

BALDWIN COUNTY S.O. - NIBRS INCIDENT REPORT

PUBLIC COUNTY

INITIAL REPORT

Report ID: 20231207110007000026994

CASE NUMBER

202315912

CAD NUMBER

AGENCY ORI
GA0050000

| Event | | | | | | | |
|--|---|---|---|--|---|--------------------------|--------------------------|
| INCIDENT LOCATION 103 Lumpkin Road, Milledgeville | | STATE GA | ZIP 31061 | ZONE 1 | Loc. Code 1 | | |
| INCIDENT DATE 05/07/2023 | TIME 13:35 | DATE 05/07/2023 | TIME 14:11 | DAY OF THE WEEK (INCIDENT): SUNDAY | | Description | |
| WEATHER CONDITIONS CLEAR | | DISCOVERED BY OFFICER ON PATROL | | CARGO THEFT INVOLVED? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| State/GCIC | | | | | | | |
| OCA | | ACTION | | PERSON | WARRANT | VEHICLE | ARTICLE |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <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 checked="" type="checkbox"/> Y | PHOTOS TAKEN? | <input checked="" type="checkbox"/> Y | FOLLOW UP - PATROL? | <input type="checkbox"/> N | CLEARANCE DATE | 05/07/2023 |
| 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 checked="" type="checkbox"/> Y | RESPONSE CODE | | TOTAL OFFENDERS | 1 |
| BODY CAMERA USE? | <input checked="" type="checkbox"/> Y | IN CAR CAMERA USE? | <input type="checkbox"/> N | TASER USE? | <input checked="" type="checkbox"/> Y | | |
| REPORT DATE/TIME | 05/07/2023 | 15:15 | COMPSTAT | | | | |
| REPORTING OFFICER | 33 | ERNESTO LOPEZ | | | REVIEWED BY | | |
| VEHICLE NUMBER | 737 | | | | REVIEWED DATE | | |
| APPROVING OFFICER | 33 | ERNESTO LOPEZ | | | DIVISION ASSIGNED | | |
| APPROVED DATE | | | | | ASSIGNED DATE | | |
| | | | | INVESTIGATOR ASSIGNED | | | |
| | | | | ASSIGNED DATE | | | |
| Offense # 1 | | | | | | | |
| OFFENSE STATUTE: 16-7-21 | OFFENSE DESCRIPTION: CRIMINAL TRESPASS | | | COUNTS: 1 | OFFENSE STATUS: Completed | | |
| NIBRS OFFENSE CODE: 90Z | OFFENSE DESCRIPTION: All Other Offenses | | | | | | |
| OFFENSE LOCATION: 20-Residence/Home | | | HATE CRIME: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Bias Motivations: (1) 88-None (No Bias) | | | |
| Drug Related? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Drug Type: | | | | |
| | | | | | | | |
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| | | | | | | | |
| Offender Suspected of Using: (Choose up to 3) <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs/Narcotics <input type="checkbox"/> Computer Equipment <input checked="" type="checkbox"/> Not Applicable | | | | IF BURGLARY, METHOD OF ENTRY: (For Burglary Only) NUMBER OF PREMISES: | | | |
| Gang Related? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Gang Name: | | | | |
| WEAPON TYPE/FORCE USED: (Can list up to 3) | | | AUTOMATIC WEAPON: (Can only be YES if firearm) | | TYPE OF CRIMINAL ACTIVITY: (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: 16-10-24(B) | OFFENSE DESCRIPTION: OBSTRUCTION OF OFFICERS-FELONY | | | COUNTS: 3 | OFFENSE STATUS: Completed | | |
| NIBRS OFFENSE CODE: 90Z | OFFENSE DESCRIPTION: All Other Offenses | | | | | | |
| OFFENSE LOCATION: 20-Residence/Home | | | HATE CRIME: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Bias Motivations: (1) 88-None (No Bias) | | | |
| Drug Related? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Drug Type: | | | | |
| | | | | | | | |
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| | | | | | | | |
| Offender Suspected of Using: (Choose up to 3) <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs/Narcotics <input type="checkbox"/> Computer Equipment <input checked="" type="checkbox"/> Not Applicable | | | | IF BURGLARY, METHOD OF ENTRY: (For Burglary Only) NUMBER OF PREMISES: | | | |
| Gang Related? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Gang Name: | | | | |
| WEAPON TYPE/FORCE USED: (Can list up to 3) | | | AUTOMATIC WEAPON: (Can only be YES if firearm) | | TYPE OF CRIMINAL ACTIVITY: (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) | | | |