

Incident Report

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| Incident No. 2019-0376 | Res. Code |
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|-------------------------------------------------|--------------------------|------------------------------|------------------------------|----------------------------------|----------------------|-------------------------------------------|-------------------------------------|
| Incident Type PERSON SICK | | | | Seq. No. 1 | Counts 28 | Code S-76 | Attempt <input type="checkbox"/> |
| Primary Location: 5400 Campbellton Rd | | | Secondary Location: | | | Business Sandtown Middle School | |
| City ATLANTA | State GA | Zip 30331 | County FULTON | | | | |
| Zone South | Sub Zone South | | Sub Location South | | | | |
| Incident Date 02/14/2019 | Time 12:00 | Date To 02/14/2019 | Time 16:40 | Report Date 02/14/2019 | Time 17:08 | Stranger Unk | Weapon Type |
| Case Type DRUGS | | | | Case Status ACTIVE | | | |
| Premise SCHOOL / CAMPUS | | | | | | | |

Complainant

| | | | | | | | |
|------------------------------------------------------------|--------------------------------------------------------------|---------------|-----------------|----------|------------|------------|------------------------------------|
| Seq. No. 1 | Name: (Last, First, Middle) ADAMS DONALD (OFFICER) | | | | Home Phone | Work Phone | Other Phone 470-254-0599 |
| Address 6201 POWERS FERRY ROAD ATLANTA, GA 30339 | | | | | | | |
| Permanent / Other Address 0 | | | | | | | |
| Race BLACK | Sex M | Date of Birth | Age 0 | Employer | | School | |
| Height 0 | Weight | Hair | Eyes | DLN | DL State | ID Number | SSN |

Victim

| | | | | | | | |
|---------------------------------------|-----------------------------------------------|---------------|------|----------|------------|------------|-------------|
| Seq. No. 1 | Name: (Last, First, Middle) (Juvenile) | | | | Home Phone | Work Phone | Other Phone |
| Address | | | | | | | |
| Permanent / Other Address 0 | | | | | | | |
| Race | Sex | Date of Birth | Age | Employer | | School | |
| Height 0 | Weight | Hair | Eyes | DLN | DL State | ID Number | SSN |

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|------------------------------------------------------------|---------------------|---------------------|------------------------------------------|
| Reporting Officer Officer Donald E Adams | Badge 084 | Suffix | Signature <i>D. Adams</i> |
| Approving Officer LIEUTENANT Angela D Washington | Badge 005 | Suffix 02 | Signature <i>Angela D. Washington</i> |

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|---------------------------------------|-----------------------------------------------|---------------|------------|-------------|
| Seq. No. 2 | Name: (Last, First, Middle) (Juvenile) | Home Phone | Work Phone | Other Phone |
| Address | | | | |
| Permanent / Other Address 0 | | | | |
| Race | Sex | Date of Birth | Age | Employer |
| | | | | School |
| Height | Weight 0 | Hair | Eyes | DLN |
| | | DL State | ID Number | SSN |

Offender/Suspect/Subject

| | | | | |
|---------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------|
| Seq. No. 1 | Name: (Last, First, Middle) Unknown | Home Phone | Work Phone | Other Phone |
| Address | | | | |
| Permanent / Other Address | | | | |
| Race | Sex | Date of Birth | Age 0 | Employer |
| | | | | School |
| Height | Weight | Hair | Eyes | DLN |
| | | DL State | ID Number | SSN |
| Court Name | | <input type="checkbox"/> Suspect <input type="checkbox"/> Juvenile <input type="checkbox"/> War. App. <input type="checkbox"/> Arrest Arrest Date <input type="checkbox"/> Primary Aggressor <input type="checkbox"/> Warrant <input type="checkbox"/> Juv. Arrest <input type="checkbox"/> Subject | | |

Property

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|-----------------------------------------------------|---------------------------------------------------------------------|----------------------------------|------------|------------|
| Quantity 1 | Make Assorted | Model Lollipops | Serial No. | Record No. |
| Description: | | | | |
| UCR Category Description CONSUMABLE GOOD | | Property Type EVIDENCE | | Court Type |
| <input type="checkbox"/> Stolen | Value \$0.00 | Jurd. | Date | Location |
| <input type="checkbox"/> Recovered | Value \$0.00 | Jurd. | Date | Location |
| <input type="checkbox"/> Other | Value \$0.00 | Other Description | | |
| <input checked="" type="checkbox"/> Evidence | Locker Location Not in property room South Learning Cente | Item No. 1 of 2 | | |
| Disposition | | Voucher No. | | |
| Location Seized 5400 | | Campbellton Rd | | |

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|------------------------------------------------------------|---------------------|---------------------|------------------------------------------|
| Reporting Officer Officer Donald E Adams | Badge 084 | Suffix | Signature <i>D. Adams</i> |
| Approving Officer LIEUTENANT Angela D Washington | Badge 005 | Suffix 02 | Signature <i>Angela D. Washington</i> |

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| ATLANTA | GA | 30331 |
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|---------------------------------------------------|-----------|
| Seizing Officer 005 Angela D Washington | Date/Time |
|---------------------------------------------------|-----------|

| | |
|-------------------------|---------|
| Owner Unknown | Address |
|-------------------------|---------|

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|----------------------|-------------------------|------------------------------------|------------|------------|
| Quantity 1 | Make Assorted | Model Rice Krispy Treats | Serial No. | Record No. |
|----------------------|-------------------------|------------------------------------|------------|------------|

Description:

| | | |
|----------------------------------------------------|------------------------------|------------|
| UCR Category Description CONSUMABLE GOOD | Property Type DRUG | Court Type |
|----------------------------------------------------|------------------------------|------------|

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|----------------------------------------|------------------------|-------|------|----------|
| <input type="checkbox"/> Stolen | Value \$0.00 | Jurd. | Date | Location |
|----------------------------------------|------------------------|-------|------|----------|

| | | | | |
|-------------------------------------------|------------------------|-------|------|----------|
| <input type="checkbox"/> Recovered | Value \$0.00 | Jurd. | Date | Location |
|-------------------------------------------|------------------------|-------|------|----------|

| | | |
|---------------------------------------|------------------------|-------------------|
| <input type="checkbox"/> Other | Value \$0.00 | Other Description |
|---------------------------------------|------------------------|-------------------|

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|-----------------------------------------------------|------------------------------------------------|------------------------------------------------|---------------------------|
| <input checked="" type="checkbox"/> Evidence | Locker Location Not in property room | Locker Location South Learning Cente | Item No. 2 of 2 |
|-----------------------------------------------------|------------------------------------------------|------------------------------------------------|---------------------------|

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|-------------|-------------|
| Disposition | Voucher No. |
|-------------|-------------|

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|-----------------------------|--------------------------------------------------|
| Location Seized 5400 | Campbellton Rd ATLANTA GA 30331 |
|-----------------------------|--------------------------------------------------|

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|---------------------------------------------------|-----------|
| Seizing Officer 005 Angela D Washington | Date/Time |
|---------------------------------------------------|-----------|

| | |
|-------------------------|--------------------------------------------------------|
| Owner Unknown | Address 5400 Campbellton Rd ATLANTA GA 30331 |
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|-----------|-----------------------|----------------------------------|--------------------------------|
| Drug Type | Drug Measurement Type | Drug Packaged Weight 0 | Drug Actual Weight 0 |
|-----------|-----------------------|----------------------------------|--------------------------------|

GCIC Entry Requested Warrant Missing Person Vehicle Article Boat Gun Securities
Additional A & B Supplemental Citation Accident Victim Bill of Rights Vehicle Impound Inv. Rpt Evidence Form
Clearance Clearance Date:

Narrative

Incident Location: Sandtown Middle School
 5400 Campbellton Rd
 Atlanta, Ga 30331

Incident Time: 1200 hours

On 2/14/19, I was asked to respond to the school nurse's office in reference to students complaining of a headache and upset stomach. When I arrived at the nurse's office I was advised by Nurse Colton that _____ stated _____ had ingested a heart shaped lollipop and _____ had ingested a rice crispy treat, given to them by another student. As I attempted to speak to _____ they couldn't tell me who gave them the items that made them sick. They appeared to be disoriented, hallucinating, with watery red eyes and frantically crying off and on. They couldn't tell me where they were at the time nor could they explain what had happened to them. After displaying the abnormal behavior and not knowing what caused the behavior, Administrators were

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| Reporting Officer Officer Donald E Adams | Badge 084 | Suffix | Signature <i>D. Adams</i> |
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| Approving Officer LIEUTENANT Angela D Washington | Badge 005 | Suffix 02 | Signature <i>Angela D. Washington</i> |
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notified, and Grady EMS and South Fulton Fire Rescue were requested and dispatched to the location to evaluate the conditions of the students.

After several minutes had passed, several more students begin to fill the nurse's office all with the same symptoms which were also caused by ingesting the heart shaped lollipops and/or the rice crispy treats. A total of 28 students were transported to Hughes Spalding Children's Hospital, Egleston Hospital and Grady Memorial Hospital for treatment. The parents and guardians of all the involved students were notified in reference to the incident.

Fulton County Schools' Police Department was able to retrieve some of the suspected lollipops and rice crispy treats that a handful of students still had in their possession before ingesting. The food was taken as evidence and placed in the evidence locker located at the South Learning Center by Lt. Washington.

Please refer to supplemental report for the list of additional victims.

This case will be forwarded to the Criminal Investigation Division.

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| Reporting Officer Officer Donald E Adams | Badge 084 | Suffix | Signature <i>D. Adams</i> |
| Approving Officer LIEUTENANT Angela D Washington | Badge 005 | Suffix 02 | Signature <i>Angela D. Washington</i> |

INCIDENT SUPPLEMENTAL

Incident No.
2019-0376

INCIDENT SUPPLEMENTAL

Report Date: 02/19/2019 Report Time: 08:42

The following students were transported to the hospital for evaluation:

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| Supplemental Officer Officer Donald E Adams | Badge 084 | Suffix | Signature <i>D. Adams</i> |
| Supplemental Approving Officer LIEUTENANT Angela D Washington | Badge 005 | Suffix 02 | Signature <i>Angela D. Washington</i> |

INCIDENT SUPPLEMENTAL

Incident No.
2019-0376

INCIDENT SUPPLEMENTAL

Report Date: 02/19/2019 Report Time: 09:58

On February 14, 2019 I responded to _____ for the purpose of conducting interviews with students from Sandtown Middle School who had exhibited illness as a result of possible ingesting candy.

2019-0376
Interview with victims at _____

Victim 1: _____ DOB: _____
Sex: _____ Race: _____ Grade: _____
Parent: _____ Contact _____
Parent: _____ Contact _____
Ingested: Heart Shaped Lollipop (Pink), Gummy Bears from _____ and Starburst from _____
Candy Provided by: Mother _____ (Purchased from Walmart Fayetteville on Tuesday February 12, 2019) (Mother advised the lollipops came in packs of 5 to 6 suckers, she purchased 5 packs) (Mother advised that she can provide the receipt of purchase)
Homeroom- _____ (Teacher): _____ gave _____ Lollipop (Heart Shaped), _____ gave _____ Starburst
1st Period _____ Ate Starburst (total of 4)
3rd Period _____ Ate Starburst and Lollipop (Pink) (Mother Purchased Walmart), Purchased Sour Gummies Bears _____ (purchased during 3 period)
4th period _____ gave chips to _____ ate sour patch gummies that were purchased during 3rd period from _____
Lunch Break: Began to feel pain in Stomach (Sharp Pains in Stomach), Headache (Temples), Dizziness (blurry vision), Administrators confiscated bag of candy that _____ had in possession.

Victim 2: _____ DOB: _____
Sex: _____ Race _____ Grade: _____
Parent: _____ Contact: _____
Ingested- Blow Pop (Cherry with gum inside), Heart Shaped Lollipop (Yellow), Airheads Candy
Candy Provided by: _____
Homeroom and 1st period _____ received from _____ blue airheads.
2nd Period _____ passed out Airheads, Blow Pops and heart Shaped Candy. _____ ate 1 blow pop, 2 Airheads, 2 lollipop (yellow). _____ gave a orange heart shaped lollipop to the Officer.. Blow pop was red it appeared to be something from a dollar store.. All candy was sealed.
_____ Stomach (burning feeling) and head (middle) started to hurt (throbbing like some punched in head). _____ told _____ that head was hurting. Administrator came to class and asked if anyone was feeling sick. _____ also received candy from _____ and got sick..
left school

Victim 3: _____ DOB: _____
Sex: _____ Race: _____
Guardian: _____ Contact: _____

Supplemental Officer _____ Badge _____ Suffix _____ Signature Carlos M Dixon
Detective Carlos M Dixon 017 01

Supplemental Approving Officer _____ Badge _____ Suffix _____ Signature Angela D. Washington
LIEUTENANT Angela D Washington 005 02

INCIDENT SUPPLEMENTAL

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Ingested- Rice Krispy Treats (appeared to be homemade)
 Rice Krispy Provided by: Unknown
 Homeroom _____ gave _____ to _____ did consume hot Pringles in
 homeroom class.
 2nd Period _____ ate rice krispy treat from a clear container. _____ states that _____ did not
 know who the rice krispy treats belonged to. _____ states that they (some students) were inside the office in
 _____ class. Someone _____ could/would not tell me who) brought a lunch box that contained Krispy Treats.
 (opened the lunch box that contained rice treats) and
 _____ ate some of the rice krispy treats.. _____ stated that _____ possibly ate some of
 the rice krispy treats also.
 _____ began to feel hot, red eyes, head aches, blurry vision, eyes heavy dizzy. _____ told
 _____ went to clinic with symptoms. All the students that _____ identified as eating the Rice Krispy
 Treats went to the clinic with symptoms. I only interviewed _____ who the hospital stated

Victim 4: _____ DOB: _____
 Race: _____ Sex _____ Grade: _____
 Parent: _____ Contact _____
 Ingested: French Toast Sticks/ Orange Juice (School Cafeteria), 1 Jar of M&Ms (from _____ appeared
 store purchased) 1 Airheads (From _____ packaged seal tight), Starburst (from _____ Did not
 consume Heart shaped lollipop or rice krispy treats.
 Homeroom _____ stated _____ ate M&M from _____ and Airheads from _____ Did
 not consume anything else.
 2nd Period _____ ate the rest of the M&Ms. Towards the end of the period began to
 feel a little something in _____ stomach..
 3rd Block _____ Did not receive any candy during 3rd block.
 4th Block : Ate Starburst from _____ .. Later in the class an announcement from administrator for students
 not to ate any candy from other students was made. Request for student who felt stomach pain to come to the
 clinic. _____ went to clinic.

Victim 5: _____ DOB: _____
 Race: _____ Sex _____ Grade: _____
 Parent: _____ Contact: _____
 Ingested: Chocolate Cupcake provided by friend _____ Starburst from _____ 2 Red Heart shaped lollipop from _____
 Symptoms: Stomach pains, Growling stomach...

Victim 6: _____ DOB: _____
 Race: _____ Sex: _____ Grade: _____
 Parent: _____ Contact: _____
 Ingested: 1 heart shaped candy lollipop from _____
 Symptoms: Stomach pains

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|-------------------------------------------------------------------------|---------------------|---------------------|------------------------------------------|
| Supplemental Officer Detective Carlos M Dixon | Badge 017 | Suffix 01 | Signature <i>Carlos M Dixon</i> |
| Supplemental Approving Officer LIEUTENANT Angela D Washington | Badge 005 | Suffix 02 | Signature <i>Angela D. Washington</i> |

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INCIDENT SUPPLEMENTAL

stated that during lunch States that when was in lunch room
gave a orange lollipop which ate. States later started to feel stomach pain and was
called to the office.

Victim 7: DOB:
Race: Sex: Grade:
Parent: Contact:
Parent: Contact:
Ingested: Heart Shape Candy (yellow) received from ?
Symptoms: Manifested in 5th period.. Stomach ache...

Victim 8: DOB:
Race: Sex: Grade:
Parents: Contact
Parent: Contact:
Ingested: Red Blow Pop Candy From
Symptoms: Stomach Pains Light headedness Manifested in 3rd period

Victim 9: DOB:
Race: Sex: Grade:
Parent: Contact:
Parent: Contact:
Ingested: Rice Krispy Treat from Not like other rice crispy threat.. Store purchased in sealed wrapper.
Manifested: During 4th period
*On February 19, 2019 I spoke with via phone. stated that after I completed the interview
with continued to ask questions about the statements made regarding ingesting Rice
Krispy I reat from disclosed to me that told that the Rice Krispy
Treats ate were purchased from the school cafeteria and that lied about getting sick from the Rice Krispy
Treats. said that did not get Rice Krispy Treats from

Victim 10: DOB:
Race: Sex: Grade:
Parent: Contact:
Ingested: Rice Krispy Treat from in Homeroom classs.
Manifested Symptoms: Threw up during 5th period after lock down.

Victim 11: DOB:
Race Sex: Grade:
Parent: Contact:
Ingested: Heart Shaped Lollipop provided to by during 4th period.
Manifested Symptoms: Headache....

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| Supplemental Officer Detective Carlos M Dixon | Badge 017 | Suffix 01 | Signature <i>Carlos M Dixon</i> |
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| Supplemental Approving Officer LIEUTENANT Angela D Washington | Badge 005 | Suffix 02 | Signature <i>Angela D. Washington</i> |
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INCIDENT SUPPLEMENTAL

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|---------------------------------------------|---------------|------------------------------|------------------------------------|-------------|
| Victim 12: | | | | DOB: |
| Race: | Sex: | | Grade: | |
| Parent: | | Contact: | | |
| Parent: | | Contact: | | |
| Ingested: Heart Shaped Lollipop provided to | by | Contact: | | |
| Manifested Symptoms: Stomach pains. | | ate two of the lollipops. | | |
| Victim 13: | | | | DOB: |
| Race: | Sex: | | Grade: | |
| Parent: | | Contact: | | |
| Ingested: Unknown | | | | |
| questions about the details of how | became sick.. | Follow up interview needed.. | was not coherent when I arrived in | room to ask |

| | | | |
|-------------------------------------------------------------------------|---------------------|---------------------|------------------------------------------|
| Supplemental Officer Detective Carlos M Dixon | Badge 017 | Suffix 01 | Signature <i>Carlos M Dixon</i> |
| Supplemental Approving Officer LIEUTENANT Angela D Washington | Badge 005 | Suffix 02 | Signature <i>Angela D. Washington</i> |