	COMPUTER EQUIP. <input type="checkbox"/> NONE <input type="checkbox"/>											

<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # <input type="checkbox"/> SUBJECT # <input type="checkbox"/> RUNAWAY <input type="checkbox"/> WANTED <input type="checkbox"/> WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/> JAIL <input type="checkbox"/> SUMMONS <input checked="" type="checkbox"/> Witness	NAME (LAST, FIRST, MIDDLE)		VICTIM RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH	
						* <input checked="" type="radio"/> S	O	U	B	17	N	
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARTIES, ETC.							
	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	HOME PHONE	EMPLOYER PHONE				
				SC								
	<input type="checkbox"/> VICTIM NO. <input type="checkbox"/> VISIBLE INJURY: <input type="checkbox"/> NO <input type="checkbox"/> YES		COMPLAINT OF NON-VISIBLE INJURIES		VICTIM USING ALCOHOL: <input type="checkbox"/> <input type="checkbox"/> NONE		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE/SPLASMT		<input type="checkbox"/> ALONE			
	EXPLAIN		<input type="checkbox"/> NO <input type="checkbox"/> YES		DRUGS: <input type="checkbox"/>		<input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER		<input type="checkbox"/> ASSISTED			
	<input type="checkbox"/> SUBJECT NO. <input type="checkbox"/> USING: ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> TYPE:											
	COMPUTER EQUIP. <input type="checkbox"/> NONE <input type="checkbox"/>											

<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # <input type="checkbox"/> SUBJECT # <input type="checkbox"/> RUNAWAY <input type="checkbox"/> WANTED <input type="checkbox"/> WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/> JAIL <input type="checkbox"/> SUMMONS <input checked="" type="checkbox"/> Witness	NAME (LAST, FIRST, MIDDLE)		VICTIM RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH	
						* <input checked="" type="radio"/> S	O	U	B	16	N	
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARTIES, ETC.							
	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	HOME PHONE	EMPLOYER PHONE				
				SC								
	<input type="checkbox"/> VICTIM NO. <input type="checkbox"/> VISIBLE INJURY: <input type="checkbox"/> NO <input type="checkbox"/> YES		COMPLAINT OF NON-VISIBLE INJURIES		VICTIM USING ALCOHOL: <input type="checkbox"/> <input type="checkbox"/> NONE		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE/SPLASMT		<input type="checkbox"/> ALONE			
	EXPLAIN		<input type="checkbox"/> NO <input type="checkbox"/> YES		DRUGS: <input type="checkbox"/>		<input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER		<input type="checkbox"/> ASSISTED			
	<input type="checkbox"/> SUBJECT NO. <input type="checkbox"/> USING: ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> TYPE:											
	COMPUTER EQUIP. <input type="checkbox"/> NONE <input type="checkbox"/>											

<input type="checkbox"/> ORIGINAL REPORT	<input type="checkbox"/> SUPPLEMENTAL REPORT	<input type="checkbox"/> ADDITIONAL VICTIMS	<input type="checkbox"/> ADDITIONAL STOLEN PROPERTY	PAGE 9 of 10 PAGES
<input type="checkbox"/> MODIFIES ORIGINAL	<input type="checkbox"/> CASE STATUS CHANGE	<input type="checkbox"/> ADDITIONAL OFFENDERS	<input type="checkbox"/> ADDITIONAL RECOVERED PROPERTY	

Victim(s), Offender(s), Others Involved

<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # <input type="checkbox"/> SUBJECT # <input type="checkbox"/> RUNAWAY <input type="checkbox"/> WANTED <input type="checkbox"/> WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/> JAIL <input type="checkbox"/> SUMMONS <input checked="" type="checkbox"/> Other	NAME (LAST, FIRST, MIDDLE)		VICTIM RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH	
	HOWELL, ERICA		#1	#2	#3	* J S O U	W	F	40		N	
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARTIES, ETC.							
	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	HOME PHONE	EMPLOYER PHONE				
	1579 SECOND NECK RD		Johnsonville	SC	29555-							
	<input type="checkbox"/> VICTIM NO. <input type="checkbox"/> VISIBLE INJURY: <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> VICTIM USING ALCOHOL: <input type="checkbox"/> NONE		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE/SPLASMT		<input type="checkbox"/> ALONE			
	EXPLAIN		<input type="checkbox"/> NO <input type="checkbox"/> YES		DRUGS: <input type="checkbox"/>		<input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER		<input type="checkbox"/> ASSISTED			
	<input type="checkbox"/> SUBJECT NO. <input type="checkbox"/> USING: ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> TYPE:											
	<input type="checkbox"/> COMPUTER EQUIP. <input type="checkbox"/> NONE <input type="checkbox"/>											
<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # <input type="checkbox"/> SUBJECT # <input type="checkbox"/> RUNAWAY <input type="checkbox"/> WANTED <input type="checkbox"/> WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/> JAIL <input type="checkbox"/> SUMMONS <input checked="" type="checkbox"/> Witness	NAME (LAST, FIRST, MIDDLE)		VICTIM RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH	
			#1	#2	#3	* J S O U	B		18		N	
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARTIES, ETC.							
	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	HOME PHONE	EMPLOYER PHONE				
				SC								
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	EXPLAIN		<input type="checkbox"/> NO <input type="checkbox"/> YES		DRUGS: <input type="checkbox"/>		<input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER		<input type="checkbox"/> ASSISTED			
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			#1	#2	#3	* J S O U	W		18		N	
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARTIES, ETC.							
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			#1	#2	#3	* J S O U	W		15		N	
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARTIES, ETC.							
	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	HOME PHONE	EMPLOYER PHONE				
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	<input type="checkbox"/> VICTIM NO. <input type="checkbox"/> VISIBLE INJURY: <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> VICTIM USING ALCOHOL: <input type="checkbox"/> NONE		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE/SPLASMT		<input type="checkbox"/> ALONE			
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			#1	#2	#3	* J S O U	W		17		N	
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARTIES, ETC.							
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	<input type="checkbox"/> COMPUTER EQUIP. <input type="checkbox"/> NONE <input type="checkbox"/>											

AGENCY I.D.
SC0210000

SUPPLEMENTARY INCIDENT REPORT
Florence County Sheriff Office

CASE NUMBER

2025-06-0560

NCIC

INQ. ENTD.

☐ ORIGINAL
REPORT
☐ MODIFIES
ORIGINAL

☐ SUPPLEMENTAL
REPORT
☐ CASE STATUS
CHANGE

☐ ADDITIONAL
VICTIMS
☐ ADDITIONAL
OFFENDERS

☐ ADDITIONAL
STOLEN PROPERTY
☐ ADDITIONAL
RECOVERED PROPERTY

PAGE 10 of 10 PAGES

Victim(s), Offender(s), Others Involved

<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # <input type="checkbox"/> SUBJECT # <input type="checkbox"/> RUNAWAY <input type="checkbox"/> WANTED <input type="checkbox"/> WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/> JAIL <input type="checkbox"/> SUMMONS <input checked="" type="checkbox"/> Other	NAME (LAST, FIRST, MIDDLE) HEIGHT WEIGHT HAIR EYES FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARTIES, ETC. ADDRESS CITY STATE ZIP CODE LOCATION NO. HOME PHONE EMPLOYER PHONE <input type="checkbox"/> VICTIM NO. VISIBLE INJURY: <input type="checkbox"/> NO <input type="checkbox"/> YES COMPLAINANT OF NON-VISIBLE INJURIES <input type="checkbox"/> NO <input type="checkbox"/> YES EXPLAIN <input type="checkbox"/> SUBJECT NO. USING: ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> TYPE: COMPUTER EQUIP. <input type="checkbox"/> NONE <input type="checkbox"/>	VICTIM RELATIONSHIP TO SUBJECT #1 #2 #3 * J S O U RESIDENT RACE SEX AGE D.O.B. ETH 16 17 N
<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # <input type="checkbox"/> SUBJECT # <input type="checkbox"/> RUNAWAY <input type="checkbox"/> WANTED <input type="checkbox"/> WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/> JAIL <input type="checkbox"/> SUMMONS <input checked="" type="checkbox"/> Other	NAME (LAST, FIRST, MIDDLE) HEIGHT WEIGHT HAIR EYES FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARTIES, ETC. ADDRESS CITY STATE ZIP CODE LOCATION NO. HOME PHONE EMPLOYER PHONE <input type="checkbox"/> VICTIM NO. VISIBLE INJURY: <input type="checkbox"/> NO <input type="checkbox"/> YES COMPLAINANT OF NON-VISIBLE INJURIES <input type="checkbox"/> NO <input type="checkbox"/> YES EXPLAIN <input type="checkbox"/> SUBJECT NO. USING: ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> TYPE: COMPUTER EQUIP. <input type="checkbox"/> NONE <input type="checkbox"/>	VICTIM RELATIONSHIP TO SUBJECT #1 #2 #3 * J S O U RESIDENT RACE SEX AGE D.O.B. ETH 18 N
<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # <input type="checkbox"/> SUBJECT # <input type="checkbox"/> RUNAWAY <input type="checkbox"/> WANTED <input type="checkbox"/> WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/> JAIL <input type="checkbox"/> SUMMONS <input checked="" type="checkbox"/> Other	NAME (LAST, FIRST, MIDDLE) HEIGHT WEIGHT HAIR EYES FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARTIES, ETC. ADDRESS CITY STATE ZIP CODE LOCATION NO. HOME PHONE EMPLOYER PHONE <input type="checkbox"/> VICTIM NO. VISIBLE INJURY: <input type="checkbox"/> NO <input type="checkbox"/> YES COMPLAINANT OF NON-VISIBLE INJURIES <input type="checkbox"/> NO <input type="checkbox"/> YES EXPLAIN <input type="checkbox"/> SUBJECT NO. USING: ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> TYPE: COMPUTER EQUIP. <input type="checkbox"/> NONE <input type="checkbox"/>	VICTIM RELATIONSHIP TO SUBJECT #1 #2 #3 * J S O U RESIDENT RACE SEX AGE D.O.B. ETH 16 N

Property

SEQ # 1	OFFENSE 290	ITEM TYPE 03 - Automobiles	STATUS 4 - Destroyed/Damag	VALUE \$300.00	OJ? No	QUANTITY	DESCRIPTION tire
MAKE CHEV	MODEL MALIBU	SERIAL NUMBER 1G11H5SL4EU152468	OWNER APPLIED NUMBER	PRIMARY COLOR WHI - White	ITEM CATEGORY	DAMAGE AMOUNT \$300.00	
OWNER V2 -	NCIC	REC? No	REC. QTY	REC. VALUE	DATE OBTAINED	TIME	OBTAINED FROM

Vehicle(s)

SEQ # 1	INVOLVEMENT V2 -	REPORT AS PROPERTY? Yes	VEHICLE CATEGORY 03 - Automobiles	VEHICLE TYPE	YEAR 2014
MAKE CHEV	MODEL MALIBU	STYLE	TOP/PRIMARY COLOR WHI - White	BOTTOM/SECONDARY COLOR	
LICENSE PLATE NUMBER 366BSS	STATE SC	PLATE YEAR	VIN 1G11H5SL4EU152468	DESCRIPTION tire	SERIAL NUMBER 1G11H5SL4EU152468
OWNER APPLIED NUMBER	VALUE \$300.00	QTY	OWNER V2 -	NCIC	DISPOSITION
LEFT AT SCENE	DATE LEFT	TIME	RELEASED TO	DATE RELEASED	PLACE OF STORAGE
					ON FILE