

BALDWIN COUNTY S.O. - NIBRS INCIDENT REPORT

PUBLIC COPY

INITIAL REPORT

Report ID: 20231207110207000027006

CASE NUMBER

202320460

CAD NUMBER

AGENCY ORI
GA0050000

Event						
INCIDENT LOCATION		STATE	ZIP	ZONE	Loc. Code	
721 Nelson Road, Milledgeville		GA	31061	5 5		
INCIDENT DATE	TIME	DATE	TIME	DAY OF THE WEEK (INCIDENT):		Description
07/27/2023	22:25	TO 07/27/2023	23:11	THURSDAY		
WEATHER CONDITIONS		DISCOVERED BY		CARGO THEFT INVOLVED?		
		OFFICER ON PATROL		<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"/> N	FOLLOW UP - PATROL?	<input type="checkbox"/> N	CLEARANCE DATE	
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	07/28/2023	01:58	COMPSTAT		REVIEWED BY		
REPORTING OFFICER	51	BENJAMIN JOHNSON			REVIEWED DATE		
VEHICLE NUMBER					DIVISION ASSIGNED		
APPROVING OFFICER	21	JERRY WILLIAMSON			ASSIGNED DATE		
APPROVED DATE	07/28/2023				INVESTIGATOR ASSIGNED		
					ASSIGNED DATE		

Offense # 1

OFFENSE STATUTE: 16-10-24(A)	OFFENSE DESCRIPTION: OBSTRUCTION OF OFFICERS-MISD	COUNTS: 1	OFFENSE STATUS: Completed
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NIBRS OFFENSE CODE: 90Z	OFFENSE DESCRIPTION: All Other Offenses
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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:
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Gang Related? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Gang Name:
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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)