BALDWIN COUNTY S.O. - NIBRS INCIDENT REPORT

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AGENCY ORI GA0050000 Report ID: 20231207110112000027000 CASE NUMBER 202312836 CAD NUMBER

Event INCIDENT LOCATION Loc. Code STATE 7IP ZONE 150 Harrisurg Road Sw, Milledgeville GΑ 31061 Description INCIDENT DATE TIME DATE TIME DAY OF THE WEEK (INCIDENT): 03/05/2023 14:00 03/05/2023 15:00 SUNDAY WEATHER CONDITIONS **CARGO THEFT INVOLVED?** DISCOVERED BY Yes No CLEAR COMPLAINANT State/GCIC ACTION OCA WARRANT VEHICLE ARTICLE SECURITIES BOAT GUN Administration Υ PHOTOS TAKEN? FOLLOW UP - PATROL? Ν EVIDENCE COLLECTED? CLEARANCE DATE 03/05/2023 Ν CASE STATUS PRINTS TAKEN? Ν COMPLAINT UNFOUNDED? FOLLOW UP - DETECTIVES? Ν CLEARED BY ARREST BIO./DNA EVIDENCE? Ν WILLING TO PROSECUTE? RESPONSE CODE TOTAL OFFENDERS BODY CAMERA USE? IN CAR CAMERA USE? Ν TASER USE? REPORT DATE/TIME 03/05/2023 15:09 COMPSTAT REVIEWED BY JORDAN CARPENTER 20 REPORTING OFFICER REVIEWED DATE 709 VEHICLE NUMBER **DIVISION ASSIGNED** APPROVING OFFICER **BRANDON TOWE** 93 ASSIGNED DATE APPROVED DATE 03/06/2023 INVESTIGATOR ASSIGNED ASSIGNED DATE Offense # 1 OFFENSE STATUTE: OFFENSE DESCRIPTION: COUNTS: OFFENSE STATUS: **CRIMINAL TRESPASS** 16-7-21 Completed NIBRS OFFENSE CODE: OFFENSE DESCRIPTION: Trespass Of Real Property 90J HATE CRIME: OFFENSE LOCATION: Bias Motivations: (1) 88-None (No Bias) 20-Residence/Home Yes Х No (2) (3) Drug Related? Drug Type: (4) Yes X No (5) Offender Suspected of Using: (Choose up to 3) IF BURGLARY, METHOD OF ENTRY: Computer Equipment X Not Applicable Drugs/Narcotics Alcohol (For Burglary Only) NUMBER OF PREMISES: Gang Related? Gang Name: X No Yes TYPE OF CRIMINAL ACTIVITY: WEAPON TYPE/FORCE USED: **AUTOMATIC WEAPON:** (Can list up to 3) (Can only be YES if firearm) (Can list up to 3) (1) (1) Yes Nο (2) (2) Yes No (3) (3) Yes Offense # 2 OFFENSE DESCRIPTION: OFFENSE STATUTE: COUNTS: **OFFENSE STATUS:** 16-7-87 **OBSTRUCTION OF LAW ENFORCEMENT OFFICERS** Completed NIBRS OFFENSE CODE: OFFENSE DESCRIPTION: 90Z All Other Offenses OFFENSE LOCATION: HATE CRIME: Bias Motivations: (1) 88-None (No Bias) 20-Residence/Home Yes X No (2) **Drug Related?** Drug Type: (3) (4) Yes X No (5) Offender Suspected of Using: (Choose up to 3) IF BURGLARY, METHOD OF ENTRY: Computer Equipment X Not Applicable Alcohol Drugs/Narcotics (For Burglary Only) NUMBER OF PREMISES: Gang Related? Х No **Gang Name:** TYPE OF CRIMINAL ACTIVITY: WEAPON TYPE/FORCE USED: **AUTOMATIC WEAPON:** (Can list up to 3) (Can only be YES if firearm) (Can list up to 3) (1) (1) (2) Yes No (2) (3) No (3) Yes