

BALDWIN COUNTY S.O. - NIBRS INCIDENT REPORT

PUBLIC COPY

INITIAL REPORT

Report ID: 20231207110043000026998

CASE NUMBER

202310651

CAD NUMBER

AGENCY ORI
GA0050000

Event								
INCIDENT LOCATION		STATE	ZIP	ZONE	Loc. Code			
110 Brookins Circle Ne Lot B, Milledgeville		GA	31061	4 4				
INCIDENT DATE	TIME	DATE	TIME	DAY OF THE WEEK (INCIDENT):		Description		
01/16/2023	14:51	TO 01/16/2023	14:56	MONDAY				
WEATHER CONDITIONS		DISCOVERED BY		CARGO THEFT INVOLVED?				
CLEAR		OFFICER ON PATROL		<input type="checkbox"/> Yes <input type="checkbox"/> No				
State/GCIC								
OCA	ACTION	PERSON	WARRANT	VEHICLE	ARTICLE	BOAT	GUN	SECURITIES
Administration								
EVIDENCE COLLECTED?	<input type="checkbox"/> N	PHOTOS TAKEN?	<input type="checkbox"/> Y	FOLLOW UP - PATROL?	<input type="checkbox"/> N	CLEARANCE DATE	01/16/2023	
PRINTS TAKEN?	<input type="checkbox"/> N	COMPLAINT UNFOUNDED?	<input type="checkbox"/> N	FOLLOW UP - DETECTIVES?	<input type="checkbox"/> N	CASE STATUS	CLEARED BY ARREST	
BIO./DNA EVIDENCE?	<input type="checkbox"/> N	WILLING TO PROSECUTE?	<input type="checkbox"/> Y	RESPONSE CODE		TOTAL OFFENDERS	1	
BODY CAMERA USE?	<input type="checkbox"/> Y	IN CAR CAMERA USE?	<input type="checkbox"/> N	TASER USE?	<input type="checkbox"/> Y	REVIEWED BY		
REPORT DATE/TIME	01/16/2023	15:58	COMPSTAT		REVIEWED DATE			
REPORTING OFFICER	93	BRANDON TOWE		DIVISION ASSIGNED				
VEHICLE NUMBER	729	APPROVING OFFICER		ASSIGNED DATE				
APPROVED DATE	01/17/2023	BRANDON TOWE		INVESTIGATOR ASSIGNED				
				ASSIGNED DATE				
Offense # 1								
OFFENSE STATUTE:	OFFENSE DESCRIPTION:			COUNTS:	OFFENSE STATUS:			
16-10-24(A)	OBSTRUCTION OF OFFICERS-MISD			1	Completed			
NIBRS OFFENSE CODE:	OFFENSE DESCRIPTION:							
90Z	All Other Offenses							
OFFENSE LOCATION:	HATE CRIME:		Bias Motivations: (1) 88-None (No Bias)					
20-Residence/Home	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		(2)					
Drug Related?	Drug Type:		(3)					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			(4)					
			(5)					
Offender Suspected of Using: (Choose up to 3)				IF BURGLARY, METHOD OF ENTRY:				
<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs/Narcotics <input type="checkbox"/> Computer Equipment <input checked="" type="checkbox"/> Not Applicable				(For Burglary Only) NUMBER OF PREMISES:				
Gang Related?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Gang Name:						
WEAPON TYPE/FORCE USED:		AUTOMATIC WEAPON:		TYPE OF CRIMINAL ACTIVITY:				
(Can list up to 3)		(Can only be YES if firearm)		(Can list up to 3)				
(1)		<input type="checkbox"/> Yes <input type="checkbox"/> No	(1)					
(2)		<input type="checkbox"/> Yes <input type="checkbox"/> No	(2)					
(3)		<input type="checkbox"/> Yes <input type="checkbox"/> No	(3)					