

AGENCY I.D.
SC0260400

INCIDENT REPORT

CASE NUMBER

2 0 2 3 1 1 1 0 0 9

NCIC

INQ. ENTD.

EVENT	INCIDENT TYPE				COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM					
	1. 90Z - All Other IBR Offenses				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13		<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.					
					<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						
W HWY 9 & CAMP SWAMP RD							29568							
INCIDENT DATE		24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK		LOCATION NO.						
09/09/2023		18:04				DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME					
09/09/2023		18:04				09/09/2023	18:04	18:10						
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH.	DAYTIME PHONE	EVENING PHONE		
Same as Victim No. 1						J S O U					H B	H B		
ADDRESS				CITY		STATE		ZIP CODE		LOCATION NO.				
VICTIM NO. 1	VICTIM'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH.	DAYTIME PHONE	EVENING PHONE	
							J S X U					H B	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. 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"/> 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)				RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
	<input type="checkbox"/> RUNAWAY	Spivey, Scott Ryan				W	M	33	N		69	170	BLN	BLU
	<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"/> TYPE:				TOTAL # ARRESTED 0		9/9/2023 6:04:00 PM							
NARRATIVE	On Saturday, September 9, 2023 at approx. 1804hrs I PFC Higgs was dispatched to a shots fired with both parties on scene call at the intersection of Camp Swamp Rd. and Highway 9 in the Longs Section of Horry County. Upon my arrival I spoke to the driver of the white dodge TRX truck (S2) whom stated the guy in the black truck jumped out and started shooting at us and I shot back I think he's dead. S2 stated he had still had his pistol on him so I retrieved it out of his holster, cleared it, and secured it in my marked police unit. The passenger of the white dodge TRX stated his firearm was on the passenger seat. I retrieved that one, saw it was clear, and secured it in my marked police unit. The driver's side front door in the Black Chevy pick-up was open and the driver was hunched over the center console of his truck with his right arm hanging over the console into the rear passenger area. He had no movement, signs of life. There was a black hand gun with the slide locked back just under his hand. There were multiple cars driving there the area before I could secure the scene. I taped off as much as I could to help stop cars from contaminating the scene. I took pictures of the scene before EMS had arrived to attempt to preserve the scene before CSI had arrived. Photos were uploaded to Evidence.com.													
				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY						
PROPERTY EST.	TYPE (GROUP)										TOTAL VALUE			
	STOLEN													
	DAMAGED													
	BURNED													
	RECOVERED													
	SEIZED													
ADMINISTRATIVE	SUBJECT IDENTIFIED		SUBJECT LOCATED		<input checked="" 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 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				
	Higgs, Kerry			09/09/2023	630									
				FOLLOW-UP INVESTIGATION		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		OFFICER						

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					<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																																							
					<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																																				
INCIDENT DATE		24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK				LOCATION NO.																																			
						DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME																																				
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH.	DAYTIME PHONE	H	EVENING PHONE	H																															
						J S O U						B		B																															
ADDRESS				CITY		STATE		ZIP CODE		LOCATION NO.																																			
VICTIM NO.	VICTIM'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH.	DAYTIME PHONE	H	EVENING PHONE	H																														
							J S O U						B		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 NO <input type="checkbox"/> EXPLAIN															COMPLAINT OF ANY NON-VISIBLE INJURIES <input type="checkbox"/> YES NO <input type="checkbox"/>																														
VICTIM (NO.) USING: ALCOHOL <input type="checkbox"/> YES NO <input type="checkbox"/> UNK <input type="checkbox"/> DRUGS: <input type="checkbox"/> YES 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. 2	<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. 2) USING: ALCOHOL <input type="checkbox"/> YES NO <input type="checkbox"/> UNK <input checked="" type="checkbox"/>				ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES NO <input type="checkbox"/>		DATE/TIME OF OFFENSE				DATE/TIME OF ARREST																																		
<input type="checkbox"/> SUMMONS	DRUGS: <input type="checkbox"/> YES NO <input type="checkbox"/> UNK <input checked="" type="checkbox"/> TYPE:				TOTAL # ARRESTED 0		9/9/2023 6:04:00 PM																																						
NARRATIVE	EMS arrived and stated he was deceased. There were several witnesses and another victim all gave written statements. A crime scene log was started and the case was turned over to HCPD CSI																																												
																JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY															JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY														
PROPERTY EST.	TYPE (GROUP)																					TOTAL VALUE																							
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	SEIZED																																												
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 type="checkbox"/> YES NO <input type="checkbox"/>		<input type="checkbox"/> YES 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																										
								FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO								OFFICER																													

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					<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								
					<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						
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						DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME					
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH.	DAYTIME PHONE	EVENING PHONE		
						J S O U					H B	H B		
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		
						J S O U					H B	H B		
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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. 3	<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													
	<input type="checkbox"/> ARREST													
<input type="checkbox"/> JAIL														
<input type="checkbox"/> SUMMONS														
SUBJECT (NO. 3) 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								
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input checked="" type="checkbox"/> TYPE:		TOTAL # ARRESTED 0		9/9/2023 6:04:00 PM										
NARRATIVE														
PROPERTY EST.	TYPE (GROUP)													TOTAL VALUE
	STOLEN													
	DAMAGED													
	BURNED													
	RECOVERED													
	SEIZED													
ADMINISTRATIVE	SUBJECT IDENTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		SUBJECT LOCATED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		<input 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			
						FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO				OFFICER				