

RESPONSE TO RESISTANCE REPORT

RESPONSE TO RESISTANCE INCIDENT DETAILS										
INCIDENT DATA	Case Number 2023-04-09723		Incident Date / Time 04/13/2023 16:16			TYPE	<input type="checkbox"/> Assisting Other Agency		<input type="checkbox"/> Dispatch Animal	
	Location Occurred MYRTLE LN STATESBORO, GA						<input checked="" type="checkbox"/> Attempting Arrest		<input type="checkbox"/> Vehicle Pursuit	
	Weather		Lighting		Location		<input type="checkbox"/> Domestic		<input type="checkbox"/> Traffic Stop	
	<input checked="" type="checkbox"/> Clear		<input checked="" type="checkbox"/> Daylight		<input type="checkbox"/> Indoor		<input type="checkbox"/> Suspicious Person		<input type="checkbox"/> Other Reason	
INCIDENT DATA	<input type="checkbox"/> Cloudy		<input type="checkbox"/> Darkness		<input type="checkbox"/> Outdoor		<input type="checkbox"/> Necessary to Effect Arrest		<input type="checkbox"/> To Defend Self	
	<input type="checkbox"/> Raining		<input type="checkbox"/> Artificial		<input checked="" type="checkbox"/> Other		<input type="checkbox"/> For Investigative Detention		<input type="checkbox"/> To Defend Another	
	<input type="checkbox"/> Other		<input type="checkbox"/> Other		Officers at Scene 5		<input type="checkbox"/> Prevention of Violent Crime		<input type="checkbox"/> Restrain for Subjects Safety	
					Officers Involved				<input type="checkbox"/> Other Reason	
				Subjects Involved 1						
				Witnesses at Scene 0						
INCIDENT REMARKS	REASON									
	Remark:									
INCIDENT REMARKS	TYPE									
	Remark:									
OFFICERS	Officer Name		Race		Sex		Age			
	SAXON, JAKE ELLIOT		W		M		35			
	<input checked="" type="checkbox"/> On Duty		<input checked="" type="checkbox"/> At Scene		<input checked="" type="checkbox"/> Primary Officer when Incident occurred		Years of Service at time of Incident: 14			
	<input type="checkbox"/> In Uniform		<input checked="" type="checkbox"/> Involved		<input type="checkbox"/> On Duty Supervisor when Incident occurred					
	MAXWELL, AUSTIN LEON		W		M		27			
	<input checked="" type="checkbox"/> On Duty		<input checked="" type="checkbox"/> At Scene		<input checked="" type="checkbox"/> Primary Officer when Incident occurred		Years of Service at time of Incident:			
	<input checked="" type="checkbox"/> In Uniform		<input checked="" type="checkbox"/> Involved		<input type="checkbox"/> On Duty Supervisor when Incident occurred					
	NESMITH, MARCUS T		W		M		41			
	<input checked="" type="checkbox"/> On Duty		<input checked="" type="checkbox"/> At Scene		<input checked="" type="checkbox"/> Primary Officer when Incident occurred		Years of Service at time of Incident:			
	<input checked="" type="checkbox"/> In Uniform		<input checked="" type="checkbox"/> Involved		<input type="checkbox"/> On Duty Supervisor when Incident occurred					
GAY, DANIEL ALEXANDER		W		M		33				
<input checked="" type="checkbox"/> On Duty		<input checked="" type="checkbox"/> At Scene		<input checked="" type="checkbox"/> Primary Officer when Incident occurred		Years of Service at time of Incident:				
<input checked="" type="checkbox"/> In Uniform		<input checked="" type="checkbox"/> Involved		<input type="checkbox"/> On Duty Supervisor when Incident occurred						
SCHIELIE, AARON GAGE		W		M		28				
<input checked="" type="checkbox"/> On Duty		<input checked="" type="checkbox"/> At Scene		<input checked="" type="checkbox"/> Primary Officer when Incident occurred		Years of Service at time of Incident:				
<input checked="" type="checkbox"/> In Uniform		<input checked="" type="checkbox"/> Involved		<input type="checkbox"/> On Duty Supervisor when Incident occurred						
SUBJECTS	NAME		RACE		SEX		DATE OF BIRTH		AGE	
	MCDANIEL, JOHN CHRISTOPHER		W		M		1979		44	
	ADDRESS		HEIGHT		WEIGHT		HAIR		EYES	
	MYRTLE LANE STATESBORO, GA 30458		511		180		BROWN		BRO	
	DL St.		DL Number		Phone		Cell Phone			
Under Influence		Charges								
<input type="checkbox"/> Under Influence Drugs/Alcohol		16-11-39		DISORDERLY CONDUCT						
Remarks:		16-10-24		OBSTRUCTION OF LAW ENFORCEMENT						
WITNESSES	Witness Name		Address			Race		Sex	Age	

RESPONSE TO RESISTANCE REPORT

RESPONSE TO RESISTANCE INCIDENT DETAILS												
INCIDENT DATA	Case Number 2023-04-10526		Incident Date / Time 04/20/2023 01:06			TYPE	<input type="checkbox"/> Assisting Other Agency		<input type="checkbox"/> Dispatch Animal			
	Location Occurred MORRIS HEIGHTS APT BLDG ■						<input checked="" type="checkbox"/> Attempting Arrest	<input type="checkbox"/> Vehicle Pursuit		<input type="checkbox"/> Traffic Stop		
	Weather	Lighting	Location	Number of			REASON	<input type="checkbox"/> Domestic		<input type="checkbox"/> Other Reason		
	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Daylight	<input type="checkbox"/> Indoor	Officers at Scene 0				<input type="checkbox"/> Suspicious Person		<input type="checkbox"/> Necessary to Effect Arrest		<input type="checkbox"/> To Defend Self
<input type="checkbox"/> Cloudy	<input checked="" type="checkbox"/> Darkness	<input checked="" type="checkbox"/> Outdoor	Officers Involved			<input type="checkbox"/> For Investigative Detention		<input type="checkbox"/> To Defend Another		<input type="checkbox"/> Restrain for Subjects Safety		
<input type="checkbox"/> Raining	<input type="checkbox"/> Artificial	<input type="checkbox"/> Other	Subjects Involved 1			<input type="checkbox"/> Prevention of Violent Crime		<input type="checkbox"/> Other Reason				
<input type="checkbox"/> Other	<input type="checkbox"/> Other		Witnesses at Scene 0									
INCIDENT REMARKS	TYPE	Remark:										
	REASON	Remark:										
OFFICERS	Officer Name		Race	Sex	Age							
	MAXWELL, AUSTIN LEON		W	M	27	Years of Service at time of Incident:						
<input type="checkbox"/> On Duty		<input type="checkbox"/> At Scene	<input type="checkbox"/> Primary Officer when Incident occurred									
<input type="checkbox"/> In Uniform		<input type="checkbox"/> Involved	<input type="checkbox"/> On Duty Supervisor when Incident occurred									
SUBJECTS	NAME		RACE	SEX	DATE OF BIRTH	AGE						
	LINDER, BRYAN		B	M	1982	41						
	ADDRESS		HEIGHT	WEIGHT	HAIR	EYES						
	■ SOLOMAN CIR STATESBORO, GA 30458		509	165	BLK	BRO						
			DL St.	DL Number	Phone	Cell Phone						
Under Influence					Charges							
<input type="checkbox"/> Under Influence Drugs/Alcohol												
Remarks:												
WITNESSES	Witness Name	Address			Race	Sex	Age					
OTHER	Other Name	Address			Race	Sex	Age					

RESPONSE TO RESISTANCE REPORT

RESPONSE TO RESISTANCE INCIDENT DETAILS

INCIDENT DATA	Case Number 2023-05-13634	Incident Date / Time 05/21/2023 11:26	TYPE	<input type="checkbox"/> Assisting Other Agency	<input type="checkbox"/> Dispatch Animal		
	Location Occurred HWY 80 W @ HOPEULIKIT			<input checked="" type="checkbox"/> Attempting Arrest	<input type="checkbox"/> Vehicle Pursuit		
				<input type="checkbox"/> Domestic	<input type="checkbox"/> Traffic Stop		
	Weather	Lighting	Location	Number of	REASON	<input type="checkbox"/> Suspicious Person	<input type="checkbox"/> Other Reason
<input type="checkbox"/> Clear	<input checked="" type="checkbox"/> Daylight	<input type="checkbox"/> Indoor	Officers at Scene	4		<input type="checkbox"/> Necessary to Effect Arrest	<input type="checkbox"/> To Defend Self
<input checked="" type="checkbox"/> Cloudy	<input type="checkbox"/> Darkness	<input checked="" type="checkbox"/> Outdoor	Officers Involved			<input type="checkbox"/> For Investigative Detention	<input type="checkbox"/> To Defend Another
<input type="checkbox"/> Raining	<input type="checkbox"/> Artificial	<input type="checkbox"/> Other	Subjects Involved	1		<input type="checkbox"/> Prevention of Violent Crime	<input type="checkbox"/> Restrain for Subjects Safety
<input type="checkbox"/> Other	<input type="checkbox"/> Other		Witnesses at Scene	0		<input type="checkbox"/> Other Reason	

INCIDENT REMARKS	TYPE	Remark:
	REASON	Remark:

	Officer Name	Race	Sex	Age
OFFICERS	BROWDER, JACOB			
	<input checked="" type="checkbox"/> On Duty	<input checked="" type="checkbox"/> At Scene	<input checked="" type="checkbox"/> Primary Officer when Incident occurred	Years of Service at time of Incident: 4
	<input checked="" type="checkbox"/> In Uniform	<input checked="" type="checkbox"/> Involved	<input type="checkbox"/> On Duty Supervisor when Incident occurred	
	OGLESBY, HUNTER			
	<input checked="" type="checkbox"/> On Duty	<input checked="" type="checkbox"/> At Scene	<input checked="" type="checkbox"/> Primary Officer when Incident occurred	Years of Service at time of Incident: 8
	<input checked="" type="checkbox"/> In Uniform	<input checked="" type="checkbox"/> Involved	<input type="checkbox"/> On Duty Supervisor when Incident occurred	
	FINCH, ANDREW			
	<input checked="" type="checkbox"/> On Duty	<input checked="" type="checkbox"/> At Scene	<input checked="" type="checkbox"/> Primary Officer when Incident occurred	Years of Service at time of Incident: 3
	<input checked="" type="checkbox"/> In Uniform	<input checked="" type="checkbox"/> Involved	<input type="checkbox"/> On Duty Supervisor when Incident occurred	
	BROWN, JULIAN			
	<input checked="" type="checkbox"/> On Duty	<input checked="" type="checkbox"/> At Scene	<input checked="" type="checkbox"/> Primary Officer when Incident occurred	Years of Service at time of Incident: 3
	<input checked="" type="checkbox"/> In Uniform	<input checked="" type="checkbox"/> Involved	<input type="checkbox"/> On Duty Supervisor when Incident occurred	

SUBJECTS	NAME	RACE	SEX	DATE OF BIRTH	AGE
	CONLEY, ROBERT	B	M	/2000	23
	ADDRESS	HEIGHT	WEIGHT	HAIR	EYES
	BUCKHEAD RD MILLEN, GA 30442	509	180	BRN	BLK
	DL St.	DL Number	Phone	Cell Phone	

Under Influence	Charges
<input checked="" type="checkbox"/> Under Influence Drugs/Alcohol	
Remarks:	

WITNESSES	Witness Name	Address	Race	Sex	Age

OTHER	Other Name	Address	Race	Sex	Age

RESPONSE TO RESISTANCE REPORT

RESPONSE TO RESISTANCE INCIDENT DETAILS																													
INCIDENT DATA	Case Number 2023-05-14320		Incident Date / Time 05/29/2023 18:48			TYPE	<input type="checkbox"/> Assisting Other Agency		<input type="checkbox"/> Dispatch Animal																				
	Location Occurred ██████ EGRET PLACE						<input checked="" type="checkbox"/> Attempting Arrest		<input type="checkbox"/> Vehicle Pursuit																				
	Weather		Lighting		Location		<input type="checkbox"/> Domestic		<input type="checkbox"/> Traffic Stop																				
	<input type="checkbox"/> Clear		<input checked="" type="checkbox"/> Daylight		<input checked="" type="checkbox"/> Indoor		<input type="checkbox"/> Suspicious Person		<input type="checkbox"/> Other Reason																				
INCIDENT DATA	<input checked="" type="checkbox"/> Cloudy		<input type="checkbox"/> Darkness		<input type="checkbox"/> Outdoor		<input type="checkbox"/> Necessary to Effect Arrest		<input type="checkbox"/> To Defend Self																				
	<input type="checkbox"/> Raining		<input type="checkbox"/> Artificial		<input type="checkbox"/> Other		<input type="checkbox"/> For Investigative Detention		<input type="checkbox"/> To Defend Another																				
	<input type="checkbox"/> Other		<input type="checkbox"/> Other				<input type="checkbox"/> Prevention of Violent Crime		<input type="checkbox"/> Restrain for Subjects Safety																				
									<input type="checkbox"/> Other Reason																				
INCIDENT REMARKS	REASON																												
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 20px; text-align: center;">TYPE</th> <td colspan="9">Remark:</td> </tr> <tr> <th style="width: 20px; text-align: center;">REASON</th> <td colspan="9">Remark:</td> </tr> </table>										TYPE	Remark:									REASON	Remark:							
TYPE	Remark:																												
REASON	Remark:																												
OFFICERS	Officer Name		Race		Sex		Age																						
	FRENCH, WALTER ALLAN		H		M		37																						
	<input checked="" type="checkbox"/> On Duty		<input checked="" type="checkbox"/> At Scene		<input type="checkbox"/> Primary Officer when Incident occurred		Years of Service at time of Incident: 1																						
	<input checked="" type="checkbox"/> In Uniform		<input checked="" type="checkbox"/> Involved		<input type="checkbox"/> On Duty Supervisor when Incident occurred																								
OFFICERS	MCDANIEL, RONALD GENE		W		M		37																						
	<input checked="" type="checkbox"/> On Duty		<input checked="" type="checkbox"/> At Scene		<input checked="" type="checkbox"/> Primary Officer when Incident occurred		Years of Service at time of Incident: 1																						
	<input checked="" type="checkbox"/> In Uniform		<input checked="" type="checkbox"/> Involved		<input type="checkbox"/> On Duty Supervisor when Incident occurred																								
SUBJECTS	NAME		RACE		SEX		DATE OF BIRTH		AGE																				
	MENDOZA, MARCELINO		H		M		██████ 1970		53																				
	ADDRESS		HEIGHT		WEIGHT		HAIR		EYES																				
	██████ EGRET PL STATESBORO, GA 30458		507		173		BLK		BRO																				
	DL St.		DL Number		Phone		Cell Phone																						
	GA		██████		██████																								
SUBJECTS	Under Influence		Charges																										
	<input type="checkbox"/> Under Influence Drugs/Alcohol		16-10-24(A) OBSTRUCTION OF LAW ENFORCEMENT																										
SUBJECTS	Remarks: <input type="text"/>																												
WITNESSES	Witness Name		Address			Race		Sex	Age																				
WITNESSES	Other Name		Address			Race		Sex	Age																				
OTHER																													

RESPONSE TO RESISTANCE REPORT

RESPONSE TO RESISTANCE INCIDENT DETAILS

INCIDENT DATA	Case Number 2023-06-16930	Incident Date / Time 06/27/2023 23:15	TYPE	<input type="checkbox"/> Assisting Other Agency	<input type="checkbox"/> Dispatch Animal		
	Location Occurred W JONES/ S COLLEGE ST			<input checked="" type="checkbox"/> Attempting Arrest	<input type="checkbox"/> Vehicle Pursuit		
	Weather	Lighting		Location	<input type="checkbox"/> Domestic	<input type="checkbox"/> Traffic Stop	
<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Daylight	<input type="checkbox"/> Indoor	Officers at Scene	1	REASON		
<input type="checkbox"/> Cloudy	<input checked="" type="checkbox"/> Darkness	<input checked="" type="checkbox"/> Outdoor	Officers Involved			<input type="checkbox"/> Necessary to Effect Arrest	<input type="checkbox"/> To Defend Self
<input type="checkbox"/> Raining	<input type="checkbox"/> Artificial	<input type="checkbox"/> Other	Subjects Involved	2		<input type="checkbox"/> For Investigative Detention	<input type="checkbox"/> To Defend Another
<input type="checkbox"/> Other	<input type="checkbox"/> Other		Witnesses at Scene	0		<input type="checkbox"/> Prevention of Violent Crime	<input type="checkbox"/> Restrain for Subjects Safety
					<input type="checkbox"/> Other Reason		

INCIDENT REMARKS	TYPE	Remark:
	REASON	Remark:

OFFICERS	Officer Name CLOYD, AARON MICHAEL	Race W	Sex M	Age Years of Service at time of Incident: 4
	<input checked="" type="checkbox"/> On Duty	<input checked="" type="checkbox"/> At Scene	<input type="checkbox"/> Primary Officer when Incident occurred	
	<input checked="" type="checkbox"/> In Uniform	<input checked="" type="checkbox"/> Involved	<input type="checkbox"/> On Duty Supervisor when Incident occurred	

SUBJECTS	NAME SHATTEEN, JAIMION DERIQ	RACE B	SEX M	DATE OF BIRTH [REDACTED] 2009	AGE 14	
	ADDRESS LORETHA ST STATESBORO, GA 30458	HEIGHT 510	WEIGHT 140	HAIR BLK	EYES BRO	
	DL St. [REDACTED]	DL Number [REDACTED]	Phone [REDACTED]	Cell Phone [REDACTED]		
	Under Influence		Charges			
	<input type="checkbox"/> Under Influence Drugs/Alcohol					
	Remarks: [REDACTED]					
	NAME SHATTEEN, ERIC DONTRAVIUS	RACE B	SEX M	DATE OF BIRTH [REDACTED] 1994	AGE 29	
	ADDRESS [REDACTED] MICHEL STAPT [REDACTED] STATESBORO, GA 30458	HEIGHT 600	WEIGHT 150	HAIR BLK	EYES BRO	
	DL St. GA	DL Number [REDACTED]	Phone [REDACTED]	Cell Phone [REDACTED]		
	Under Influence		Charges			
<input type="checkbox"/> Under Influence Drugs/Alcohol						
Remarks: [REDACTED]						

WITNESSES	Witness Name	Address	Race	Sex	Age
OTHER	Other Name	Address	Race	Sex	Age

RESPONSE TO RESISTANCE REPORT

RESPONSE TO RESISTANCE INCIDENT DETAILS										
INCIDENT DATA	Case Number 2023-07-18612		Incident Date / Time 07/12/2023 00:00		TYPE	<input type="checkbox"/> Assisting Other Agency <input type="checkbox"/> Dispatch Animal <input checked="" type="checkbox"/> Attempting Arrest <input type="checkbox"/> Vehicle Pursuit <input type="checkbox"/> Domestic <input type="checkbox"/> Traffic Stop <input checked="" type="checkbox"/> Suspicious Person <input type="checkbox"/> Other Reason				
	Location Occurred ██████████ NEWTON RD					REASON	<input type="checkbox"/> Necessary to Effect Arrest <input type="checkbox"/> To Defend Self <input type="checkbox"/> For Investigative Detention <input type="checkbox"/> To Defend Another <input type="checkbox"/> Prevention of Violent Crime <input type="checkbox"/> Restrain for Subjects Safety <input type="checkbox"/> Other Reason			
	Weather	Lighting	Location	Number of						
	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Daylight <input type="checkbox"/> Indoor	<input type="checkbox"/> Cloudy <input checked="" type="checkbox"/> Darkness <input checked="" type="checkbox"/> Outdoor	Officers at Scene	2						
<input type="checkbox"/> Raining <input type="checkbox"/> Artificial <input type="checkbox"/> Other	<input type="checkbox"/> Other	Officers Involved								
		Subjects Involved	1							
		Witnesses at Scene	0							
INCIDENT REMARKS	TYPE	Remark: UNWANTED PERSON								
	REASON	Remark:								
OFFICERS	Officer Name		Race	Sex	Age					
	MCDANIEL, RONALD GENE		W	M		Years of Service at time of Incident: 1				
	<input checked="" type="checkbox"/> On Duty	<input checked="" type="checkbox"/> At Scene	<input type="checkbox"/> Primary Officer when Incident occurred							
	<input checked="" type="checkbox"/> In Uniform	<input checked="" type="checkbox"/> Involved	<input type="checkbox"/> On Duty Supervisor when Incident occurred							
REED, CHRISTOPHER JORDAN		B	M	27	Years of Service at time of Incident: 2					
<input checked="" type="checkbox"/> On Duty	<input checked="" type="checkbox"/> At Scene	<input type="checkbox"/> Primary Officer when Incident occurred								
<input checked="" type="checkbox"/> In Uniform	<input checked="" type="checkbox"/> Involved	<input type="checkbox"/> On Duty Supervisor when Incident occurred								
SUBJECTS	NAME		RACE	SEX	DATE OF BIRTH	AGE				
	MCNAMAR, ELTON CLAYTON		W	M	██████████ 1979	44				
	ADDRESS		HEIGHT	WEIGHT	HAIR	EYES				
	██████████ GA HWY 21 DUBLIN, GA 31027		508	190	BRN	BRO				
	DL St.		DL Number	Phone		Cell Phone				
	GA		██████████	██████████						
Under Influence				Charges						
<input checked="" type="checkbox"/> Under Influence Drugs/Alcohol										
Remarks: UNDER THE INFLUENCE OF ALCOHOL										
WITNESSES	Witness Name	Address	Race	Sex	Age					
OTHER	Other Name	Address	Race	Sex	Age					

RESPONSE TO RESISTANCE REPORT

RESPONSE TO RESISTANCE INCIDENT DETAILS										
INCIDENT DATA	Case Number 2023-07-19893		Incident Date / Time 07/28/2023 19:33			TYPE	<input type="checkbox"/> Assisting Other Agency <input type="checkbox"/> Dispatch Animal <input checked="" type="checkbox"/> Attempting Arrest <input type="checkbox"/> Vehicle Pursuit <input type="checkbox"/> Domestic <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Other Reason			
	Location Occurred MLK DR / ELM ST						REASON	<input type="checkbox"/> Necessary to Effect Arrest <input type="checkbox"/> To Defend Self <input type="checkbox"/> For Investigative Detention <input type="checkbox"/> To Defend Another <input type="checkbox"/> Prevention of Violent Crime <input type="checkbox"/> Restrain for Subjects Safety <input type="checkbox"/> Other Reason		
	Weather	Lighting	Location	Number of						
	<input checked="" type="checkbox"/> Clear	<input checked="" type="checkbox"/> Daylight	<input type="checkbox"/> Indoor	Officers at Scene	1					
<input type="checkbox"/> Cloudy	<input type="checkbox"/> Darkness	<input checked="" type="checkbox"/> Outdoor	Officers Involved							
<input type="checkbox"/> Raining	<input type="checkbox"/> Artificial	<input type="checkbox"/> Other	Subjects Involved	1						
<input type="checkbox"/> Other	<input type="checkbox"/> Other		Witnesses at Scene	0						
INCIDENT REMARKS	TYPE	Remark:								
	REASON	Remark:								
OFFICERS	Officer Name		Race	Sex	Age					
	MAXWELL, AUSTIN				Years of Service at time of Incident: 4					
<input checked="" type="checkbox"/> On Duty		<input checked="" type="checkbox"/> At Scene	<input checked="" type="checkbox"/> Primary Officer when Incident occurred							
<input checked="" type="checkbox"/> In Uniform		<input checked="" type="checkbox"/> Involved	<input type="checkbox"/> On Duty Supervisor when Incident occurred							
SUBJECTS	NAME		RACE	SEX	DATE OF BIRTH	AGE				
	SMITH, KENNETH DOERAN		B	M	1981	41				
	ADDRESS		HEIGHT	WEIGHT	HAIR	EYES				
	MILLER STREET EXT LOT STATESBORO, GA 30458		511	130	BLK	BRO				
	DL St.		DL Number	Phone		Cell Phone				
	GA									
Under Influence		Charges								
<input type="checkbox"/> Under Influence Drugs/Alcohol		16-13-30(B)		SCHEDULE I OR II CONTROLLED						
Remarks:		16-13-2(B)		MARIJUANA-POSSESS LESS THAN 1						
		16-13-32.2		POSSESSION AND USE OF DRUG						
		16-13-30(A)		SCHEDULE IV CONTROLLED						
		16-13-30(A)		SCHEDULE II CONTROLLED						
		16-10-24(A)		OBSTRUCTION OF LAW ENFORCEMENT						
		16-13-75		DRUGS NOT IN ORIGINAL CONTAINER -						
		UNASSIGNED1		WARRANT EXECUTED						
WITNESSES	Witness Name		Address	Race	Sex	Age				
OTHER	Other Name		Address	Race	Sex	Age				
	CLARK, JAVIS ROMONT		PACKINGHOUSE RD APT STATESBORO 30458	B	M	40				
		Remarks								

RESPONSE TO RESISTANCE REPORT

RESPONSE TO RESISTANCE INCIDENT DETAILS											
INCIDENT DATA	Case Number 2023-07-19963		Incident Date / Time 07/29/2023 16:45			TYPE	<input checked="" type="checkbox"/> Assisting Other Agency <input type="checkbox"/> Dispatch Animal				
	Location Occurred ██████████ ELDORA RD						REASON	<input checked="" type="checkbox"/> Attempting Arrest <input type="checkbox"/> Vehicle Pursuit			
	Weather		Lighting		Location			Number of			
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Other		<input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Darkness <input type="checkbox"/> Artificial <input type="checkbox"/> Other		<input checked="" type="checkbox"/> Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/> Other		Officers at Scene 2 Officers Involved Subjects Involved 1 Witnesses at Scene 0		<input type="checkbox"/> Necessary to Effect Arrest <input type="checkbox"/> For Investigative Detention <input type="checkbox"/> Prevention of Violent Crime		<input type="checkbox"/> To Defend Self <input type="checkbox"/> To Defend Another <input type="checkbox"/> Restrain for Subjects Safety <input type="checkbox"/> Other Reason	
INCIDENT REMARKS	REASON										
	Remark: Remark:										
OFFICERS	Officer Name		Race		Sex		Age				
	BROWDER, JACOB		W		M		Years of Service at time of Incident: 4				
	<input checked="" type="checkbox"/> On Duty <input type="checkbox"/> In Uniform		<input checked="" type="checkbox"/> At Scene <input checked="" type="checkbox"/> Involved		<input checked="" type="checkbox"/> Primary Officer when Incident occurred <input type="checkbox"/> On Duty Supervisor when Incident occurred						
SUBJECTS	NAME		RACE		SEX		DATE OF BIRTH		AGE		
	KREYDATUS, STACY		W		F		██████████ 1988		35		
	ADDRESS		HEIGHT		WEIGHT		HAIR		EYES		
██████████ ELDORARD ELLABELL, GA 31308		503		180		BRN		BLU			
		DL St.		DL Number		Phone		Cell Phone			
		GA		██████████		██████████					
Under Influence					Charges						
<input checked="" type="checkbox"/> Under Influence Drugs/Alcohol											
Remarks: Strong odor of an alcoholic beverage coming from her person along with a thick slurred speech.											
WITNESSES	Witness Name		Address			Race		Sex	Age		
OTHER	Other Name		Address			Race		Sex	Age		

RESPONSE TO RESISTANCE REPORT

RESPONSE TO RESISTANCE INCIDENT DETAILS											
INCIDENT DATA	Case Number 2023-08-20541		Incident Date / Time 08/05/2023 14:50			TYPE	<input type="checkbox"/> Assisting Other Agency <input type="checkbox"/> Dispatch Animal		<input type="checkbox"/> Attempting Arrest <input type="checkbox"/> Vehicle Pursuit		
	Location Occurred BULLOCH COUNTY JAIL						REASON	<input type="checkbox"/> Domestic <input type="checkbox"/> Traffic Stop		<input type="checkbox"/> Suspicious Person <input checked="" type="checkbox"/> Other Reason	
	Weather	Lighting	Location	Number of				<input type="checkbox"/> Necessary to Effect Arrest <input checked="" type="checkbox"/> To Defend Self	<input type="checkbox"/> For Investigative Detention <input checked="" type="checkbox"/> To Defend Another		<input type="checkbox"/> Prevention of Violent Crime <input checked="" type="checkbox"/> Restrain for Subjects Safety
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Raining <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Daylight <input type="checkbox"/> Darkness <input checked="" type="checkbox"/> Artificial <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Other	Officers at Scene	1	<input type="checkbox"/> Other Reason	<input type="checkbox"/> Other Reason		<input type="checkbox"/> Other Reason			
INCIDENT REMARKS	REASON										
	Remark: Remark:										
OFFICERS	Officer Name		Race	Sex	Age						
	KELLEY, KENNETH		M	W		Years of Service at time of Incident: 21					
<input checked="" type="checkbox"/> On Duty <input checked="" type="checkbox"/> At Scene <input checked="" type="checkbox"/> Primary Officer when Incident occurred											
<input checked="" type="checkbox"/> In Uniform <input checked="" type="checkbox"/> Involved <input type="checkbox"/> On Duty Supervisor when Incident occurred											
SUBJECTS	NAME		RACE	SEX	DATE OF BIRTH	AGE					
	MILLER, DANIEL		W	M	1993	30					
	ADDRESS		HEIGHT	WEIGHT	HAIR	EYES					
	SYLVAN LN. BUFORD, GA 30518		600	165	BRN	BRO					
	DL St.		DL Number	Phone	Cell Phone						
Under Influence					Charges						
<input checked="" type="checkbox"/> Under Influence Drugs/Alcohol											
Remarks:											
WITNESSES	Witness Name		Address	Race	Sex	Age					
OTHER	Other Name		Address	Race	Sex	Age					

RESPONSE TO RESISTANCE REPORT

RESPONSE TO RESISTANCE INCIDENT DETAILS								
INCIDENT DATA	Case Number 2023-08-20567		Incident Date / Time 08/07/2023 22:00		TYPE	<input type="checkbox"/> Assisting Other Agency <input type="checkbox"/> Dispatch Animal <input checked="" type="checkbox"/> Attempting Arrest <input type="checkbox"/> Vehicle Pursuit <input type="checkbox"/> Domestic <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Suspicious Person <input type="checkbox"/> Other Reason		
	Location Occurred ██████████ RIVER BEND ROAD					REASON	<input type="checkbox"/> Necessary to Effect Arrest <input type="checkbox"/> To Defend Self <input type="checkbox"/> For Investigative Detention <input type="checkbox"/> To Defend Another <input type="checkbox"/> Prevention of Violent Crime <input type="checkbox"/> Restrain for Subjects Safety <input type="checkbox"/> Other Reason	
	Weather	Lighting	Location	Number of				
<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Daylight <input type="checkbox"/> Indoor	<input type="checkbox"/> Cloudy <input checked="" type="checkbox"/> Darkness <input checked="" type="checkbox"/> Outdoor		Officers at Scene 0					
<input type="checkbox"/> Raining <input type="checkbox"/> Artificial <input type="checkbox"/> Other	<input type="checkbox"/> Other		Officers Involved					
<input type="checkbox"/> Other	<input type="checkbox"/> Other		Subjects Involved 1					
<input type="checkbox"/> Other	<input type="checkbox"/> Other		Witnesses at Scene 0					
INCIDENT REMARKS	REASON	Remark:						
	TYPE	Remark:						
OFFICERS	Officer Name		Race	Sex	Age			
	SAXON, JAKE		W	M				
	<input checked="" type="checkbox"/> On Duty <input type="checkbox"/> At Scene	<input checked="" type="checkbox"/> Primary Officer when Incident occurred		Years of Service at time of Incident: 15				
	<input type="checkbox"/> In Uniform <input type="checkbox"/> Involved	<input type="checkbox"/> On Duty Supervisor when Incident occurred						
SUBJECTS	NAME		RACE	SEX	DATE OF BIRTH	AGE		
	SLATER, JOSHUA BRIAN		W	M	██████████ 1988	35		
	ADDRESS		HEIGHT	WEIGHT	HAIR	EYES		
	██████████ RIVERBEND RD STATESBORO, GA 30458		507	195	BROWN	BRO		
		DL St.	DL Number	Phone	Cell Phone			
	GA	██████████	██████████	██████████				
	Under Influence		Charges					
	<input type="checkbox"/> Under Influence Drugs/Alcohol		16-13-31	TRAFFICKING IN COCAINE, ILLEGAL				
	Remarks: <input type="text"/>		16-13-30(A)(1)	METHAMPHETAMINE - POSSESSION OF				
			16-13-32.2	POSSESSION AND USE OF DRUG				
			16-10-24	OBSTRUCTION OF LAW ENFORCEMENT				
			42-8-38	PROBATION VIOLATION FOR				
		42-8-38	PROBATION VIOLATION FOR					
WITNESSES	Witness Name		Address	Race	Sex	Age		
OTHER	Other Name		Address	Race	Sex	Age		

RESPONSE TO RESISTANCE REPORT

RESPONSE TO RESISTANCE INCIDENT DETAILS											
INCIDENT DATA	Case Number 2023-08-21223		Incident Date / Time 08/12/2023 22:00			TYPE	<input type="checkbox"/> Assisting Other Agency		<input type="checkbox"/> Dispatch Animal		
	Location Occurred ██████ W MAIN ST						<input checked="" type="checkbox"/> Attempting Arrest	<input type="checkbox"/> Vehicle Pursuit		<input type="checkbox"/> Traffic Stop	
	Weather		Lighting		Location		Number of		<input type="checkbox"/> Domestic		
	<input checked="" type="checkbox"/> Clear		<input type="checkbox"/> Daylight		<input type="checkbox"/> Indoor		Officers at Scene 2		<input type="checkbox"/> Suspicious Person		
INCIDENT DATA	<input type="checkbox"/> Cloudy		<input checked="" type="checkbox"/> Darkness		<input checked="" type="checkbox"/> Outdoor		Officers Involved		<input type="checkbox"/> Necessary to Effect Arrest		
	<input type="checkbox"/> Raining		<input type="checkbox"/> Artificial		<input type="checkbox"/> Other		Subjects Involved 1		<input type="checkbox"/> For Investigative Detention		
	<input type="checkbox"/> Other		<input type="checkbox"/> Other				Witnesses at Scene 0		<input type="checkbox"/> Prevention of Violent Crime		
									<input type="checkbox"/> To Defend Self		
								<input type="checkbox"/> To Defend Another			
								<input type="checkbox"/> Restrain for Subjects Safety			
								<input type="checkbox"/> Other Reason			
INCIDENT REMARKS	REASON										
	TYPE										
Remark:											
Remark:											
OFFICERS	Officer Name		Race		Sex		Age				
	SCHIELIE, AARON CPL						Years of Service at time of Incident: 4				
<input checked="" type="checkbox"/> On Duty		<input checked="" type="checkbox"/> At Scene		<input type="checkbox"/> Primary Officer when Incident occurred							
<input checked="" type="checkbox"/> In Uniform		<input checked="" type="checkbox"/> Involved		<input type="checkbox"/> On Duty Supervisor when Incident occurred							
SUBJECTS	NAME		RACE		SEX		DATE OF BIRTH		AGE		
	DRUMMER, MALACHI QUEVEON		B		M		██████ 2006		17		
	ADDRESS		HEIGHT		WEIGHT		HAIR		EYES		
	██████ DRY BRANCH VILLAGE STATESBORO, GA 30458		505		195		BRN		BRO		
			DL St.		DL Number		Phone		Cell Phone		
							██████████				
	Under Influence					Charges					
	<input type="checkbox"/> Under Influence Drugs/Alcohol										
	Remarks:										
	NAME		RACE		SEX		DATE OF BIRTH		AGE		
MAXWELL, AUSTIN DEP											
ADDRESS		HEIGHT		WEIGHT		HAIR		EYES			
17257 US-301 NORTH STATESBORO, GA 30458											
		DL St.		DL Number		Phone		Cell Phone			
Under Influence					Charges						
<input type="checkbox"/> Under Influence Drugs/Alcohol											
Remarks:											
WITNESSES	Witness Name		Address			Race		Sex	Age		
OTHER	Other Name		Address			Race		Sex	Age		

RESPONSE TO RESISTANCE REPORT

RESPONSE TO RESISTANCE INCIDENT DETAILS																																								
INCIDENT DATA	Case Number 2023-08-21297		Incident Date / Time 08/13/2023 04:00			TYPE	<input type="checkbox"/> Assisting Other Agency		<input type="checkbox"/> Dispatch Animal																															
	Location Occurred ██████████ PROSSER RD						<input checked="" type="checkbox"/> Attempting Arrest		<input type="checkbox"/> Vehicle Pursuit																															
	Weather		Lighting		Location		<input type="checkbox"/> Domestic		<input type="checkbox"/> Traffic Stop																															
	<input checked="" type="checkbox"/> Clear		<input type="checkbox"/> Daylight		<input type="checkbox"/> Indoor		<input type="checkbox"/> Suspicious Person		<input type="checkbox"/> Other Reason																															
INCIDENT DATA	<input type="checkbox"/> Cloudy		<input checked="" type="checkbox"/> Darkness		<input checked="" type="checkbox"/> Outdoor		<input type="checkbox"/> Necessary to Effect Arrest		<input type="checkbox"/> To Defend Self																															
	<input type="checkbox"/> Raining		<input type="checkbox"/> Artificial		<input type="checkbox"/> Other		<input type="checkbox"/> For Investigative Detention		<input type="checkbox"/> To Defend Another																															
	<input type="checkbox"/> Other		<input type="checkbox"/> Other				<input type="checkbox"/> Prevention of Violent Crime		<input type="checkbox"/> Restrain for Subjects Safety																															
									<input type="checkbox"/> Other Reason																															
INCIDENT REMARKS	REASON																																							
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="writing-mode: vertical-rl; transform: rotate(180deg); text-align: center;">TYPE</th> <th style="writing-mode: vertical-rl; transform: rotate(180deg); text-align: center;">REASON</th> </tr> </thead> <tbody> <tr> <td style="width: 50%;">Remark:</td> <td style="width: 50%;">Remark:</td> </tr> </tbody> </table>										TYPE	REASON	Remark:	Remark:																										
TYPE	REASON																																							
Remark:	Remark:																																							
OFFICERS	Officer Name		Race		Sex		Age																																	
	SCHIELIE, AARON CPL																																							
	<input checked="" type="checkbox"/> On Duty		<input checked="" type="checkbox"/> At Scene		<input checked="" type="checkbox"/> Primary Officer when Incident occurred		Years of Service at time of Incident: 4																																	
	<input checked="" type="checkbox"/> In Uniform		<input checked="" type="checkbox"/> Involved		<input type="checkbox"/> On Duty Supervisor when Incident occurred																																			
OFFICERS	JUAREZ, IGNACIO SGT																																							
	<input checked="" type="checkbox"/> On Duty		<input checked="" type="checkbox"/> At Scene		<input checked="" type="checkbox"/> Primary Officer when Incident occurred		Years of Service at time of Incident:																																	
	<input checked="" type="checkbox"/> In Uniform		<input checked="" type="checkbox"/> Involved		<input type="checkbox"/> On Duty Supervisor when Incident occurred																																			
	NORTON, RYAN SGT																																							
OFFICERS	<input checked="" type="checkbox"/> On Duty		<input checked="" type="checkbox"/> At Scene		<input checked="" type="checkbox"/> Primary Officer when Incident occurred		Years of Service at time of Incident:																																	
	<input checked="" type="checkbox"/> In Uniform		<input checked="" type="checkbox"/> Involved		<input type="checkbox"/> On Duty Supervisor when Incident occurred																																			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>NAME</th> <th>RACE</th> <th>SEX</th> <th>DATE OF BIRTH</th> <th>AGE</th> </tr> </thead> <tbody> <tr> <td>CARNES, ROBERT</td> <td>W</td> <td>M</td> <td>██████████ 1981</td> <td>41</td> </tr> <tr> <th>ADDRESS</th> <th>HEIGHT</th> <th>WEIGHT</th> <th>HAIR</th> <th>EYES</th> </tr> <tr> <td>██████████ PROSSER ROAD STATESBORO, GA 30458</td> <td>507</td> <td>180</td> <td>BRN</td> <td>GRN</td> </tr> <tr> <th>DL St.</th> <th>DL Number</th> <th>Phone</th> <th>Cell Phone</th> <td></td> </tr> <tr> <td>GA</td> <td>██████████</td> <td>██████████</td> <td></td> <td></td> </tr> </tbody> </table>										NAME	RACE	SEX	DATE OF BIRTH	AGE	CARNES, ROBERT	W	M	██████████ 1981	41	ADDRESS	HEIGHT	WEIGHT	HAIR	EYES	██████████ PROSSER ROAD STATESBORO, GA 30458	507	180	BRN	GRN	DL St.	DL Number	Phone	Cell Phone		GA	██████████	██████████		
	NAME	RACE	SEX	DATE OF BIRTH	AGE																																			
CARNES, ROBERT	W	M	██████████ 1981	41																																				
ADDRESS	HEIGHT	WEIGHT	HAIR	EYES																																				
██████████ PROSSER ROAD STATESBORO, GA 30458	507	180	BRN	GRN																																				
DL St.	DL Number	Phone	Cell Phone																																					
GA	██████████	██████████																																						
Under Influence					Charges																																			
<input type="checkbox"/> Under Influence Drugs/Alcohol					16-10-24(A) OBSTRUCTION OF LAW ENFORCEMENT																																			
Remarks: ██████████					16-13-30(A)(1) METHAMPHETAMINE - POSSESSION OF																																			
					16-13-30(A) SCHEDULE II CONTROLLED																																			
WITNESSES	Witness Name		Address			Race		Sex		Age																														
OTHER	Other Name		Address			Race		Sex		Age																														

RESPONSE TO RESISTANCE REPORT

RESPONSE TO RESISTANCE INCIDENT DETAILS										
INCIDENT DATA	Case Number 2023-09-23481		Incident Date / Time 09/08/2023 08:17			TYPE	<input type="checkbox"/> Assisting Other Agency <input type="checkbox"/> Dispatch Animal <input type="checkbox"/> Attempting Arrest <input type="checkbox"/> Vehicle Pursuit <input type="checkbox"/> Domestic <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Suspicious Person <input checked="" type="checkbox"/> Other Reason			
	Location Occurred LANGSTON CHAPEL MIDDLE SCHOOL						REASON	<input type="checkbox"/> Necessary to Effect Arrest <input type="checkbox"/> To Defend Self <input checked="" type="checkbox"/> For Investigative Detention <input type="checkbox"/> To Defend Another <input type="checkbox"/> Prevention of Violent Crime <input checked="" type="checkbox"/> Restrain for Subjects Safety <input type="checkbox"/> Other Reason		
	Weather	Lighting	Location	Number of						
	<input checked="" type="checkbox"/> Clear	<input checked="" type="checkbox"/> Daylight	<input checked="" type="checkbox"/> Indoor	Officers at Scene	1					
<input type="checkbox"/> Cloudy	<input type="checkbox"/> Darkness	<input type="checkbox"/> Outdoor	Officers Involved							
<input type="checkbox"/> Raining	<input type="checkbox"/> Artificial	<input type="checkbox"/> Other	Subjects Involved	1						
<input type="checkbox"/> Other	<input type="checkbox"/> Other		Witnesses at Scene	0						
INCIDENT REMARKS	TYPE	Remark: SCHOOL RESOURCE OFFICER								
	REASON	Remark:								
OFFICERS	Officer Name		Race	Sex	Age					
	JOHNSON, INGRAM JAMAL		B	M	29	Years of Service at time of Incident: 5				
<input checked="" type="checkbox"/> On Duty		<input checked="" type="checkbox"/> At Scene	<input checked="" type="checkbox"/> Primary Officer when Incident occurred							
<input checked="" type="checkbox"/> In Uniform		<input checked="" type="checkbox"/> Involved	<input type="checkbox"/> On Duty Supervisor when Incident occurred							
SUBJECTS	NAME		RACE	SEX	DATE OF BIRTH	AGE				
	DAVIS, AYDEN IVAN DORIAN		B	M	2011	11				
	ADDRESS		HEIGHT	WEIGHT	HAIR	EYES				
	LAINER DRIVE STATESBORO 30458		505	120	BLK	BLK				
	DL St.		DL Number	Phone	Cell Phone					
Under Influence					Charges					
<input type="checkbox"/> Under Influence Drugs/Alcohol										
Remarks:										
WITNESSES	Witness Name	Address	Race	Sex	Age					
OTHER	Other Name	Address	Race	Sex	Age					
ACTION										

RESPONSE TO RESISTANCE REPORT

RESPONSE TO RESISTANCE INCIDENT DETAILS											
INCIDENT DATA	Case Number 2023-09-25091		Incident Date / Time 09/26/2023 02:57			TYPE	<input type="checkbox"/> Assisting Other Agency		<input type="checkbox"/> Dispatch Animal		
	Location Occurred LANGSTON CHAPEL RD						<input checked="" type="checkbox"/> Attempting Arrest	<input type="checkbox"/> Vehicle Pursuit			
	Weather	Lighting	Location	Number of			<input type="checkbox"/> Domestic	<input type="checkbox"/> Traffic Stop			
	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Daylight	<input type="checkbox"/> Indoor	Officers at Scene	1		<input checked="" type="checkbox"/> Suspicious Person	<input type="checkbox"/> Other Reason			
<input type="checkbox"/> Cloudy	<input checked="" type="checkbox"/> Darkness	<input checked="" type="checkbox"/> Outdoor	Officers Involved		REASON	<input type="checkbox"/> Necessary to Effect Arrest		<input type="checkbox"/> To Defend Self			
<input type="checkbox"/> Raining	<input type="checkbox"/> Artificial	<input type="checkbox"/> Other	Subjects Involved			<input type="checkbox"/> For Investigative Detention	<input type="checkbox"/> To Defend Another				
<input type="checkbox"/> Other	<input type="checkbox"/> Other	Witnesses at Scene		0		<input type="checkbox"/> Prevention of Violent Crime	<input type="checkbox"/> Restrain for Subjects Safety				
						<input type="checkbox"/> Other Reason					
INCIDENT REMARKS	TYPE	Remark:									
	REASON	Remark:									
OFFICERS	Officer Name		Race	Sex	Age						
	BROWDER, JACOB					Years of Service at time of Incident: 4					
	<input checked="" type="checkbox"/> On Duty	<input checked="" type="checkbox"/> At Scene	<input checked="" type="checkbox"/> Primary Officer when Incident occurred								
	<input checked="" type="checkbox"/> In Uniform	<input checked="" type="checkbox"/> Involved	<input type="checkbox"/> On Duty Supervisor when Incident occurred								
SUBJECTS	NAME		RACE	SEX	DATE OF BIRTH	AGE					
	MOGUEL, EMILIO DAJAI		H	M	2003	20					
	ADDRESS		HEIGHT	WEIGHT	HAIR	EYES					
	LANGSTON CHAPEL LOT STATESBORO, GA 30458		505	140	BRN	BRO					
			DL St.	DL Number	Phone	Cell Phone					
	Under Influence		Charges								
	<input checked="" type="checkbox"/> Under Influence Drugs/Alcohol										
	Remarks:		I could smell a strong odor of alcohol coming from his person.								
WITNESSES	Witness Name	Address	Race	Sex	Age						
OTHER	Other Name	Address	Race	Sex	Age						

RESPONSE TO RESISTANCE REPORT

RESPONSE TO RESISTANCE INCIDENT DETAILS											
INCIDENT DATA	Case Number 2023-09-25531		Incident Date / Time 10/01/2023 20:00			TYPE	<input type="checkbox"/> Assisting Other Agency		<input type="checkbox"/> Dispatch Animal		
	Location Occurred ██████ TR SMITH RD						<input checked="" type="checkbox"/> Attempting Arrest	<input type="checkbox"/> Vehicle Pursuit		<input type="checkbox"/> Traffic Stop	
	Weather		Lighting		Location		<input checked="" type="checkbox"/> Domestic		<input type="checkbox"/> Other Reason		
	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Daylight	<input type="checkbox"/> Indoor	Officers at Scene 2			REASON	<input type="checkbox"/> Suspicious Person		<input type="checkbox"/> Necessary to Effect Arrest	
<input type="checkbox"/> Cloudy	<input checked="" type="checkbox"/> Darkness	<input checked="" type="checkbox"/> Outdoor	Officers Involved		<input type="checkbox"/> For Investigative Detention			<input type="checkbox"/> To Defend Self			
<input type="checkbox"/> Raining	<input type="checkbox"/> Artificial	<input type="checkbox"/> Other	Subjects Involved 1		<input type="checkbox"/> Prevention of Violent Crime			<input type="checkbox"/> To Defend Another			
<input type="checkbox"/> Other	<input type="checkbox"/> Other	Witnesses at Scene 0		<input type="checkbox"/> Restrain for Subjects Safety		<input type="checkbox"/> Other Reason					
INCIDENT REMARKS	TYPE	Remark:									
	REASON	Remark:									
OFFICERS	Officer Name		Race		Sex		Age				
	REED, CHRISTOPHER JORDON		B		M		27				
	<input checked="" type="checkbox"/> On Duty	<input checked="" type="checkbox"/> At Scene	<input checked="" type="checkbox"/> Primary Officer when Incident occurred		Years of Service at time of Incident: 2						
	<input checked="" type="checkbox"/> In Uniform	<input checked="" type="checkbox"/> Involved	<input type="checkbox"/> On Duty Supervisor when Incident occurred								
SUBJECTS	NAME		RACE		SEX		DATE OF BIRTH		AGE		
	MARQUEZ, TARYN NICOLE		W		F		██████ 1982		41		
	ADDRESS		HEIGHT		WEIGHT		HAIR		EYES		
	██████ TR SMITH RD ELLABELL, GA 31308		505		140		BRN		GRN		
			DL St.	DL Number		Phone		Cell Phone			
			GA	██████████		██████████					
Under Influence					Charges						
<input type="checkbox"/> Under Influence Drugs/Alcohol											
Remarks: <input style="width: 80%; height: 20px;" type="text"/>											
WITNESSES	Witness Name		Address			Race		Sex	Age		
OTHER	Other Name		Address			Race		Sex	Age		