

CHATTOOGA COUNTY S.O. - NIBRS INCIDENT REPORT

CASE NUMBER
2020-10-29321
CAD NUMBER

AGENCY ORI
GA0270000

PUBLIC COPY
INITIAL REPORT

Event						
INCIDENT LOCATION 3098 S Little Sand Mountain Rd, Armuchee		STATE GA	ZIP 30105	ZONE C	Loc. Code GORE	
INCIDENT DATE 10/11/2020	TIME 19:08	TO DATE 10/11/2020	TIME 20:54	DAY OF THE WEEK (INCIDENT): SUNDAY		Description
WEATHER CONDITIONS CLEAR		DISCOVERED BY COMPLAINANT		CARGO THEFT INVOLVED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

State/GCIC						
OCA	ACTION	PERSON	WARRANT	VEHICLE	ARTICLE	BOAT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Administration						
EVIDENCE COLLECTED?	<input type="checkbox"/> N	PHOTOS TAKEN?	<input type="checkbox"/> N	FOLLOW UP - PATROL?	<input type="checkbox"/> U	CLEARANCE DATE
PRINTS TAKEN?	<input type="checkbox"/> N	COMPLAINT UNFOUNDED?	<input type="checkbox"/> N	FOLLOW UP - DETECTIVES?	<input type="checkbox"/> Y	CASE STATUS ACTIVE
BIO./DNA EVIDENCE?	<input type="checkbox"/> N	WILLING TO PROSECUTE?	<input type="checkbox"/> U	RESPONSE CODE	<input type="checkbox"/> 3	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	10/11/2020	20:23	COMPSTAT	<input type="checkbox"/>	REVIEWED BY	
REPORTING OFFICER	SO25	JASON STARKEY		REVIEWED DATE		
APPROVING OFFICER	SO06	COREY FIELDING		DIVISION ASSIGNED		
APPROVED DATE	10/13/2020			ASSIGNED DATE		
COMMANDING OFFICER				INVESTIGATOR ASSIGNED		
APPROVED DATE				ASSIGNED DATE		

Offense # 1			
OFFENSE STATUTE: 16-8-2	OFFENSE DESCRIPTION: THEFT BY TAKING	COUNTS: 1	OFFENSE STATUS: Completed
NIBRS OFFENSE CODE: 23F	OFFENSE DESCRIPTION: Theft From Motor Vehicle		
OFFENSE LOCATION: 25-Other/Unknown	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)	
		(4)	
		(5)	

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		IF BURGLARY, METHOD OF ENTRY: (For Burglary Only) NUMBER OF PREMISES:
Gang Related? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Gang Name:	

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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Offense # 2			
OFFENSE STATUTE: 16-7-21	OFFENSE DESCRIPTION: CRIMINAL TRESPASS	COUNTS: 1	OFFENSE STATUS: Completed
NIBRS OFFENSE CODE: 290	OFFENSE DESCRIPTION: Destruction/Damage/Vandalism		
OFFENSE LOCATION: 25-Other/Unknown	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)	
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		IF BURGLARY, METHOD OF ENTRY: (For Burglary Only) NUMBER OF PREMISES:	
Gang Related? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Gang Name:		
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)	
Vehicle Identifying Information			
VEHICLE <input type="checkbox"/> Abandoned <input type="checkbox"/> Stolen Local <input type="checkbox"/> Recovered Local <input checked="" type="checkbox"/> Complainant's <input type="checkbox"/> Stolen Foreign <input type="checkbox"/> Recovered Foreign <input type="checkbox"/> Suspect's <input type="checkbox"/> Offender's <input type="checkbox"/> Victim's Recovery Location: _____	DISPOSITION <input type="checkbox"/> Wrecker <input type="checkbox"/> Left at Scene <input type="checkbox"/> Driven Away <input type="checkbox"/> Unknown Wrecker Service: _____	STORED <input type="checkbox"/> Crime Lab <input type="checkbox"/> Private Lot <input type="checkbox"/> Storage Impound Lot <input type="checkbox"/> Unknown Lot Name: _____	
Year <input type="text" value="2005"/> Misc. Description _____ Insured By <input type="text" value="GA FARM BUREAU"/>	Policy No. <input type="text" value="10003469896212"/> St. <input type="text" value="GA"/> Year <input type="text" value="2005"/> VIN <input type="text" value="1FTSW21PX5EB46706"/>		LISTED TO
Make <input type="text" value="FORD"/> Body Style <input type="text" value="PICK UP"/>	Value <input type="text"/>		Last <input type="text" value="CARGLE"/>
Model <input type="text" value="F250"/> License No. <input type="text" value="CPA6901"/>	Address <input type="text" value="3098 S LITTLE SAND MC"/>		First <input type="text" value="TERRY"/>
Color <input type="text" value="GRN"/> License Type <input type="text" value="AA"/> PASSENGER CAR/LIGHT TRUCKS	C/S/Z <input type="text" value="ARMUCHEE, GA 30105"/>		Middle <input type="text" value="JUSTIN"/>
PROFILE DETAILS			

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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: SOCIETY/PUBLIC

VICTIM SEQUENCE #: 1

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

OFFENSE NUMBER 1

23F - THEFT FROM MOTOR VEHICLE

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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Person #2			
<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	***VICTIM INFO. WITHHELD***		
ADDRESS			
CITY, ST, ZIP			
HOME PHONE	CELL PHONE	HEIGHT	RACE
EMAIL		WEIGHT	ETHNICITY
DRIVER'S LICENSE NUMBER		HAIR	SEX
		EYES	DOB
		RESIDENT STATUS	SSN
		DRIVER'S LICENSE ISSUING STATE	AGE
<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			

TYPE OF VICTIM: SOCIETY/PUBLIC	VICTIM SEQUENCE #: 2
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OFFENSE(S) AGAINST VICTIM - NIBRS CODE(S)

OFFENSE NUMBER 1
23F - THEFT FROM MOTOR VEHICLE

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)

Person #3			
<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM <input type="checkbox"/> WITNESS <input checked="" type="checkbox"/> OFFENDER <input type="checkbox"/> PRIMARY AGGRESSOR <input type="checkbox"/> DEAD/UNIDENTIFIED <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> RETURNED <input type="checkbox"/> OTHER			
NAME			
ADDRESS			
CITY, ST, ZIP			
HOME PHONE	CELL PHONE	HEIGHT	RACE
EMAIL		WEIGHT	ETHNICITY
DRIVER'S LICENSE NUMBER		HAIR	SEX
		EYES	DOB
		RESIDENT STATUS	SSN
		DRIVER'S LICENSE ISSUING STATE	AGE
<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			

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Narrative

Type of Narrative	Reporting Officer	Statement Date	Statement Time
Narrative	So25 Jason Starkey	10/12/2020	0250

On 10/11/2020 at 1908 I Deputy Starkey was dispatched to 3098 South Little Sand Mountain for property damage and theft.

I arrived on scene at 2023 and spoke with complainant Terry Justin Cargle. Terry showed me where someone had stuck something under his driver side door handle knocking a hole in the door under the door handle trim and knocking off some paint off of his 2005 Ford F 250 King Ranch truck, Green in color. A Capital one credit card, a Sun trust credit card and a Social Security card belonging to Reba Mae Cargle was taken from the vehicle. Terry was in Ringgold at about 1330 at Handy Andy graphic and design. Reba was notified VIA email that the capital one card had been used in Dayton TN at 1607. I contacted on call CID who is going to follow up next business day.