

# CHATTOOGA COUNTY S.O. - NIBRS INCIDENT REPORT

CASE NUMBER  
**2020-10-29393**  
CAD NUMBER

AGENCY ORI  
**GA0270000**

**PUBLIC COPY  
INITIAL REPORT**

Event						
INCIDENT LOCATION		STATE	ZIP	ZONE	Loc. Code	
1551 Sunnysdale Rd, Menlo		GA	30731	A	TRION	
INCIDENT DATE	TIME	DATE	TIME	DAY OF THE WEEK (INCIDENT):		Description
10/29/2020	12:00	TO 10/29/2020		THURSDAY		
WEATHER CONDITIONS		DISCOVERED BY		CARGO THEFT INVOLVED?		
		COMPLAINANT		<input type="checkbox"/> Yes <input type="checkbox"/> No		

State/GCIC						
OCA	ACTION	PERSON	WARRANT	VEHICLE	ARTICLE	BOAT
						GUN
						SECURITIES

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
BIO./DNA EVIDENCE?	<input type="checkbox"/> N	WILLING TO PROSECUTE?	<input type="checkbox"/> N	RESPONSE CODE	1	TOTAL OFFENDERS
BODY CAMERA USE?	<input type="checkbox"/> N	IN CAR CAMERA USE?	<input type="checkbox"/> N	TASER USE?	<input type="checkbox"/> N	
REPORT DATE/TIME	10/30/2020	15:21	COMPSTAT		REVIEWED BY	
REPORTING OFFICER	SO16	JAMYE DAWSON			REVIEWED DATE	
APPROVING OFFICER	SO05	REBECCA FARMER			DIVISION ASSIGNED	ROAD PATROL
APPROVED DATE	11/01/2020				ASSIGNED DATE	
COMMANDING OFFICER	SO02	KEVIN WOODS			INVESTIGATOR ASSIGNED	
APPROVED DATE					ASSIGNED DATE	

Offense # 1			
OFFENSE STATUTE:	OFFENSE DESCRIPTION:	COUNTS:	OFFENSE STATUS:
002	LOST ITEMS	1	Completed
NIBRS OFFENSE CODE:	OFFENSE DESCRIPTION:		
90Z	All Other Offenses		
OFFENSE LOCATION:	HATE CRIME:	Bias Motivations: (1) 88-None (No Bias)	
20-Residence/Home	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(2)	
Drug Related?	Drug Type:	(3)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		(4)	
		(5)	
Offender Suspected of Using: (Choose up to 3)	IF BURGLARY, METHOD OF ENTRY:		
<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs/Narcotics <input type="checkbox"/> Computer Equipment <input checked="" type="checkbox"/> Not Applicable	(For Burglary Only) NUMBER OF PREMISES:		
Gang Related? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Gang Name:		
WEAPON TYPE/FORCE USED:	AUTOMATIC WEAPON:	TYPE OF CRIMINAL ACTIVITY:	
(Can list up to 3)	(Can only be YES if firearm)	(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)	

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## Person #1

COMPLAINANT  
  VICTIM  
  WITNESS  
  OFFENDER  
  PRIMARY AGGRESSOR  
  DEAD/UNIDENTIFIED  
  UNKNOWN  
  RETURNED  
  OTHER

NAME	***VICTIM INFO. WITHHELD***			HEIGHT	RACE			
ADDRESS				WEIGHT	ETHNICITY			
CITY, ST, ZIP				HAIR	SEX	SSN		
HOME PHONE	CELL PHONE			EYES	DOB	AGE		
EMAIL				RESIDENT STATUS				
DRIVER'S LICENSE NUMBER				DRIVER'S LICENSE ISSUING STATE				

RAPE VICTIM  
  JUVENILE  
  PUBLIC EMPLOYEE  
  WANTED  
  SUSPECT  
  WARRANT  
  ARRESTED  
  MISSING  
  SUICIDE  
  VEHICLE PURSUIT

**TYPE OF VICTIM:** INDIVIDUAL

**VICTIM SEQUENCE #: 1**

### OFFENSE(S) AGAINST VICTIM - NIBRS CODE(S)

#### VICTIM CIRCUMSTANCES

AGGRAVATED ASSAULT/ HOMICIDE CIRCUMSTANCES (Up to 2 may be reported)	NEGLIGENT MANSLAUGHTER (Only 1 may be reported)	JUSTIFIABLE HOMICIDE	ADDITIONAL JUSTIFIABLE HOMICIDE CIRCUMSTANCES (1 is submitted if an item in 54C is selected)

#### INJURY TYPE(S) (List up to 5)

**VICTIM TO OFFENDER RELATIONSHIP - The number(s) in the box(es) below refer to the offender sequence number(s)**

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## Narrative

Type of Narrative	Reporting Officer	Statement Date	Statement Time
Narrative	So16 Jamye Dawson	10/30/2020	1517
On 10-30-2020 while on patrol I responded to the Sheriff's Office for a report call. Mr Gregory Hughes states that he has lost or possibly had stolen his cell phone. Mr Hughes stated his phone was through safelink cell phone service provider and needed a report for the loss of is phone.			