	Agency Name Forsyth County Sheriff`s Office							INCIDENT REPORT PUBLIC COPY					Case# <b>2020-021229</b>						
INCIDENT DATA	ORI												Date /	1 ime 1 02/2	Reported <b>6/2020</b>	00:13 Wed			
	GA0580000							Dramina Type				<del></del>		Last K		Secure 5/2020	00:12 Wed		
	Location of Incident 1655 BUFORD HWY, Cumming GA 30							Premise Type Residence/home				one/Trad <b>S71</b>	t	At Fou	nd	6/2020	00:13 Wed		
	#1 Crime Incident(s) Possession Of Methamphetamine - F 16-13-30(A)*						(Com) Weapon / Tools None								Activity P				
							F	Entry			Exit		Security			,	· ·		
	#2 Crime Incident Drug Related Objects: Possession Of - M							(Com)	Weapon	/ Tools No	ne	e e						Activity   P	
	16-13-32.2						M	Entry	Entry Exit			Security			,				
	#3 Crime Incident Dui -driving Under The Influence Of Drugs							(Com)	Weapon	/ Tools No	None			•			Activity N		
			-6-391			derice	OI DIQ	M	Entry			Exit			Se	curity	,	•	
МО	Fo	rce l	Jsed/A	ssaulted Vio	ctim														
	# of	f Vict	ims 1	Type:	SOC	IETY/	PUBLIC	;	Injury:							Domestic: NO			
	Victim/Business Name (Last, First, Middle)								Victim of   D			DOB				esident Statu			
V	V1 State Of Georgia									Crime #   1,2,3,   Age					Onenc			Branch/Status	
C T I M	Home Address Home P										Phone								
	Employer Name/Address											Busir	Business Phone			Mobile P	hone		
	VYR Make Model Style							Color Lic/Lis				   VIN							
			: \/_\/i	ctim (Denote	\/2 \/'			other than			a Parc	on (if oth	ner than	victim'	١				
0	CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)  Type: Injury:																		
Ť H	Code Name (Last, First, Middle) Victim of Crime #									[	DOB Race Sex Relationship R To Offender			esident Statu	IS Military Branch/Status				
Е	Home Address									Age					Home Phone				
R S																			
ı	Employer Name/Address Business Phone											Mobile P	hone						
N V	Type: Injury:																		
O	Code Name (Last, First, Middle)								Crime #		Race s		lations Offend		esident Statu	IS Military Branch/Status			
L V	Home Address								Age					11	l Home	Phone			
D	Employer Name/Address												L Durain	5				lla a a a	
		' '												iess P			Mobile P		
	1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown ("OJ" = Recovered for Other Jurisdiction)																		
	VI Status Value OJ QTY						Property Description				Make/Model				Serial Number				
	1 11 EVID \$0.00 1 DRUG/N						NARCOTIC EQUIPMENT GLA				GLASS	.SS/Pipe							
P R O P E R T																			
Ý																			
	De	puty/l	D#	ROBERTS	S, S.	J. (UF	D, SP	CT) (B310	01)								·		
		est II		(0)				6:							3, W. I	Ξ. (U	PD, NPC	CT) (B2410)	
Status	tatus Complainant Signature Classe Status Arrest 02/26/2020					Case Disposition: Page 1													

02/26/2020

## **Incident Report Additional Offense List**

## Forsyth County Sheriff's Office

OCA: 2020-021229

Offense 1	List (	Cont	inued	)
Official a		COLL	mucu	.,

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Counter	Offense Description	Fel/Misd	Statute	Completed/Attempted
#4	OBSTRUCTION OF POLICE - OTHER - M	M	16-10-24*	Com
# 5	REMOVAL OR ATTEMPTED REMOVAL OF WEAPON F	F	16-10-33	Com
#6	DRIVING WHILE LICENSE SUSPENDED OR REVOK	M	40-5-121	Com
# 7	FAILURE TO MAINTAIN LANE - M	M	40-6-48	Com