

BALDWIN COUNTY S.O. - NIBRS INCIDENT REPORT

PUBLIC COUNTY

INITIAL REPORT

Report ID: 20231207110027000026996

CASE NUMBER

202317524

CAD NUMBER

AGENCY ORI
GA0050000

| Event | | | | | |
|---|--|--|--|---|---|
| INCIDENT LOCATION 1113 North Elbert Street, Milledgeville | | STATE GA | ZIP 31061 | ZONE 1 1 | Loc. Code 1 BY THE HOUSE |
| INCIDENT DATE 06/04/2023 | TIME 15:02 | TO DATE 06/04/2023 | TIME 15:30 | 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 <input type="checkbox"/> | WARRANT <input type="checkbox"/> | VEHICLE <input type="checkbox"/> |
| | | | ARTICLE <input type="checkbox"/> | BOAT <input type="checkbox"/> | GUN <input type="checkbox"/> |
| | | | SECURITIES <input type="checkbox"/> | | |
| Administration | | | | | |
| EVIDENCE COLLECTED? PRINTS TAKEN? BIO./DNA EVIDENCE? BODY CAMERA USE? REPORT DATE/TIME REPORTING OFFICER VEHICLE NUMBER APPROVING OFFICER APPROVED DATE | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 06/04/2023 40 33 06/06/2023 | PHOTOS TAKEN? COMPLAINT UNFOUNDED? WILLING TO PROSECUTE? IN CAR CAMERA USE? COMPSTAT | <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | FOLLOW UP - PATROL? FOLLOW UP - DETECTIVES? RESPONSE CODE TASER USE? | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> |
| | | 06/04/2023 15:02 | | REVIEWED BY | 06/04/2023 |
| | | CECILIO REYES | | REVIEWED DATE | |
| | | ERNESTO LOPEZ | | DIVISION ASSIGNED | |
| | | | | ASSIGNED DATE | |
| | | | | INVESTIGATOR ASSIGNED | |
| | | | | ASSIGNED DATE | |
| Offense # 1 | | | | | |
| OFFENSE STATUTE: 16-13-30(A) | OFFENSE DESCRIPTION: POSSESSION OF SCHEDULE II DRUG(S) | COUNTS: 1 | OFFENSE STATUS: Completed | | |
| NIBRS OFFENSE CODE: 35A | OFFENSE DESCRIPTION: Drugs/Narcotics Violation | | | | |
| OFFENSE LOCATION: 13-Highway/Road/Alley/Street/Sidewalk | HATE CRIME: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Bias Motivations: (1) 88-None (No Bias) | | | |
| Drug Related? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Drug Type: 1-Crack Cocaine | (2) | | | |
| | | (3) | | | |
| | | (4) | | | |
| | | (5) | | | |
| 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) POSSESSING/CONCEALING | | | |
| (2) | <input type="checkbox"/> Yes <input type="checkbox"/> No | (2) | | | |
| (3) | <input type="checkbox"/> Yes <input type="checkbox"/> No | (3) | | | |
| Offense # 2 | | | | | |
| OFFENSE STATUTE: 16-13-30(A) | OFFENSE DESCRIPTION: POSSESSION OF SCHEDULE II DRUG(S) | COUNTS: 1 | OFFENSE STATUS: Completed | | |
| NIBRS OFFENSE CODE: 35A | OFFENSE DESCRIPTION: Drugs/Narcotics Violation | | | | |
| OFFENSE LOCATION: 13-Highway/Road/Alley/Street/Sidewalk | HATE CRIME: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Bias Motivations: (1) 88-None (No Bias) | | | |
| Drug Related? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Drug Type: 2-Powder Cocaine | (2) | | | |
| | | (3) | | | |
| | | (4) | | | |
| | | (5) | | | |
| 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) POSSESSING/CONCEALING | | | |
| (2) | <input type="checkbox"/> Yes <input type="checkbox"/> No | (2) | | | |
| (3) | <input type="checkbox"/> Yes <input type="checkbox"/> No | (3) | | | |