

USE OF FORCE REPORT

GLASCOCK COUNTY SHERIFF'S OFFICE

GA0620000

CASE NUMBER: 2017-09-1359

Report run on: June 25, 2024 9:39 AM

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INCIDENT LOCATION/BUSINESS: 6858 MITCHELL-WARRENTON RD. MITCHELL, GA 30820

INCIDENT DATE: 09/10/2017

INCIDENT TIME: 2000

DAY OF WEEK:

SUPERVISOR NOTIFIED: SHERIFF JEREMY KELLEY

SUPERVISOR COMMENTS:

OFFICER

NAME: KELLEY, JEREMY ALLEN

BADGE NUMBER: 601

RANK: SHERIFF

RACE: W

SEX: M

TREATMENT:

HOSPITAL:

LEVEL OF FORCE: DEADLY

TYPE OF FORCE: PISTOL

WEAPON USED: GLOCK MODEL 23

OFFICER TYPE: COMMAND STAFF

YEARS EMPLOYED:

TYPE OF INJURY:

MEDICAL TREATMENT REQUIRED/REQUESTED?:

HOSPITALIZED?:

DOCTOR:

ADMINISTRATIVE

APPROVING OFFICER: JEREMY KELLEY

BADGE NUMBER: 601

APPROVED DATE: 09/11/2017

COMMENTS:

WITNESSES

NAME: TOMPKINS, DAVID

STATEMENT ATTACHED?

ADDRESS: 437 E. MAIN ST. GIBSON GA 30810

CO-DEFENDANT?

HOME TELEPHONE: 706-598-2881

WORK TELEPHONE:

NAME: SMITH, JAMMIE

STATEMENT ATTACHED?

ADDRESS: 437 E. MAIN ST. GIBSON GA 30810

CO-DEFENDANT?

HOME TELEPHONE: 706-598-2881

WORK TELEPHONE:

USE OF FORCE REPORT

GLASCOCK COUNTY SHERIFF'S OFFICE

GA0620000

CASE NUMBER: 15-GS-27336

Report run on: June 25, 2024 9:37 AM

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INCIDENT LOCATION/BUSINESS: MATHIS RD. NEAR MAGNOLIA CHURCH RD.

INCIDENT DATE: 07/24/2015

INCIDENT TIME: 2144

DAY OF WEEK:

SUPERVISOR NOTIFIED: SHERIFF DEAN COUCH

SUPERVISOR COMMENTS:

OFFICER

NAME: KELLEY, JEREMY ALLEN

BADGE NUMBER: 602

RANK: CHIEF DEPUTY

RACE: W

SEX: M

TREATMENT: REFUSED MEDICAL TREATMENT AND TRANSPORTAION

HOSPITAL:

LEVEL OF FORCE

TYPE OF FORCE: NON LETHAL

WEAPON USED: TASER X-26

OFFICER TYPE:

YEARS EMPLOYED:

TYPE OF INJURY:

MEDICAL TREATMENT REQUIRED/REQUESTED?:

HOSPITALIZED?:

DOCTOR:

ADMINISTRATIVE

APPROVING OFFICER: SHERIFF DEAN COUCH

BADGE NUMBER: 601

APPROVED DATE: 07/27/2015

COMMENTS:

SUBJECT

NAME: RAY, MARK KEVIN

DOB: 07/15/1964

HEIGHT:

WEIGHT:

TELEPHONE:

RACE: W

SEX: M

SSN:

ADDRESS: 492 GIBSON TRL JASPER GA 30143

WAS SUBJECT INJURED PRIOR TO INCIDENT? NO YES

IF YES, DESCRIBE:

WAS SUBJECT INJURED DURING INCIDENT? NO YES

IF YES, DESCRIBE:

TYPE / DEGREE OF INJURY: NONE

MEDICAL TREATMENT REQUIRED? N

HOSPITALIZED? N

TRANSPORTED VIA:

IF SO, WHERE?

DOCTOR:

WITNESS TO REFUSAL: NAME:

TITLE:

PHONE:

ARRESTED? Y CHARGES: OBSTRUCTION OF AN OFFICER

DETENTION LOCATION: MCDUFFIE COUNTY JAIL