

# BALDWIN COUNTY S.O. - NIBRS INCIDENT REPORT

PUBLIC COPY

INITIAL REPORT

Report ID: 20231207110148000027004

CASE NUMBER

202315274

CAD NUMBER

AGENCY ORI  
GA0050000

Event						
INCIDENT LOCATION		STATE	ZIP	ZONE	Loc. Code	
112 Central Avenue, Milledgeville		GA	31061	3 3		
INCIDENT DATE	TIME	DATE	TIME	DAY OF THE WEEK (INCIDENT):		Description
04/24/2023	22:50	TO 04/24/2023	23:01	MONDAY		
WEATHER CONDITIONS		DISCOVERED BY		CARGO THEFT INVOLVED?		
CLEAR		COMPLAINANT		<input type="checkbox"/> Yes <input type="checkbox"/> No		

State/GCIC								
OCA	ACTION	PERSON	WARRANT	VEHICLE	ARTICLE	BOAT	GUN	SECURITIES
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Administration							
EVIDENCE COLLECTED?	<input type="checkbox"/> N	PHOTOS TAKEN?	<input type="checkbox"/> Y	FOLLOW UP - PATROL?	<input type="checkbox"/> N	CLEARANCE DATE	04/25/2023
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	
BODY CAMERA USE?	<input type="checkbox"/> Y	IN CAR CAMERA USE?	<input type="checkbox"/> N	TASER USE?	<input type="checkbox"/> Y		
REPORT DATE/TIME	04/25/2023	04:27	COMPSTAT		REVIEWED BY		
REPORTING OFFICER	80	KELLI GOSS			REVIEWED DATE		
VEHICLE NUMBER					DIVISION ASSIGNED		
APPROVING OFFICER	39	JEROME ROBERTS			ASSIGNED DATE		
APPROVED DATE	04/25/2023				INVESTIGATOR ASSIGNED		
					ASSIGNED DATE		

Offense # 1			
OFFENSE STATUTE:	OFFENSE DESCRIPTION:	COUNTS:	OFFENSE STATUS:
16-10-24	OBSTRUCTION OF OFFICERS	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)

Offense # 2			
OFFENSE STATUTE:	OFFENSE DESCRIPTION:	COUNTS:	OFFENSE STATUS:
16-7-21	CRIMINAL TRESPASS	1	Completed
NIBRS OFFENSE CODE:	OFFENSE DESCRIPTION:		
90J	Trespass Of Real Property		
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)