

# CHATTOOGA COUNTY S.O. - NIBRS INCIDENT REPORT

CASE NUMBER  
**2020-10-29398**  
CAD NUMBER

AGENCY ORI  
**GA0270000**

**PUBLIC COPY  
INITIAL REPORT**

Event						
INCIDENT LOCATION 11977 Hwy 337, Menlo		STATE GA	ZIP 30731	ZONE A	Loc. Code TRION	
INCIDENT DATE 10/31/2020	TIME 14:34	TO DATE 10/31/2020	TIME 14:34	DAY OF THE WEEK (INCIDENT): SATURDAY		Description
WEATHER CONDITIONS		DISCOVERED BY COMPLAINANT		CARGO THEFT INVOLVED? <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"/> Y	CASE STATUS	
BIO./DNA EVIDENCE?	<input type="checkbox"/> N	WILLING TO PROSECUTE?	<input type="checkbox"/> U	RESPONSE CODE	<input type="checkbox"/> 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	10/31/2020	14:36	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	10/31/2020	
COMMANDING OFFICER	SO02	KEVIN WOODS			INVESTIGATOR ASSIGNED		
APPROVED DATE					ASSIGNED DATE		

Offense # 1			
OFFENSE STATUTE: 001	OFFENSE DESCRIPTION: SCAM COMPLAINT	COUNTS: 1	OFFENSE STATUS: Completed
NIBRS OFFENSE CODE: 90Z	OFFENSE DESCRIPTION: All Other Offenses		
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)
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		(4)	(5)
Gang Related? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Gang Name:	IF BURGLARY, METHOD OF ENTRY: (For Burglary Only) NUMBER OF PREMISES:	
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)	

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<b>Person #1</b>			
<input checked="" type="checkbox"/> COMPLAINANT <input checked="" type="checkbox"/> VICTIM <input type="checkbox"/> WITNESS <input type="checkbox"/> OFFENDER <input type="checkbox"/> PRIMARY AGGRESSOR <input type="checkbox"/> DEAD/UNIDENTIFIED <input type="checkbox"/> UNKNOWN <input type="checkbox"/> RETURNED <input type="checkbox"/> OTHER			
NAME <input style="width: 95%;" type="text" value="***VICTIM INFO. WITHHELD***"/>	HEIGHT <input style="width: 40%;" type="text"/>	RACE <input style="width: 90%;" type="text"/>	
ADDRESS <input style="width: 95%;" type="text"/>	WEIGHT <input style="width: 40%;" type="text"/>	ETHNICITY <input style="width: 90%;" type="text"/>	
CITY, ST, ZIP <input style="width: 95%;" type="text"/>	HAIR <input style="width: 40%;" type="text"/>	SEX <input style="width: 40%;" type="text"/>	SSN <input style="width: 40%;" type="text"/>
HOME PHONE <input style="width: 40%;" type="text"/> CELL PHONE <input style="width: 40%;" type="text"/>	EYES <input style="width: 40%;" type="text"/>	DOB <input style="width: 40%;" type="text"/>	AGE <input style="width: 40%;" type="text"/>
EMAIL <input style="width: 95%;" type="text"/>	RESIDENT STATUS <input style="width: 95%;" type="text"/>		
DRIVER'S LICENSE NUMBER <input style="width: 95%;" type="text"/>	DRIVER'S LICENSE ISSUING STATE <input style="width: 95%;" type="text"/>		
<input type="checkbox"/> RAPE VICTIM <input type="checkbox"/> JUVENILE <input type="checkbox"/> PUBLIC EMPLOYEE <input type="checkbox"/> WANTED <input type="checkbox"/> SUSPECT <input type="checkbox"/> WARRANT <input type="checkbox"/> ARRESTED <input type="checkbox"/> MISSING <input type="checkbox"/> SUICIDE <input type="checkbox"/> VEHICLE PURSUIT			
<b>TYPE OF VICTIM:</b> INDIVIDUAL			<b>VICTIM SEQUENCE #: 1</b>
<b>OFFENSE(S) AGAINST VICTIM - NIBRS CODE(S)</b>			
<b>VICTIM CIRCUMSTANCES</b>			
<b>AGGRAVATED ASSAULT/ HOMICIDE CIRCUMSTANCES</b> (Up to 2 may be reported)	<b>NEGLIGENT MANSLAUGHTER</b> (Only 1 may be reported)	<b>JUSTIFIABLE HOMICIDE</b>	<b>ADDITIONAL JUSTIFIABLE HOMICIDE CIRCUMSTANCES</b> (1 is submitted if an item in 54C is selected)
<b>INJURY TYPE(S) (List up to 5)</b>			
<b>VICTIM TO OFFENDER RELATIONSHIP - The number(s) in the box(es) below refer to the offender sequence number(s)</b>			

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## Narrative

Type of Narrative	Reporting Officer	Statement Date	Statement Time
Narrative	So16 Jamye Dawson	10/31/2020	1437

On 10-31-2020 while on patrol I received a call to 11977 Hwy 337 Menlo for a report of a scam. Mr Brown stated someone called saying they were from the IRS and they possibly had warrants for his arrest. He gave the caller the last four digits of his social security number to verify his identity and realized that it was probably a scam afterwards and called to report it to local law enforcement. He was advised to check with his bank and the social security office for verification.