

BALDWIN COUNTY S.O. - NIBRS INCIDENT REPORT

PUBLIC COPY

INITIAL REPORT

Report ID: 20231207110133000027002

CASE NUMBER

202315402

CAD NUMBER

AGENCY ORI
GA0050000

Event								
INCIDENT LOCATION		STATE	ZIP	ZONE	Loc. Code			
2809 North Columbia Street, Milledgeville		GA	31061	1 1				
INCIDENT DATE	TIME	DATE	TIME	DAY OF THE WEEK (INCIDENT):	Description			
04/26/2023	16:00	TO 04/26/2023	16:30	WEDNESDAY	KROGER			
WEATHER CONDITIONS		DISCOVERED BY		CARGO THEFT INVOLVED?				
CLEAR		REPORTING PARTY		<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	04/26/2023	
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	04/26/2023	16:10	COMPSTAT		REVIEWED DATE			
REPORTING OFFICER	40	CECILIO REYES		DIVISION ASSIGNED				
VEHICLE NUMBER		APPROVING OFFICER	33 ERNESTO LOPEZ		ASSIGNED DATE			
APPROVED DATE	04/27/2023	INVESTIGATOR ASSIGNED			ASSIGNED DATE			
Offense # 1								
OFFENSE STATUTE:	OFFENSE DESCRIPTION:			COUNTS:	OFFENSE STATUS:			
16-10-24(B)	OBSTRUCTION OF OFFICERS-FELONY			1	Completed			
NIBRS OFFENSE CODE:	OFFENSE DESCRIPTION:							
90Z	All Other Offenses							
OFFENSE LOCATION:	HATE CRIME:		Bias Motivations: (1) 88-None (No Bias)					
12-Grocery/Supermarket	<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)					
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)					