

AGENCY I.D.
SC0070100

BEAUFORT POLICE DEPARTMENT
INCIDENT REPORT

CASE NUMBER
06 [REDACTED]
NCIC
INQ. ENTD.

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. 11A - RAPE - FORCIBLE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	14		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <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.
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			

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)
BEAUFORT SC
ZIP CODE: 29902 WEAPON TYPE: 99

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK				LOCATION NO.
10/14/2006	0315		10/14/2006	1030	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME	B207
					10/14/2006	1051	1056	1425	

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE): [REDACTED]
 RELATIONSHIP TO SUBJECT: #1 AQ #2 #3
 RESIDENT: S O U RACE: W SEX: F AGE: [REDACTED] ETH: N
 DAYTIME PHONE: [REDACTED] EVENING PHONE: [REDACTED]
 ADDRESS: [REDACTED] CITY: BEAUFORT STATE: SC ZIP CODE: 29902 LOCATION NO.: B117

VICTIM'S NAME (LAST, FIRST, MIDDLE): [REDACTED]
 RELATIONSHIP TO SUBJECT: #1 AQ #2 #3
 RESIDENT: S O U RACE: W SEX: F AGE: [REDACTED] ETH: N
 DAYTIME PHONE: [REDACTED] EVENING PHONE: [REDACTED]
 HEIGHT: [REDACTED] WEIGHT: [REDACTED] HAIR: [REDACTED] EYES: [REDACTED]
 FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.: [REDACTED]
 ADDRESS: [REDACTED] CITY: BEAUFORT STATE: SC ZIP CODE: 29902 LOCATION NO.: [REDACTED]

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/SPLASMT. OTHER ALONE ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown

SUSPECT: SUBJECT NAME (LAST, FIRST, MIDDLE): [REDACTED] RACE: W SEX: M AGE: [REDACTED] ETH: N
 DATE OF BIRTH: [REDACTED] HEIGHT: [REDACTED] WEIGHT: [REDACTED] HAIR: [REDACTED] EYES: [REDACTED]
 RUNAWAY WANTED WARRANT ARREST JAIL SUMMONS
 FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.: [REDACTED]
 ADDRESS: [REDACTED] CITY: BEAUFORT STATE: SC ZIP CODE: 29903 LOCATION NO.: [REDACTED]
 SUBJECT (NO. 1) USING ALCOHOL: YES NO UNK. ARRESTED NEAR OFFENSE SCENE: YES NO
 DATE/TIME OF OFFENSE: 10/14/2006 0315 DATE/TIME OF ARREST: [REDACTED]
 DRUGS: YES NO UNK. TYPE: [REDACTED] TOTAL # ARRESTED: 0

Offenses:
RAPE - FORCIBLE

SYNOPSIS:
I RESPONDED TO [REDACTED] IN REFERENCE TO A SEXUAL ASSAULT WHICH TOOK PLACE AT [REDACTED] WITH IN THE CITY OF BEAUFORT.

Print Date: 08/20/2024 10:31:36 AM		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY			
P	R	O	P	R	T	Y	TOTAL VALUE
TYPE (GROUP)							
Burned							
Count /Forged							
Dest./Damaged							
Recovered							
Seized							
Stolen							
Unknown							
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	
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) PT3 HOPE E MIDDAUGH		DATE 10/14/2006		UNIT NUMBER 9641	
		APPROVING OFFICER FOLLOW-UP INVESTIGATION OFFICER		DATE 10/16/2006		UNIT NUMBER 3290	
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO SGT DAVID OTT					

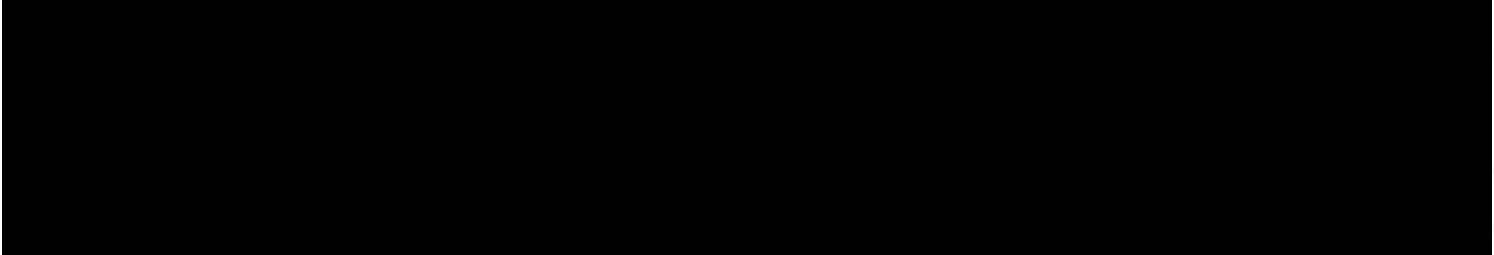
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BEAUFORT POLICE DEPARTMENT
INCIDENT REPORT

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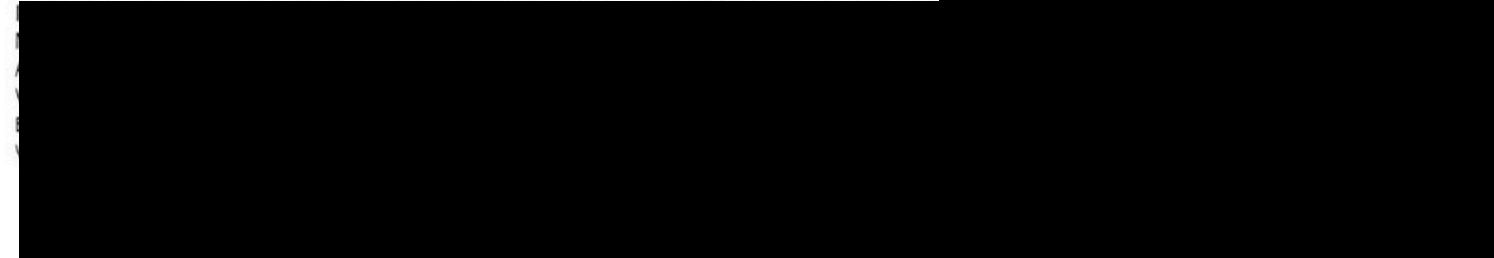
CONTACT WITH VICTIM:

I MADE CONTACT WITH THE VICTIM WHO STATED



OFFICER'S ACTIONS:

SGT. CUSHMAN CONTACTED INVESTIGATOR OTT WHO RESPONDED TO THE SCENE.



Print Date: 08/20/2024 10:31:36 AM				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
P	TYPE (GROUP)						TOTAL VALUE
R	Burned						
O	Court./Forged						
P	Dest./Damaged						
E	Recovered						
R	Seized						
T	Stolen						
Y	Unknown						
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"/> UNFOUNDED	<input type="checkbox"/> ADM. CLOSED	<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	
	PT3 HOPE E MIDDAUGH	10/14/2006	9641				
				FOLLOW-UP INVESTIGATION OFFICER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO SGT DAVID OTT	10/16/2006	3290	

INCIDENT REPORT SUPPLEMENTAL

Case Number: 06- [REDACTED]

Officer: 6979 CUSHMAN,

Date Entered/Changed: 10/15/2006

Reviewer:

Review Date:

DETAILED STATEMENT OF INVESTIGATION:

REFERENCE:

Beaufort Police report dated 10-14-06 by Officer Middaugh.

SYNOPSIS:

A victim reported a sexual assault at [REDACTED]

OFFICER'S ACTIONS:

I responded to the scene with Officer Middaugh. I was later told that a subject [REDACTED]

INTERVIEW OF [REDACTED]

INTERVIEW OF [REDACTED]

OFFICER'S ACTIONS:

I collected written statements from [REDACTED] and [REDACTED] I have turned in their statements as attachments to this report.