|                    | Agency Name  |   |                                       |   |       |       |            |               | INCIDENT REPORT                      |                        |        |                     |                   |                   | Case# 2021-080315                       |          |              |                           |  |  |
|--------------------|--|---|---------------------------------------|---|-------|-------|------------|---------------|--------------------------------------|------------------------|--------|---------------------|-------------------|-------------------|---|----------|--------------|---------------------------|--|--|
| I NC I DE NT DATA  | Forsyth County Sheriff`s Office  |   |                                       |   |       |       |            | PUBLIC COPY   |                                      |                        |        |                     | Date / Time       |                   |   | Reported |              |                           |  |  |
|                    | ORI <b>GA0580000</b>   |   |                                       |   |       |       |            |               |                                      |                        |        | -                   | Last Kn           | own S             | Secure                                  |          |              |                           |  |  |
|                    | Location of Incident   |   |                                       |   |       |       |            |               |                                      | Premise Type Zone/Trac |        |                     |                   | -                 | At Four                                 |          |              | 20:15 Sat                 |  |  |
|                    | 5920 BENTLEY WAY, Cumming GA 30040 Crime Incident(s) (Co   |   |                                       |   |       |       |            |               | Residence/home  Weapon / Tools Other |                        |        | S32                 |                   |                   | 08/07/2021                              |          |              | 20:16 Sat Activity        |  |  |
|                    | #1   |   |                                       | ident(s)<br>Family Violence (1st Offense) - M |       |       |            | (Com)<br>// - |                                      | / Tools Ot             | her    | I = ·               |                   |                   | 10                                      |          |              | N                         |  |  |
|                    |  | 16-5-23.1(F)(1) M   |                                       |   |       |       |            |               |                                      |                        |        | Exit                |                   |                   | Security                                |          |              | A (: :                    |  |  |
|                    | #2   | Crime Incident Criminal Damage To Property: 2nd Degre   |                                       |   |       |       |            |               | Weapon                               | <sup>/ Tools</sup> No  | ne     |                     |                   |                   |   |          |              | Activity<br>N             |  |  |
|                    |  | 16-7-23   |                                       |   |       |       |            | F             | Entry                                | Exit                   |        |                     | Se                |                   | curity                                  | ,        |              |                           |  |  |
|                    | #3   |   | Crime Incident Disorderly Conduct - M |   |       |       |            |               | Weapon                               | oon / Tools Other      |        |                     |                   |                   |   |          |              | Activity<br>N             |  |  |
|                    |  |   | 16-11-39                              |   |       |       |            | М             | Entry                                |                        |        | Exit                |                   |                   | Sed                                     | curity   | ,            |                           |  |  |
| МО                 | Fo   | rce l   | Jsed/A                                | ssaulted Vid                                  | ctim, | Force | Used/Hit   | During A      | ct                                   |                        |        | •                   |                   |                   |   |          |              |                           |  |  |
|                    | # 0  | # of Victims 6 Type: INDIVIDUAL(NON LE) Injury: Apparent Minor Injury Domestic: YES                           |                                       |   |       |       |            |               |                                      |                        |        |                     |                   |                   |   |          |              |                           |  |  |
| -                  | Victim/Business Name (Last, First, Middle)   |   |                                       |   |       |       |            |               |                                      |                        |        |                     |                   | ex Rel            | Relationship Resident Status   Military |          |              |                           |  |  |
| ٧                  | V1 BURNETTE, JOHNNY  |   |                                       |   |       |       |            |               |                                      |                        |        |                     |                   |                   | Γο Offender                             |          | Resident     | Branch/Status             |  |  |
| C<br>T<br>M        | Home Address Home  |   |                                       |   |       |       |            |               |                                      |                        |        |                     |                   |                   |   |          |              |                           |  |  |
|                    | 202 VETERANS MEMORIAL BLVD , Cumming, GA 30040- Employer Name/Address Business Phone   |   |                                       |   |       |       |            |               |                                      |                        |        | Mobile PI           | hone              |                   |   |          |              |                           |  |  |
|                    | Limployer Name/Address   |   |                                       |   |       |       |            |               |                                      |                        |        |                     | Basiii            | 00011             | 10110                                   |          | Widelic 1    | 10110                     |  |  |
|                    | VY   | 'R  | Make                                  | Model   |       | S     | tyle       | Color         | Lie                                  | c/Lis                  |        |                     | VIN               |                   |   |          |              |                           |  |  |
|                    |  | CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim) |                                       |   |       |       |            |               |                                      |                        |        |                     |                   |                   |   |          |              |                           |  |  |
| 0                  | Type: INDIVIDUAL(NON LE)  Injury: None  Code Name (Last, First, Middle)  Victim of DOB Race Sex Relationship Resident Status Military                            |   |                                       |   |       |       |            |               |                                      |                        |        |                     |                   |                   |   |          |              |                           |  |  |
| T<br>H             | Code Name (Last, First, Middle)  MARTIN, CALEB SAMUEL  |   |                                       |   |       |       |            |               |                                      | Crime #  1991          |        |                     |                   | To                | Offende                                 | er       | f Branch/St  |                           |  |  |
| E<br>R             | Home Address   |   |                                       |   |       |       |            |               |                                      | 5   Age 29   V         |        |                     | W   N             | 1 1S              | 1ST   Resident  <br>  Home Phone        |          |              |                           |  |  |
| S                  | 202 VETERANS MEMORIAL BLVD CUMMING, GA 30040   |   |                                       |   |       |       |            |               |                                      |                        |        |                     |                   |                   |   |          |              |                           |  |  |
| 1                  | Employer Name/Address Business Phone   |   |                                       |   |       |       |            |               |                                      |                        |        | Mobile Pl           | none              |                   |   |          |              |                           |  |  |
| N<br>V             | Type: INDIVIDUAL(NON LE)  Injury: Apparent Minor Injury  Code Name (Last, First, Middle)  Victim of DOB Race Sex Relationship Resi                               |   |                                       |   |       |       |            |               |                                      |                        |        |                     |                   |                   |   |          |              |                           |  |  |
| 0                  | Code V3 Name (Last, First, Middle) LUNSFORD, ASHLEY MARIE  |   |                                       |   |       |       |            |               |                                      | Crime #   1983         |        |                     |                   | To                | To Offender Brand                       |          |              | Military<br>Branch/Status |  |  |
| L<br>V             | Home Address   |   |                                       |   |       |       |            |               |                                      | 1, Age 38 W            |        |                     | WF                | 1S                | 1SE Resident Home Phone                 |          |              |                           |  |  |
| E<br>D             | 5920 BENTLEY WAY CUMMING, GA 30040   |   |                                       |   |       |       |            |               |                                      |                        |        |                     |                   |                   |   | OIIIC    |              |                           |  |  |
|                    | Employer Name/Address Business Pl  |   |                                       |   |       |       |            |               |                                      |                        | ess Pł | none   Mobile Phone |                   |                   | none                                    |          |              |                           |  |  |
|                    | 1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown  ("OJ" = Recovered for Other Jurisdiction) |   |                                       |   |       |       |            |               |                                      |                        |        |                     |                   |                   |   |          |              |                           |  |  |
|                    | Λ̈́Ι   | Code  | Status<br>Frm/To                      | Value   | 01    |       | Jvered lor |               | rty Descrip                          | tion                   |        |                     | Mode              | del Serial Number |   |          |              |                           |  |  |
|                    | 5  |   |                                       |   |       |       |            |               | /Drywa                               |                        |        |                     | Make/Model<br>all |                   |   |          | Jenai Number |                           |  |  |
| P<br>R<br>O<br>P   |  |   |                                       |   |       |       |            |               |                                      |                        |        |                     |                   |                   |   |          |              |                           |  |  |
|                    |  |   |                                       |   |       |       |            |               |                                      |                        |        |                     |                   |                   |   |          |              |                           |  |  |
|                    |  |   |                                       |   |       |       |            |               |                                      |                        |        |                     |                   |                   |   |          |              |                           |  |  |
| E                  |  |   |                                       |   |       |       |            |               |                                      |                        |        |                     |                   |                   |   |          |              |                           |  |  |
| R<br><b>T</b><br>Y |  |   |                                       |   |       |       |            |               |                                      |                        |        |                     |                   |                   |   |          |              |                           |  |  |
|                    |  |   |                                       |   |       |       |            |               |                                      |                        |        |                     |                   |                   |   |          |              |                           |  |  |
|                    |  |   |                                       |   |       |       |            |               |                                      |                        |        |                     |                   |                   |   |          |              |                           |  |  |
|                    |  |   |                                       |   | -     |       |            |               |                                      |                        |        |                     |                   |                   |   |          |              |                           |  |  |
|                    | De   | Deputy/ID# BURNETTE, J. L. (SPLE, TRAF) (B3184)   |                                       |   |       |       |            |               |                                      |                        |        |                     |                   |                   |   |          |              |                           |  |  |
|                    | Inv  | est ID  |                                       | (0)   |       |       |            |               |                                      |                        |        | Superv              |                   |                   | MBER                                    | S, Ł     | K. (UPD,     | SPCT)                     |  |  |
| Status             | us Complainant Signature Gase Status 78 Cleared By Arrest 08/07/2021   |   |                                       |   |       |       |            |               | Case I                               | Dispositio             | n:     |                     |                   | Ī                 | Page 1                                  |          |              |                           |  |  |

08/07/2021

## **Incident Report Additional Offense List**

## Forsyth County Sheriff's Office

OCA: 2021-080315

## Offense List (Continued)

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| Counter | Offense Description                     | Fel/Misd | Statute       | Completed/Attempted |
|---------|---|----------|---------------|---------------------|
| # 4     | CRUELTY TO CHILDREN: 3RD DEGREE - M     | M        | 16-5-70(D)(2) | Com                 |
| # 5     | OBSTRUCTION OF LAW ENFORCEMENT OFFICERS | F        | 16-10-24(B)   | Com                 |
| #6      | OBSTRUCTION OF LAW ENFORCEMENT OFFICERS | F        | 16-10-24(B)   | Com                 |

OCA: 2021-080315

## Additional Name List

| Name Code/#     | Name (Last, First, Middle)                      | Victim of<br>Crime # | DOB     | Age | Race | eSex |
|-----------------|---|----------------------|---------|-----|------|------|
| 1) VI 4         | LUNSFORD, ASHLEY MARIE                          | 1,                   | 1983    | 38  | W    | F    |
| Address         | 5920 BENTLEY WAY , CUMMING, GA 30040-           |                      | H:      |     |      |      |
| Empl/Addr       |   |                      | B:      |     |      |      |
|                 |   | Mol                  |         |     |      |      |
| <b>2</b> ) VI 5 | Juvenile  | 3                    | 0       |     |      |      |
| Address         | 3   |                      | H:      |     |      |      |
| Empl/Addr       |   |                      | B:      |     |      |      |
|                 |   | Mol                  | bile #: |     |      |      |
| <b>3</b> ) CM 1 | LUNSFORD, RICHARD DAVID                         |                      | 1955    | 66  | W    | M    |
| Address         | 614 FOXHOLLOW LN , ALPHARETTA, GA 30004-        |                      | H:      |     |      |      |
| Empl/Addr       |   |                      | B:      |     |      |      |
|                 |   | Mol                  | bile #: |     |      |      |
| <b>4</b> ) VI 6 | LUNSFORD, SARAH JOSEPHINE                       | 2                    | 1983    | 38  | W    | F    |
| Address         | 37725 DUNVEGAN CLOSE , SANDY SPRINGS, GA 30350- |                      | H:      |     |      |      |
| Empl/Addr       |   |                      | B:      |     |      |      |
|                 |   | Mol                  | bile #: |     |      |      |
| <b>5</b> ) VI 7 | State Of Georgia                                | 6                    |         |     |      |      |
| Address         | 3   |                      | H:      |     |      |      |
| Empl/Addr       |   |                      | B:      |     |      |      |
|                 |   | Mol                  | bile #: |     |      |      |