

INCIDENT TYPE				COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM <input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input checked="" 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. 26A - FRAUD / CONFIDENCE GAME / BREACH OF TRUST				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	08		
2.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			

EVENT

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)
200 JACKSON AVE W, HAMPTON SC

ZIP CODE: **29924** WEAPON TYPE:

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK				LOCATION NO.
04/20/2023	1549		04/20/2023	1700	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME	
					04/20/2023	1549	1655	1700	

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE): **JONES, HEATHER SIMMONS**

RELATIONSHIP TO SUBJECT: **OK**

RESIDENT: **J S O U** RACE: SEX: AGE: ETH: **[REDACTED]**

ADDRESS: **200 W JACKSON AVE** CITY: **HAMPTON** STATE: **SC** ZIP CODE: **29924** LOCATION NO.:

VICTIM

VICTIM'S NAME (LAST, FIRST, MIDDLE): **COUNTY, HAMPTON**

RELATIONSHIP TO SUBJECT: #1 #2 #3

RESIDENT: **J S O U** RACE: SEX: AGE: ETH: **[REDACTED]**

ADDRESS: **201 W JACKSON AVE** CITY: **HAMPTON** STATE: **SC** ZIP CODE: **29924** LOCATION NO.:

HEIGHT: WEIGHT: HAIR: EYES: FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

#1

VISIBLE INJURY (VICT. 1) YES NO EXPLAIN --

VICTIM (NO. 1) USING: ALCOHOL: YES NO UNK. DRUGS: YES NO UNK.

TWO-MAN VEH. ONE-MAN VEH. DETECTIVE/SPL.ASMT. OTHER ALONE ASSISTED

SUBJECT

SUSPECT RUNAWAY WANTED WARRANT ARREST JAIL SUMMONS

SUBJECT NAME (LAST, FIRST, MIDDLE): **DOBSON-ELLIOTT, ROSE N**

RACE: **W** SEX: **F** AGE: **00** ETH: **N** DATE OF BIRTH: HEIGHT: WEIGHT: HAIR: EYES:

FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

ADDRESS: **[REDACTED]** CITY: **BRUNSON** STATE: **SC** ZIP CODE: **29911** LOCATION NO.:

SUBJECT (NO. 1) USING: ALCOHOL: YES NO UNK. ARRESTED NEAR OFFENSE SCENE: YES NO DATE/TIME OF OFFENSE: **04/20/2023** DATE/TIME OF ARREST: **1549**

DRUGS: YES NO UNK. TYPE: TOTAL # ARRESTED: **0**

NARRATIVE

Offenses:
FRAUD / CONFIDENCE GAME / BREACH OF TRUST

On Thursday April 20, 2023 at approx. 3:49pm, Cpl. Hernandez received a call from Chief Gohagan advising that report needed to be made by Interim County Administrator, Heather Simmons Jones, at the County Building located at 200 Jackson Ave W in the town of Hampton regarding fraudulent activity on Hampton County accounts.

Print Date: 04/24/2023 05:19:35 PM

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY			
P	TYPE (GROUP)	20-Money					TOTAL VALUE
R	Burned						
O	Count./Forged						
P	Dest./Damaged						
E	Recovered						
R	Seized						
T	Stolen						
Y	Unknown						

ADMITTANCE

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
CPL. CHRISTINA HERNANDEZ	04/20/2023	D-3			

FOLLOW-UP INVESTIGATION OFFICER: YES NO

HAMPTON COUNTY SHERIFF'S OFFICE
PROPERTY LISTING

CASE NUMBER

S O - 2 3 0 0 2 7 4 5

NCIC	
INQ.	ENTD.

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> ORIGINAL REPORT | <input type="checkbox"/> SUPPLEMENTAL REPORT | <input type="checkbox"/> ADDITIONAL VICTIMS | <input type="checkbox"/> ADDITIONAL STOLEN PROPERTY |
| <input type="checkbox"/> MODIFIES ORIGINAL | <input type="checkbox"/> CASE STATUS CHANGE | <input type="checkbox"/> ADDITIONAL OFFENDERS | <input type="checkbox"/> ADDITIONAL RECOVERED PROPERTY |

7 STOLEN

MONEY

TOTAL GROUP

A D M I N I S T	SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SUBJECT LOCATED <input type="checkbox"/> YES <input checked="" 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)			DATE		UNIT NUMBER		APPROVING OFFICER			DATE		UNIT NUMBER	
	CPL. CHRISTINA HERNANDEZ			04/20/2023		D-3								
FOLLOW-UP INVESTIGATION OFFICER <input type="checkbox"/> YES <input type="checkbox"/> NO														