

MAY 08 2020

AGENCY I.D.
SC0220000

INCIDENT REPORT

CASE NUMBER

2 0 0 1 1 6 5 4

NCIC

INQ. INTD.
S40

| | | | | | | | | | | | | | | | | | | | | | |
|--|--|--------------|------|--|---|---|-------------------|--------------------------------|---|--------------------------------|--|-----------------------------------|---|-----------------------|--------|-----------|---|------------------|--|-------------|--|
| 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. | | | | | | | | | | | | |
| | 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 DISP. DATE DISP. TIME TIME ARRIVED DEPART. TIME | | LOCATION NO. | | | | | | | | | | | | | |
| | 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 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. 1 | <input checked="" type="checkbox"/> SUSPECT | | | | NAME (LAST, FIRST, MIDDLE) Newman, Timothy Edward | | | | RACE W | SEX M | AGE 55 | ETH. N | DATE OF BIRTH 7/1964 | HEIGHT | WEIGHT | HAIR | EYES | | | | |
| | <input type="checkbox"/> RUNAWAY | | | | FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> WANTED | | | | ADDRESS 1227 Norman Dr | | | | CITY Eden | | STATE NC | ZIP CODE 27288 | | LOCATION NO. | | | | | | | |
| | <input type="checkbox"/> ARREST | | | | SUBJECT (NO. 1) USING ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" 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 4/7/2020 12:29:00 AM | | | | DATE/TIME OF ARREST | | | | |
| <input type="checkbox"/> JAIL | | | | DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/> | | | | TOTAL # ARRESTED 0 | | | | | | | | | | | | | |
| <input type="checkbox"/> SUMMONS | | | | | | | | | | | | | | | | | | | | | |
| NARRATIVE | 04/07/20- Received a call from Santee Cooper law enforcement advising that they were tracking the listed suspect who was currently in Georgetown County. Officers advised that the suspect was to be consider armed and dangerous and possibly had explosives in the vehicle. While travelling south in the Maryville section of Georgetown County, I observed a vehicle matching the description headed north toward the Sampit River Bridge. I caught up to the vehicle and confirmed it to be the suspect's via the tag (2018 Ford F150 SC Tag# 80251FM). A traffic stop was conducted at the intersection of Front Street & Fraser Street where the suspect was detained without incident. The vehicle was towed by Roberts and the suspect was turned over to Berkeley County deputies. | | | | | | | | | | | | | | | | | | | | |
| | JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY | | | | | | | | | | JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY | | | | | | | | | | |
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| 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 type="checkbox"/> ACTIVE <input checked="" type="checkbox"/> ADM. CLOSED | | | | <input type="checkbox"/> ARRESTED UNDER 18 | | | | <input type="checkbox"/> EX-CLEAR UNDER 18 | | | | |
| | | | | | | | | | <input type="checkbox"/> UNFOUNDED | | | | <input 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) Garrett, Melvyn L. | | | | DATE 04/07/2020 | UNIT NUMBER S40 | APPROVING OFFICER | | | | DATE | UNIT NUMBER | | | | | | | | | |
| | | | | FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | | OFFICER | | | | | | | | | | | | | |