



SCIBRS

SOUTH CAROLINA HIGHWAY PATROL TROOP 1

Report Date / Time 8/27/2025 7:40:37 PM	Report Number SCDPS2367873 (01)	Report Case/CAD Number / DPSB25CAD489056	Reporting Officer Rank / ID CPL / 0727-9648	Reporting Officer Name NELSON, C.R
Originating Agency ORI SC040SP00	Reported to Agency Date 8/27/2025 6:11:03 PM	Occur Date Range 07/28/2025 00:30:00 - 07/28/2025 00:30:00	Jurisdiction	Status: CLOSED Clearance:
Offense Description 01 COLLISION:COLLISION REPORT FILED				

LOCATION(S)

County RICHLAND	Location Type INCIDENT LOCATION	Location Description S BELTLINE BLVD - BOXWOOD DR						
Street Number	Street	Apt/Lot/Bldg	City COLUMBIA	State SC	Zip Code	Phone Number	Ext.	

INVESTIGATION

NCIC INQ?	Yes
NCIC INQ DATE	8/27/2025
NCIC ENTD?	No
NCIC ENTERED DATE	
SUBJECT IDENTIFIED	Yes
SUBJECT LOCATED	Yes
SUMMONS TICKET NUMBER	20252351233557
MONUMENTS	

Person: SUSPECT

First Name STEVEN	Middle Name EDWARD	Last Name JONAS	Suffix	Race WHITE	Sex MALE	Height 5'09"	Weight 215	Hair BAL	Eyes BLU
MNI #	SSN	Date of Birth [REDACTED]	Age 54	ID Type D	Drivers License or other ID [REDACTED]	State SC	OCA / Agency ID		
Place of Birth: , ,									

DUI

Stop Date / Time 8/27/2025 6:11:00 PM	Traffic MEDIUM	Weather CLEAR	Lighting DAYLIGHT	Passengers 0	Implied Consent Read YES ALVIN S. GLEN
Test Type: BREATH / GIVEN (SUBMITTED) / By: NELSON, C.R / Date: 08/27/2025 12:00AM / PermitNo: DMT014258 / SerNo: 112707					

Horizontal Gaze Nystagmus		Left		Right		Clues	Notes
Eye Do Not Pursue Smoothly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Distinct Nystagmus at Maximum Deviation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Nystagmus Onset Before 45 degrees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Eye Color BLU							

Report Date / Time 8/27/2025 7:40:37 PM	Report Number SCDPS2367873 (01)	Report Case/CAD Number / DPSB25CAD489056	Reporting Officer Rank / ID CPL / 0727-9648	Reporting Officer Name NELSON, C.R
Originating Agency ORI SC040SP00	Reported to Agency Date 8/27/2025 6:11:03 PM	Occur Date Range 07/28/2025 00:30:00 - 07/28/2025 00:30:00	Jurisdiction	Status: CLOSED Clearance:
Offense Description 01 COLLISION:COLLISION REPORT FILED				

Walk and Turn	Clues	Notes															
<input checked="" type="checkbox"/> Unable to Balance <input type="checkbox"/> Begins too Soon <input type="checkbox"/> Improper Turn Steps 1 - 9 10 - 18 <table border="1"> <tr> <td>Stops Walking</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Misses Heel to Toe</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Steps Off Line</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Raises Arm(s)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Actual Number of Steps Taken</td> <td></td> <td></td> </tr> </table>	Stops Walking	<input type="checkbox"/>	<input type="checkbox"/>	Misses Heel to Toe	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Steps Off Line	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Raises Arm(s)	<input type="checkbox"/>	<input type="checkbox"/>	Actual Number of Steps Taken				
Stops Walking	<input type="checkbox"/>	<input type="checkbox"/>															
Misses Heel to Toe	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>															
Steps Off Line	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>															
Raises Arm(s)	<input type="checkbox"/>	<input type="checkbox"/>															
Actual Number of Steps Taken																	

One Leg Stand	Clues	Notes																
Seconds 0 - 10 11 - 20 21 - 30 <table border="1"> <tr> <td>Sways</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Raises Arms</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Hops</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Foot Down</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Sways	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Raises Arms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foot Down	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Sways	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>															
Raises Arms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
Hops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
Foot Down	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>															

Other Observations			
<input type="checkbox"/> Romberg	<input type="checkbox"/> Eye Lid Tremors	<input checked="" type="checkbox"/> Swaying	<input type="checkbox"/> Internal Clock / 30 Seconds
<input type="checkbox"/> PBT	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Results Breath Odor
Eye Condition	Behavior	General Appearance	Speech Patterns SLOW

Addresses
• Permanent Address [REDACTED] COLUMBIA, SC 29205 /

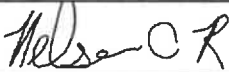
Charge: S			
Counts 1	Charge 56-5-2930	Arrest Offense Code Description DUI 1st < .10 After 02100	
Charge Degree	Charge Level	General Offense Code COMMITTED	
Charge Description DUI 1st Less than .10 After Feb 10, 2009 with BA			

Property: EVIDENCE BIOLOGICAL		
Biological Type BLOOD	Quantity 1	Quantity Type ML TUBE

Report Date / Time 8/27/2025 7:40:37 PM	Report Number SCDPS2367873 (01)	Report Case/CAD Number / DPSB25CAD489056	Reporting Officer Rank / ID CPL / 0727-9648	Reporting Officer Name NELSON, C.R
Originating Agency ORI SC040SP00	Reported to Agency Date 8/27/2025 6:11:03 PM	Occur Date Range 07/28/2025 00:30:00 - 07/28/2025 00:30:00	Jurisdiction	Status: CLOSED Clearance:
Offense Description 01 COLLISION:COLLISION REPORT FILED				

Description BIOLOGICAL			
Owner Type PERSON	Property Owner STEVEN EDWARD JONAS (SUSPECT)	Property Released To Person	Property Released By Officer

Narrative: SUMMARY

Narrative Date/Time 8/27/2025 7:44:55 PM	Narrative Synopsis		
Reporting Officer NELSON, C.R	Officer Rank CPL	Officer ID No 0727-9648	Officer Org/Unit SCHP\TROOP 1 POST D
Officer Signature 	Officer Agency SOUTH CAROLINA HIGHWAY PATROL TROOP 1		

On August 27, 2025 at approximately 1811 hours I responded to a two vehicle collision on S Belt line Rd near Boxwood Dr in Richland County, SC. Upon my arrival other first responders were already on scene providing aid to the people involved. I spoke with Asia Barnes who was driving a blue SUV with Florida license plate "BMWH4I" traveling west on S. Belt line Rd and observed a white police Charger with a SC license plate of "MG67738" with no emergency equipment on cross the centerline and began to come straight at her. Mrs. Barnes stated that swerved to keep from getting hit head-on, but could not react fast enough and was hit head-on. I spoke with a witness to the incident Heather Cramer who stated she was leaving a family/friend's residence and heard tires screeching turned to the roadway and observed the police vehicle traveling in the wrong lane. I then spoke to the driver of the police vehicle Steven Jonas. I asked him what happened and he began to tell me he was getting off work and came down I-77 then got off the interstate and was almost home. I noticed that his eyes were glassy and he was unsteady on his feet. Mr. Jonas then stated that he was traveling down the road and that was the last thing he remembered. I responded back to my patrol vehicle and the vehicle and driver's information for both parties. I then asked Mr. Jonas if he had consumed any alcohol to which he stated no. I asked him if consumed any medication and he stated some for his [REDACTED] but nothing else. I asked him if he would perform some field sobriety test to make sure he was fine to operate a motor vehicle. Mr. Jonas did cause injuries to three other people that were in the vehicle that he struck. As I was doing this a City of Columbia police Officer came up to me and made the state that he believed that I needed to make sure Mr. Jonas was not under the influence. I got out of my patrol vehicle and reproached Mr. Jonas again and asked him if he had consumed any alcohol or any drugs, which he stated no. I asked him if he would submit to some field sobriety tests to which he agreed.


The first test I administered was the Horizontal Gaze Nystagmus test. I explained to Mr. Jonas on how to perform the test and he stated he understood the instructions. Mr. Jonas did not display any clues on this test.

The second test I administered was the Walk and Turn Test. I explained and demonstrated to Mr. Jonas and how to properly perform the test and he stated that he understood the instructions. Mr. Jonas had an extremely hard time balancing in the instructional stance and kept loosing his balance. Mr. Jonas lost his balance four different times before I instructed him to start the test. I asked him if he was "okay" and he stated he was fine. Mr. Jonas stepped off-line and missed heel to toe during the test.

Report Date / Time 8/27/2025 7:40:37 PM	Report Number SCDPS2367873 (01)	Report Case/CAD Number / DPSB25CAD489056	Reporting Officer Rank / ID CPL / 0727-9648	Reporting Officer Name NELSON, C.R
Originating Agency ORI SC040SP00	Reported to Agency Date 8/27/2025 6:11:03 PM	Occur Date Range 07/28/2025 00:30:00 - 07/28/2025 00:30:00	Jurisdiction	Status: CLOSED Clearance:
Offense Description 01 COLLISION:COLLISION REPORT FILED				

The third test I administered was the one leg stand test. I explained and demonstrated to Mr. Jonas and how to properly perform the test and he stated that he understood the instructions. Mr. Jonas put his foot down twice during the test and swayed almost the entire test. I placed Mr. Jonas under arrest for driving under the influence and transported him to the Alvin S. Glen Detention Center where he blew .00. Mr. Jonas was then transported to Prisma Health Richland Hospital. Mr. Jonas voluntarily gave a blood sample. I made contact with a Drug Recognition Expert DNR Officer Gantt to respond to the hospital to do an evaluation. Dr. Ridley advised me that Mr. Jonas had suffered from a [REDACTED] and was going to be in his care until further notice.

Officer: Approving Supervisor (Supplement 01)

Officer Name C.J. WOODS	Officer Rank SGT	Officer ID No 5039-1981	Officer Agency SOUTH CAROLINA HIGHWAY PATROL TROOP 1
Approval Date / Time 10/8/2025 12:18:40 PM	Officer Signature 		

RELATED REPORT(S)


Report Name Traffic Collision	Report Number / Description 25277637
-----------------------------------------	------------------------------------------------

Sup #	Officer Name Rank / ID #	Involvement On Report / Reporting Role	Officer Agency Org/Unit
01	MELENDEZ - FJ SGT 5739-8302		SOUTH CAROLINA HIGHWAY PATROL TROOP 1 SCHP\TROOP 1\POST D
01	NELSON, C.R CPL 0727-9648	REPORTING OFFICER	SOUTH CAROLINA HIGHWAY PATROL TROOP 1 SCHP\TROOP 1\POST D
01	C.J. WOODS SGT 5039-1981	APPROVING SUPERVISOR	SOUTH CAROLINA HIGHWAY PATROL TROOP 1 SCHP\TROOP 1\HQ

Report Date / Time 8/27/2025 7:40:37 PM	Report Number SCDPS2367873 (01)	Report Case/CAD Number / DPSB25CAD489056	Reporting Officer Rank / ID CPL / 0727-9648	Reporting Officer Name NELSON, C.R
Originating Agency ORI SC040SP00	Reported to Agency Date 8/27/2025 6:11:03 PM	Occur Date Range 07/28/2025 00:30:00 - 07/28/2025 00:30:00	Jurisdiction	Status: CLOSED Clearance:
Offense Description 01 COLLISION:COLLISION REPORT FILED				

The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the above named Defendant, committed violation(s), of law, on the below date(s) and time(s), as listed in the narratives associated with this report:

Officer: Reporting Officer (Supplement01)

Officer Name NELSON, C.R	Office Rank CPL	Officer ID No 0727-9648	
Officer Agency SOUTH CAROLINA HIGHWAY PATROL TROOP 1			
Officer Signature 			

FITSNEWS