

**GLASCOCK COUNTY SHERIFF'S OFFICE**

AGENCY ID

**INTERNAL AFFAIRS REPORT**

REPORT NUMBER

**GA0620000**

**2021-10-49**

<b>EVENT</b>	ENTRY DATE	ENTRY TIME	SOURCE	LOCATION
	10/18/2021	1058	CIVILIAN	GLASCOCK COUNTY FOOTBALL FIELD
	ENTERED BY	REPORT TYPE		276W MAIN ST
	JEREMY KELLEY	CITIZEN COMPLAINT		GIBSON, GA 30810
COMPLAINT AGAINST OFFICER	<input checked="" type="checkbox"/>	ZONE		
COMPLAINT AGAINST AGENCY	<input checked="" type="checkbox"/>			

<b>PERSONS</b>	<input checked="" type="checkbox"/> COMPLAINANT	<input checked="" type="checkbox"/> VICTIM	<input type="checkbox"/> SUBJECT	<input type="checkbox"/> AGENCY	<input type="checkbox"/> WITNESS	<input type="checkbox"/> OTHER	<input type="checkbox"/> JUVENILE
	<input type="checkbox"/> EMPLOYEE	NAME		DRIVER'S LICENSE NUMBER		STATE	
	AGENCY ID	PARIS, HOLLY		052491023		GA	
	AGENCY NAME	ADDRESS		PHONE NUMBER			
		3372 CARL HARREL RD.		706-361-3796			
	BADGE NUMBER	GIBSON, GA 30810		CELL PHONE NUMBER			
				706-361-3796			
	SWORN OFFICER <input type="checkbox"/>	SSN	SEX	HEIGHT	HAIR	EMPLOYER/OCCUPATION	
			F	505	BRO		
	RANK	DOB	AGE	RACE	WEIGHT	EYES	SCHOOL
	05/14/1984	37	L	110	GRN		

<b>PERSONS</b>	<input type="checkbox"/> COMPLAINANT	<input type="checkbox"/> VICTIM	<input type="checkbox"/> SUBJECT	<input type="checkbox"/> AGENCY	<input checked="" type="checkbox"/> WITNESS	<input type="checkbox"/> OTHER	<input type="checkbox"/> JUVENILE
	<input type="checkbox"/> EMPLOYEE	NAME		DRIVER'S LICENSE NUMBER		STATE	
	AGENCY ID	VOTIPKA, CHLOE					
	AGENCY NAME	ADDRESS		PHONE NUMBER			
		2353 AVANT CHALKER RD.		706-962-8892			
	BADGE NUMBER	GIBSON, GA 30810		CELL PHONE NUMBER			
				706-962-8892			
	SWORN OFFICER <input type="checkbox"/>	SSN	SEX	HEIGHT	HAIR	EMPLOYER/OCCUPATION	
			F	503	BRO		
	RANK	DOB	AGE	RACE	WEIGHT	EYES	SCHOOL
	01/20/2003	18	L	136	GRN		

<b>PERSONS</b>	<input type="checkbox"/> COMPLAINANT	<input type="checkbox"/> VICTIM	<input checked="" type="checkbox"/> SUBJECT	<input type="checkbox"/> AGENCY	<input type="checkbox"/> WITNESS	<input type="checkbox"/> OTHER	<input type="checkbox"/> JUVENILE
	<input checked="" type="checkbox"/> EMPLOYEE	NAME		DRIVER'S LICENSE NUMBER		STATE	
	AGENCY ID	TOMPKINS, DAVID ALEXANDER					
	AGENCY NAME	ADDRESS		PHONE NUMBER			
		437 E. MAIN ST.					
	BADGE NUMBER	GIBSON, GA 30810		CELL PHONE NUMBER			
	SWORN OFFICER <input checked="" type="checkbox"/>	SSN	SEX	HEIGHT	HAIR	EMPLOYER/OCCUPATION	
			M				
	RANK	DOB	AGE	RACE	WEIGHT	EYES	SCHOOL
DEPUTY SHERIFF	07/05/1975	46	W				

<b>PERSONS</b>	<input type="checkbox"/> COMPLAINANT	<input type="checkbox"/> VICTIM	<input checked="" type="checkbox"/> SUBJECT	<input checked="" type="checkbox"/> AGENCY	<input type="checkbox"/> WITNESS	<input type="checkbox"/> OTHER	<input type="checkbox"/> JUVENILE
	<input checked="" type="checkbox"/> EMPLOYEE	NAME		DRIVER'S LICENSE NUMBER		STATE	
	AGENCY ID	KELLEY, JEREMY ALLEN					
	AGENCY NAME	ADDRESS		PHONE NUMBER			
		437 E. MAIN ST.					
	BADGE NUMBER	GIBSON, GA 30810		CELL PHONE NUMBER			
	SWORN OFFICER <input checked="" type="checkbox"/>	SSN	SEX	HEIGHT	HAIR	EMPLOYER/OCCUPATION	
			M				
	RANK	DOB	AGE	RACE	WEIGHT	EYES	SCHOOL
SHERIFF	03/13/1986	35	W				

<b>PAST COMPLAINT</b>	REPORT NO	SOURCE DESCRIPTIO	REPORT TYPE DESCRIPTIO	COMPLAINTS AGAINST	REPORT DAT	FINAL DISPOSITION DAT
	2017-06-43	CIVILIAN	DISCIPLINARY REPO	<input checked="" type="checkbox"/> OFFICER	*****	*****
		STATUS		<input checked="" type="checkbox"/> AGENCY		
		R		STATUS DATE		
				*****		