

AGENCY I.D.
SC0260400

INCIDENT REPORT

CASE NUMBER

2 0 2 4 0 2 8 1 9 8

NCIC

INQ. ENTD.

EVENT	INCIDENT TYPE					COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM <input checked="" 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.									
	1. 290 - Destruction/Damage/Vandalism of Property					<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	18											
						<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										
2 █ MARGARITA DR █							29577												
INCIDENT DATE		24 HR. CLOCK		TO		DATE		24 HR. CLOCK		DISPATCH DATE/TIME 24 HR. CLOCK		LOCATION NO.							
03/11/2024		01:20								DISP. DATE		DISP. TIME							
										03/11/2024		10:22							
										TIME ARRIVED		DEPART. TIME							
										11:33									
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)					RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	ETH.	DAYTIME PHONE	EVENING PHONE					
								J S O U											
ADDRESS					CITY			STATE	ZIP CODE		LOCATION NO.								
VICTIM'S NAME (LAST, FIRST, MIDDLE)					RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	ETH.	DAYTIME PHONE	EVENING PHONE					
Miller, Mica					#1 █			X S O U	W	F	30	U							
HEIGHT					WEIGHT		HAIR		EYES		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.								
5' 3"					125														
ADDRESS					CITY			STATE	ZIP CODE		LOCATION NO.								
2 █ Coldwater Cir					Myrtle Beach			SC	29588										
VISIBLE INJURY (VICT. 1) <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. 1) USING: ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input checked="" type="checkbox"/>										DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input checked="" 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 <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)			RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES		
	<input type="checkbox"/> RUNAWAY					█			█	█	█	█	█	█	█	█	█		
	<input type="checkbox"/> WANTED					FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.													
	<input type="checkbox"/> WARRANT					ADDRESS			CITY	STATE	ZIP CODE		LOCATION NO.						
	<input type="checkbox"/> ARREST					█			█	█	█		█						
	<input type="checkbox"/> JAIL					SUBJECT (NO. 1) USING: ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input checked="" type="checkbox"/>			ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		DATE/TIME OF OFFENSE			DATE/TIME OF ARREST					
<input type="checkbox"/> SUMMONS					DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input checked="" type="checkbox"/>			TOTAL # ARRESTED 0		3/11/2024 1:20:00 AM									
NARRATIVE	<p>On 03/11/2024 HCPD officers were dispatched to 2 █ Margarita dr in the Myrtle Beach area of Horry County for a report of a razor blade being placed in her tire at the location of 3 █ Springmaid Dr. R/O spoke with V1 who stated that this is second time a razor has deflated her tire in the last week. V1 stated that she was at Springmaid pier around 0130, V1 stated as she was leaving she heard a pop and noticed that a piece of metal was protruding from her tire. V1 made it home and found the tire had almost fully deflated by that point. R/o observed the tire and upon removal of the metal piece it was found that the metal was a tire deflation device that can be purchased online. V1 believes S1 may have placed or had the item placed in her tire, █ she has noticed strange activity and what she believes as people following or watching her. V1 stated that S1 has a history of similar actions against her.</p> <p>Evidence was not sufficient to prove that S1 placed the razor device under the tire.</p> <p>Nothing Further.</p>																		
	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY								JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY										
PROPERTY EST.	TYPE (GROUP)		38												TOTAL VALUE				
	STOLEN																		
	DAMAGED		200												200				
	BURNED																		
	RECOVERED																		
SEIZED																			
ADMINISTRATIVE	SUBJECT IDENTIFIED			SUBJECT LOCATED			<input type="checkbox"/> ACTIVE <input checked="" 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 type="checkbox"/>			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			<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)				DATE		UNIT NUMBER		APPROVING OFFICER				DATE		UNIT NUMBER				
	Barrington, Joseph				03/11/2024		602												
FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO OFFICER																			