

BALDWIN COUNTY S.O. - NIBRS INCIDENT REPORT

PUBLIC COPY

INITIAL REPORT

Report ID: 20231207110224000027008

CASE NUMBER

202320333

CAD NUMBER

AGENCY ORI
GA0050000

Event						
INCIDENT LOCATION 276 Colony Farm Road, Milledgeville		STATE GA	ZIP 31061	ZONE 2 2	Loc. Code	
INCIDENT DATE 07/26/2023	TIME 10:55	TO DATE 07/26/2023	TIME 11:03	DAY OF THE WEEK (INCIDENT): WEDNESDAY		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?	<input type="checkbox"/> N	PHOTOS TAKEN?	<input type="checkbox"/> N	FOLLOW UP - PATROL?	<input type="checkbox"/> N	CLEARANCE DATE 07/26/2023
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 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	07/26/2023	15:58	COMPSTAT		REVIEWED BY	
REPORTING OFFICER	52	KEANTE BUTTS			REVIEWED DATE	
VEHICLE NUMBER	750				DIVISION ASSIGNED	
APPROVING OFFICER	58	ASHLEY BROWN			ASSIGNED DATE	
APPROVED DATE	07/27/2023				INVESTIGATOR ASSIGNED	
					ASSIGNED DATE	
Offense # 1						
OFFENSE STATUTE: 16-10-24(A)	OFFENSE DESCRIPTION: OBSTRUCTION OF OFFICERS-MISD			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:		(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)			
(2)	<input type="checkbox"/> Yes <input type="checkbox"/> No		(2)			
(3)	<input type="checkbox"/> Yes <input type="checkbox"/> No		(3)			