CRN 01-14-03-0986

Athens-Clarke County Police
INCIDENT REPORT

ORI – GA0290100

Press Hard – Multiple Copies | Press Hard – Multiple Copies | Revised 0900

From Date	From Time	To Date	To Time	☐ Complainant ☐ Victim No. ___ ☐ Witness No. ___ Desires Personal Information Not be Released	Premise Type	Case Status
031714	2100	301814	0005		☐ 1. Highway ☐ 2. Serv. Station ☐ 3. Conv. Store ☐ 4. Bank ☐ 5. Commercial ☐ 6. Residence ☐ 7. School/Campus ☒ 8. All Other	☒ Active ☐ Inactive ☐ Arrest-Adult ☐ Arrest-Juv. ☐ Ex. Cleared ☐ Unfounded

Department Title – Most Serious Criminal/Traffic/Ordinance Offense. See Table.: **BURGALRY** | Zone: 9 | ☐ Downtown ☐ AHA

Incident Location – Common Name | Address: No., Dir., St., Suffix, Apt. [redacted] | ☒ Athens ☐ Winterville ☐ Bogart

Status Date: 031814

☒ Alcohol Related ☐ Drug Related ☒ Unknown

Type of Drug(s) ☐ Amphetamine ☐ Barbiturate ☐ Cocaine ☐ Hallucinogen ☐ Heroin ☐ Marijuana ☐ Opium ☐ Methamphetamine ☐ Synthetic Narcotic ☐ Unknown ☐ Form: ____

Solvability Factors: ☐ M.O. Present ☐ Physical Evidence ☐ Property Traceable ☐ Witness

Suspect Can Be: ☒ Named ☐ ID ☐ Located ☐ Described ☐ Vehicle ID

Complainant Information ☐ Juvenile ☐ Victim

Last [redacted] First [redacted]
Middle Suffix
Address: No., Dir., St., Suffix, Apt. [redacted]
City, State [redacted] Zip Code [redacted]
Phone: Home Work [redacted]
Race W ☐ M ☒ F DOB

Victim Information ☐ Juvenile ☐ State of GA ☐ A.C.C.

Last RAM CONSTRUCTION
First
Middle Suffix
Address: No., Dir., St., Suffix, Apt. [redacted]
City, State CUMMING GA Zip Code [redacted]
Home Work Cell/Pager [redacted]
Race ☐ M ☐ F DOB
Alias/Street Name
Employer Occupation
☐ County Resident ☐ Student School
☐ Can ID Suspect ☐ Will File Charges ☐ Med. Treatment
Hospital
Type/Extent of Injury: ☐ Fatal Injury ☐ Broken Bones ☐ Gun/Knife ☐ Superficial Inj. ☐ Sexual Abuse ☐ Other ☐ Property Damage/Loss ☐ Mental Abuse ☐ Threats

Witness 1 Information ☐ Juvenile

Last, First, Middle, Suffix [redacted]
Address: No., Dir., St., Suffix, Apt. [redacted]
Zip Code [redacted]
Work
Race W ☒ M ☐ F DO[redacted]92

Witness 2 Information ☐ Juvenile

Last, First, Middle, Suffix
Address: No., Dir., St., Suffix, Apt.
City, State Zip Code
Phone: Home Work
Race ☐ M ☐ F DOB

Offender 1 Information ☐ Juvenile

Last First
Middle Suffix
Address: No., Dir., St., Suffix, Apt.
City, State Zip Code
Home Work Cell/Pager
Race ☐ M ☐ F DOB
Alias/Street Name
Employer Occupation
☐ County Resident ☐ Student School
OLN State
Height Weight Stranger to Stranger? ☐ Yes ☐ No
Eye Color: ☐ Black ☐ Brown ☐ Blue ☐ Green ☐ Hazel ☐ Gray ☐ Other ____
Hair Color: ☐ Blonde ☐ Brown ☐ Black ☐ Red ☐ Gray ☐ Salt & Pepper ☐ Other ____
Offender's Vehicle Description ☐ Vehicle Searched
Tag Year State
Veh. Year Make
Model Style
Color-Top Color-Bottom
☐ Incident Recorded Tape No. ☐ Hand cuffed ☐ D.L. ☐ B.B.

Burglary Factors For Incident/Offense No. 1

Forced Entry? ☐ Yes ☒ No ☐ Unknown
☐ Kicked ☐ Pushed ☐ Pry Tool ☐ Heavy Object ☐ Lock Tamper ☐ Cutting Tool

Point of Entry? ☒ Door ☐ Window ☐ Roof ☐ Wall ☐ Attic ☐ Other ☐ Unk.
☐ Front ☐ Rear ☐ Side ☐ Basement ☐ Move A/C

Point of Exit? ☒ Same as Entry ☐ Other ____
Structure Was: ☐ Occupied ☒ Unoccupied

Attached Documents:
☐ Incident/Offense Continuation
☒ Persons Form ☐ Juvenile Complaint
☐ Domestic Violence ☐ Property/Vehicle
☐ GCIC ☐ ABR ☐ Victim Notification

Incident/Offense 1

☐ Attempted ☒ Committed | Code Section 16-7-1
Title BURGLARY
Assault Factors ☐ Assault ☐ Theft ☐ DV ☐ Sexual ☐ Mental Subject ☐ Hate Crime ☐ Unknown
Weapon Type ☐ Gun ☐ Other ☐ Knife/Cutting Tool ☐ Hands/Fists/Etc.
Weapon Description
Offense Status ☒ Active ☐ Inactive ☐ Unfounded ☐ Arrest ☐ Ex. Cleared
Involved Suspect No.(s) 1 Victim No.(s) 1
Murder Circumstance

Incident/Offense 2

☐ Attempted ☒ Committed | Code Section 16-7-21
Title CRIMINAL TRESPASS TO PROPERTY
Assault Factors ☐ Assault ☐ Theft ☐ DV ☐ Sexual ☐ Mental Subject ☐ Hate Crime ☐ Unknown
Weapon Type ☐ Gun ☐ Other ☐ Knife/Cutting Tool ☐ Hands/Fists/Etc.
Weapon Description
Offense Status ☒ Active ☐ Inactive ☐ Unfounded ☐ Arrest ☐ Ex. Cleared
Involved Suspect No.(s) 1 Victim No.(s) 1
Murder Circumstance

Incident/Offense 3

☐ Attempted ☐ Committed | Code Section
Title
Assault Factors ☐ Assault ☐ Theft ☐ DV ☐ Sexual ☐ Mental Subject ☐ Hate Crime ☐ Unknown
Weapon Type ☐ Gun ☐ Other ☐ Knife/Cutting Tool ☐ Hands/Fists/Etc.
Weapon Description
Offense Status ☐ Active ☐ Inactive ☐ Unfounded ☐ Arrest ☐ Ex. Cleared
Involved Suspect No.(s) 1 Victim No.(s) 1
Murder Circumstance

Incident/Offense 4

☐ Attempted ☐ Committed | Code Section
Title
Assault Factors ☐ Assault ☐ Theft ☐ DV ☐ Sexual ☐ Mental Subject ☐ Hate Crime ☐ Unknown
Weapon Type ☐ Gun ☐ Other ☐ Knife/Cutting Tool ☐ Hands/Fists/Etc.
Weapon Description
Offense Status ☐ Active ☐ Inactive ☐ Unfounded ☐ Arrest ☐ Ex. Cleared
Involved Suspect No.(s) ____ Victim No.(s) ____
Murder Circumstance

Reporting Officer	Emp. No.	Report Date	Approving Supervisor	Emp. No.
[signature]	3544	03-18-14	SGT M. Young	475

☐ Supplemental Revised 0900 ☒ **Adult Persons Form** ☐ Juvenile ORI – GA0290100

ALL PERSONS VS OMP VICTIM OFFENDER SUSPECT MISSING PERSON

GCIC ☐ Entry ☐ Modification ☐ Removal	NOTE: Adult and Juvenile Must Be On Separate Forms	GCIC ☐ Entry ☐ Modification ☐ Removal
Person No. 2 ☒ Victim ☐ Witness ☐ Suspect / P.A. ☐ Missing Person ☐ Juvenile Complaintant ☐ Offender		Person No. 2 ☐ Victim ☐ Witness ☐ Suspect / P.A. ☐ Missing Person ☐ Juvenile Complaintant ☐ Offender
Last [redacted] ☐ BOLO Issued		Last [redacted] *COMPAINTANT #2 ☐ BOLO Issued
First		First [redacted]
Middle / Suffix		Middle / Suffix
Address: No, ,Dir. ,St. ,Suffix, Apt. [redacted]		Address: No, ,Dir. ,St. ,Suffix, Apt. [redacted]
[redacted] Race ☐ M ☐ F		City, State ☐ Athens, GA Zip Code [redacted] Race W ☒ M ☐ F
DOB Phone (H) [redacted] (Cell/Pgr)		DOB Phone (H) 706 [redacted] (Cell/Pgr) [redacted]
Witness / Juvenile Complainant Information Complete At This Point		**Witness / Juvenile Complainant Information Complete At This Point**
Alias/Street Name		Alias/Street Name
Employer / Occupation		Employer **RAM CONTRACTING** / Occupation **FOREMAN**
☐ County Resident ☐ Student School		☐ County Resident ☐ Student School
Complete Specialty Sections Below For Victim, Offender, Suspect, or Missing Person		**Complete Specialty Sections Below For Victim, Offender, Suspect, or Missing Person**
☐ Can Identify Suspect ☐ Will File Charges/Testify ☐ Medical		☐ Can Identify Suspect ☐ Will File Charges/Testify ☐ Medical
Hospital		Hospital
Type / Extent Of Injury ☐ Fatal Injury ☐ Broken Bones ☐ Gun / Knife ☐ Threats ☐ Mental Abuse ☐ Superficial Injury ☐ Sexual Abuse ☐ Property Damage/Loss ☐ Other		Type / Extent Of Injury ☐ Fatal Injury ☐ Broken Bones ☐ Gun / Knife ☐ Threats ☐ Mental Abuse ☐ Superficial Injury ☐ Sexual Abuse ☐ Property Damage/Loss ☐ Other
Victim Information Complete At This Point		**Victim Information Complete At This Point**
OLN / State / Stranger to Stranger? ☐ Yes ☐ No ☐ Unk		OLN / State / Stranger to Stranger? ☐ Yes ☐ No ☐ Unk
Hgt / Wgt / Eye Color: ☐ Black ☐ Brown ☐ Blue ☐ Green ☐ Hazel ☐ Gray ☐ Other ____		Hgt / Wgt / Eye Color: ☐ Black ☐ Brown ☐ Blue ☐ Green ☐ Hazel ☐ Gray ☐ Other ____
Hair Color: ☐ Blonde ☐ Brown ☐ Black ☐ Red ☐ Gray ☐ Salt & Pepper		Hair Color: ☐ Blonde ☐ Brown ☐ Black ☐ Red ☐ Gray ☐ Salt & Pepper
☐ Handcuffed ☐ D.L. ☐ B.B.		☐ Handcuffed ☐ D.L. ☐ B.B.
Offender Information Complete At This Point		**Offender Information Complete At This Point**
Complete OFFENDER Information above AND this section for all SUSPECTS and MISSING PERSONS. Note: Use RANGES below only if exact information has not been completed above		Complete OFFENDER Information above AND this section for all SUSPECTS and MISSING PERSONS. Note: Use RANGES below only if exact information has not been completed above
Age Range / Height Range / Weight Range / Hand Use ☐ Left ☐ Right / Speech / Voice ☐ Soft Spoken ☐ Normal ☐ Loud ☐ Slurred ☐ Confused ☐ Accent ☐ Stuttered ☐ Foreign ☐ Mute ☐ Other		Age Range / Height Range / Weight Range / Hand Use ☐ Left ☐ Right / Speech / Voice ☐ Soft Spoken ☐ Normal ☐ Loud ☐ Slurred ☐ Confused ☐ Accent ☐ Stuttered ☐ Foreign ☐ Mute ☐ Other
Facial Hair: ☐ Stubble ☐ Mustache ☐ Beard ☐ Goatee ☐ Sideburns ☐ Bushy Eyebrows / Hair Length: ☐ Bald ☐ Short(<1/2") ☐ Medium(<2") ☐ Med-Long(2"-5") ☐ Long(Down Back) ☐ Very Long(Waist+) / Complexion: ☐ Dark ☐ Medium ☐ Fair ☐ Light / ☐ Glasses / Build: ☐ Thin ☐ Medium ☐ Large ☐ Heavy ☐ Obese ☐ Muscular ☐ Pot Belly		Facial Hair: ☐ Stubble ☐ Mustache ☐ Beard ☐ Goatee ☐ Sideburns ☐ Bushy Eyebrows / Hair Length: ☐ Bald ☐ Short(<1/2") ☐ Medium(<2") ☐ Med-Long(2"-5") ☐ Long(Down Back) ☐ Very Long(Waist+) / Complexion: ☐ Dark ☐ Medium ☐ Fair ☐ Light / ☐ Glasses / Build: ☐ Thin ☐ Medium ☐ Large ☐ Heavy ☐ Obese ☐ Muscular ☐ Pot Belly
Teeth: ☐ Normal ☐ Other ____		Teeth: ☐ Normal ☐ Other ____
Caution		Caution
Hat / Hair Style		Hat / Hair Style
Coat		Coat
Shirt		Shirt
Pants		Pants
Shoes		Shoes
Body Marks		Body Marks
Missing Person Only / SSN		Missing Person Only / SSN
☐ Missing Previously ☐ Medication Required ☐ Foul Play Suspected		☐ Missing Previously ☐ Medication Required ☐ Foul Play Suspected
Recovery Only / Recovered By / Date/Time		Recovery Only / Recovered By / Date/Time

COMMUNICATIONS Delivery Confirmation	Entry – Edit Confirmation	Removal Confirmation
Delivered By / Date/Time	Entered / Modified By / Date/Time	Authorization is given for deletion of item(s) listed from GCIC/NCIC. Valid only when signed by reporting officer or designee.
Received By / Date/Time	SRN:	Authorized By / Date
	NIC:	Removed By / Date

☐ Supplemental Revised 0900 ☒ **Adult Persons Form** ☐ Juvenile ORI – GA0290100

ALL PERSONS / VSOMP VICTIM OFFENDER SUSPECT MISSING PERSON

	Person No. 1	Person No. 2
GCIC / NCIC	☐ Entry ☐ Modification ☐ Removal	☐ Entry ☐ Modification ☐ Removal
NOTE	Adult and Juvenile Must Be On Separate Forms	
	☐ Victim ☐ Witness ☐ Suspect / P.A. ☐ Missing Person ☐ Juvenile Complaintant ☐ Offender	☐ Victim ☐ Witness ☐ Suspect / P.A. ☐ Missing Person ☐ Juvenile Complaintant ☐ Offender
Last	[redacted] * INVOLVED OTHER ☐ BOLO Issued	[redacted] * INVOLVED OTHER ☐ BOLO Issued
First	[redacted]	[redacted]
Middle / Suffix		
Address: No, ,Dir. ,St. ,Suffix, Apt.	[redacted]	[redacted]
Race / Sex	W ☒ M ☐ F	W ☒ M ☐ F
DOB	[redacted]9 3	[redacted]93
Phone (H) (W) (Cell/Pgr)	[redacted]	[redacted]
Witness / Juvenile Complainant Information Complete At This Point		
Alias/Street Name		
Employer / Occupation		
☐ County Resident ☐ Student School		
Complete Specialty Sections Below For Victim, Offender, Suspect, or Missing Person		
☐ Can Identify Suspect ☐ Will File Charges/Testify ☐ Medical		
Hospital		
Type / Extent Of Injury ☐ Fatal Injury ☐ Broken Bones ☐ Gun / Knife ☐ Threats ☐ Mental Abuse ☐ Superficial Injury ☐ Sexual Abuse ☐ Property Damage/Loss ☐ Other		
Victim Information Complete At This Point		
OLN / State / Stranger to Stranger? ☐ Yes ☐ No ☐ Unk		
Hgt / Wgt / Eye Color: ☐ Black ☐ Brown ☐ Blue ☐ Green ☐ Hazel ☐ Gray ☐ Other		
Hair Color: ☐ Blonde ☐ Brown ☐ Black ☐ Red ☐ Gray ☐ Salt & Pepper		
☐ Handcuffed ☐ D.L. ☐ B.B.		
Offender Information Complete At This Point		
Complete OFFENDER information above AND this section for all SUSPECTS and MISSING PERSONS. Note: Use RANGES below only if exact information has not been completed above		
Age Range / Height Range / Weight Range / Hand Use ☐ Left ☐ Right / Speech / Voice ☐ Soft Spoken ☐ Normal ☐ Loud ☐ Slurred ☐ Confused ☐ Accent ☐ Stuttered ☐ Foreign ☐ Mute ☐ Other		
Facial Hair: ☐ Stubble ☐ Mustache ☐ Beard ☐ Goatee ☐ Sideburns ☐ Bushy Eyebrows		
Hair Length: ☐ Bald ☐ Short(<1/2") ☐ Medium(<2") ☐ Med-Long(2"-5") ☐ Long(Down Back) ☐ Very Long(Waist+)		
Complexion: ☐ Dark ☐ Medium ☐ Fair ☐ Light ☐ Glasses		
Build: ☐ Thin ☐ Medium ☐ Large ☐ Heavy ☐ Obese ☐ Muscular ☐ Pot Belly		
Teeth: ☐ Normal ☐ Other		
Caution		
Hat / Hair Style		
Coat		
Shirt		
Pants		
Shoes		
Body Marks		
Missing Person Only / SSN		
☐ Missing Previously ☐ Medication Required ☐ Foul Play Suspected		
Recovery Only / Recovered By / Date/Time		

COMMUNICATIONS	Delivery Confirmation	Entry – Edit Confirmation		Removal Confirmation
Delivered By	Date/Time	Entered / Modified By	Date/Time	Authorization is given for deletion of item(s) listed from GCIC/NCIC. Valid only when signed by reporting officer or designee.
Received By	Date/Time	SRN:		Authorized By / Date
		NIC:		Removed By / Date

☐ Supplemental Revised 0900 ☐ Adult **Persons Form** ☐ Juvenile ORI – GA0290100

ALL PERSONS

GCIC ☐ Entry ☐ Modification ☐ Removal — NOTE: Adult and Juvenile Must Be On Separate Forms		GCIC ☐ Entry ☐ Modification ☐ Removal
Person No. 3	☐ Victim ☐ Witness ☐ Suspect / P.A. ☐ Missing Person ☐ Juvenile Complainant ☐ Offender	Person No. 4	☐ Victim ☐ Witness ☐ Suspect / P.A. ☐ Missing Person ☐ Juvenile Complainant ☐ Offender
Last [redacted] * INVOLVED OTHER ☐ BOLO Issued		Last [redacted] * INVOLVED OTHER ☐ BOLO Issued
First [redacted]		First [redacted]
Middle	Suffix	Middle	Suffix
Address: No. Dir. St. Suffix Apt. [redacted]		Address: No. Dir. St. Suffix Apt. [redacted]
	Race W ☒ M ☐ F	City, State ☐ Athens, GA [redacted]	Zip Code	Race W ☐ M ☒ F
DOB [redacted] 2	Phone (H)	(W)	(Cell/Pgr) [redacted]	DOB [redacted]	Phone (H)	(W)	(Cell/Pgr) [redacted]
Witness / Juvenile Complainant Information Complete At This Point		**Witness / Juvenile Complainant Information Complete At This Point**
Alias/Street Name		Alias/Street Name
Employer	Occupation	Employer	Occupation
☐ County Resident ☐ Student School		☐ County Resident ☐ Student School

VSOMP

Complete Specialty Sections Below For Victim, Offender, Suspect, or Missing Person		Complete Specialty Sections Below For Victim, Offender, Suspect, or Missing Person
☐ Can Identify Suspect ☐ Will File Charges/Testify ☐ Medical		☐ Can Identify Suspect ☐ Will File Charges/Testify ☐ Medical
Hospital		Hospital
Type / Extent Of Injury ☐ Fatal Injury ☐ Broken Bones ☐ Gun / Knife ☐ Threats ☐ Mental Abuse ☐ Superficial Injury ☐ Sexual Abuse ☐ Property Damage/Loss ☐ Other		Type / Extent Of Injury ☐ Fatal Injury ☐ Broken Bones ☐ Gun / Knife ☐ Threats ☐ Mental Abuse ☐ Superficial Injury ☐ Sexual Abuse ☐ Property Damage/Loss ☐ Other

VICTIM

Victim Information Complete At This Point		Victim Information Complete At This Point
OLN	State	Stranger to Stranger? ☐ Yes ☐ No ☐ Unk	OLN	State	Stranger to Stranger? ☐ Yes ☐ No ☐ Unk
Hgt	Wgt	Eye Color: ☐ Black ☐ Brown ☐ Blue ☐ Green ☐ Hazel ☐ Gray ☐ Other	Hgt	Wgt	Eye Color: ☐ Black ☐ Brown ☐ Blue ☐ Green ☐ Hazel ☐ Gray ☐ Other
Hair Color: ☐ Blonde ☐ Brown ☐ Black ☐ Red ☐ Gray ☐ Salt & Pepper		Hair Color: ☐ Blonde ☐ Brown ☐ Black ☐ Red ☐ Gray ☐ Salt & Pepper
☐ Handcuffed ☐ D.L. ☐ B.B.		☐ Handcuffed ☐ D.L. ☐ B.B.

OFFENDER

Offender Information Complete At This Point		Offender Information Complete At This Point

SUSPECT MISSING PERSON

Complete OFFENDER Information above AND this section for all SUSPECTS and MISSING PERSONS. Note: Use RANGES below only if exact information has not been completed above		Complete OFFENDER Information above AND this section for all SUSPECTS and MISSING PERSONS. Note: Use RANGES below only if exact information has not been completed above
Age Range / Height Range / Weight Range / Hand Use ☐ Left ☐ Right / Speech / Voice ☐ Soft Spoken ☐ Normal ☐ Loud ☐ Slurred ☐ Confused ☐ Accent ☐ Stuttered ☐ Foreign ☐ Mute ☐ Other		Age Range / Height Range / Weight Range / Hand Use ☐ Left ☐ Right / Speech / Voice ☐ Soft Spoken ☐ Normal ☐ Loud ☐ Slurred ☐ Confused ☐ Accent ☐ Stuttered ☐ Foreign ☐ Mute ☐ Other
Facial Hair: ☐ Stubble ☐ Mustache ☐ Beard ☐ Goatee ☐ Sideburns ☐ Bushy Eyebrows / Hair Length ☐ Bald ☐ Short(<1/2") ☐ Medium(<2") ☐ Med-Long(2"-5") ☐ Long(Down Back) ☐ Very Long(Waist+) / Complexion: ☐ Dark ☐ Medium ☐ Fair ☐ Light ☐ Glasses / Build: ☐ Thin ☐ Medium ☐ Large ☐ Heavy ☐ Obese ☐ Muscular ☐ Pot Belly		Facial Hair: ☐ Stubble ☐ Mustache ☐ Beard ☐ Goatee ☐ Sideburns ☐ Bushy Eyebrows / Hair Length ☐ Bald ☐ Short(<1/2") ☐ Medium(<2") ☐ Med-Long(2"-5") ☐ Long(Down Back) ☐ Very Long(Waist+) / Complexion: ☐ Dark ☐ Medium ☐ Fair ☐ Light ☐ Glasses / Build: ☐ Thin ☐ Medium ☐ Large ☐ Heavy ☐ Obese ☐ Muscular ☐ Pot Belly
Teeth: ☐ Normal ☐ Other		Teeth: ☐ Normal ☐ Other
Caution		Caution
Hat / Hair Style		Hat / Hair Style
Coat		Coat
Shirt		Shirt
Pants		Pants
Shoes		Shoes
Body Marks		Body Marks
Missing Person Only SSN		Missing Person Only SSN
☐ Missing Previously ☐ Medication Required ☐ Foul Play Suspected		☐ Missing Previously ☐ Medication Required ☐ Foul Play Suspected
Recovery Only / Recovered By / Date/Time		Recovery Only / Recovered By / Date/Time

COMMUNICATIONS Delivery Confirmation	Entry – Edit Confirmation	Removal Confirmation
Delivered By Date/Time	Entered / Modified By Date/Time	Authorization is given for deletion of item(s) listed from GCIC/NCIC. Valid only when signed by reporting officer or designee.
Received By Date/Time	SRN:	Authorized By Date
	NIC:	Removed By Date

CRN 04-14-03-0986 **Athens-Clarke County Police** Officer KB Supervisor JAN Page 5 of 8

☐ Supplemental Revised 0900 ☒ **Adult Persons Form** ☐ Juvenile ORI – GA0290100

ALL PERSONS

GCIC ☐ Entry ☐ Modification ☐ Removal	NOTE: Adult and Juvenile Must Be On Separate Forms	GCIC ☐ Entry ☐ Modification ☐ Removal
Person No. 5	☐ Victim ☐ Witness ☐ Suspect / P.A. ☐ Missing Person ☐ Juvenile Complaintant ☐ Offender	Person No. 1	☐ Victim ☐ Witness ☒ Suspect / P.A. ☐ Missing Person ☐ Juvenile Complaintant ☐ Offender
Last [redacted] * INVOLVED OTHER	☐ BOLO Issued	Last [redacted]	☐ BOLO Issued
First		First [redacted]	
Middle	Suffix	Middle M	Suffix
Address: No. Dir. St. Suffix Apt. [redacted]		Address: No. ,Dir. ,St. ,Suffix, Apt. [redacted]	
City, State ☐ Athens, GA [redacted]	Zip Code 30096	Race W	☒ M ☐ F	Race W	☒ M ☐ F
DOB [redacted]	Phone	(H)	(W)	(Cell/Pgr) [redacted]	DOB [redacted]	Phone	(H)	(W)	(Cell/Pgr) [redacted]

VSOMP

Witness / Juvenile Complainant Information Complete At This Point	Witness / Juvenile Complainant Information Complete At This Point
Alias/Street Name	Alias/Street Name
Employer / Occupation	Employer / Occupation
☐ County Resident ☐ Student School	☐ County Resident ☐ Student School

VICTIM

Complete Specialty Sections Below For Victim, Offender, Suspect, or Missing Person	Complete Specialty Sections Below For Victim, Offender, Suspect, or Missing Person
☐ Can Identify Suspect ☐ Will File Charges/Testify ☐ Medical	☐ Can Identify Suspect ☐ Will File Charges/Testify ☐ Medical
Hospital	Hospital
Type / Extent Of Injury ☐ Fatal Injury ☐ Broken Bones ☐ Gun / Knife ☐ Threats ☐ Mental Abuse ☐ Superficial Injury ☐ Sexual Abuse ☐ Property Damage/Loss ☐ Other	Type / Extent Of Injury ☐ Fatal Injury ☐ Broken Bones ☐ Gun / Knife ☐ Threats ☐ Mental Abuse ☐ Superficial Injury ☐ Sexual Abuse ☐ Property Damage/Loss ☐ Other
Victim Information Complete At This Point	Victim Information Complete At This Point

OFFENDER

OLN / State / Stranger to Stranger? ☐ Yes ☐ No ☐ Unk	OLN 053799254 / State GA / Stranger to Stranger? ☐ Yes ☐ No ☐ Unk
Hgt / Wgt / Eye Color: ☐ Black ☐ Brown ☐ Blue ☐ Green ☐ Hazel ☐ Gray ☐ Other	Hgt 510 / Wgt 170 / Eye Color: ☐ Black ☐ Brown ☐ Blue ☒ Green ☐ Hazel ☐ Gray ☐ Other
Hair Color: ☐ Blonde ☐ Brown ☐ Black ☐ Red ☐ Gray ☐ Salt & Pepper	Hair Color: ☐ Blonde ☐ Brown ☐ Black ☐ Red ☐ Gray ☐ Salt & Pepper
☐ Handcuffed ☐ D.L. ☐ B.B.	☐ Handcuffed ☐ D.L. ☐ B.B.
Offender Information Complete At This Point	Offender Information Complete At This Point

SUSPECT MISSING PERSON

Complete OFFENDER information above AND this section for all SUSPECTS and MISSING PERSONS. Note: Use RANGES below only if exact information has not been completed above	Complete OFFENDER information above AND this section for all SUSPECTS and MISSING PERSONS. Note: Use RANGES below only if exact information has not been completed above
Age Range / Height Range / Weight Range / Hand Use ☐ Left ☐ Right / Speech / Voice ☐ Soft Spoken ☐ Normal ☐ Loud ☐ Slurred ☐ Confused ☐ Accent ☐ Stuttered ☐ Foreign ☐ Mute ☐ Other	Age Range / Height Range / Weight Range / Hand Use ☐ Left ☐ Right / Speech / Voice ☐ Soft Spoken ☐ Normal ☐ Loud ☐ Slurred ☐ Confused ☐ Accent ☐ Stuttered ☐ Foreign ☐ Mute ☐ Other
Facial Hair: ☐ Stubble ☐ Mustache ☐ Beard ☐ Goatee ☐ Sideburns ☐ Bushy Eyebrows	Hair Length: ☐ Bald ☐ Short(<1/2") ☐ Medium(<2") ☐ Med-Long(2"-5") ☐ Long(Down Back) ☐ Very Long(Waist+)	Complexion: ☐ Dark ☐ Medium ☐ Fair ☐ Light ☐ Glasses	Build: ☐ Thin ☐ Medium ☐ Large ☐ Heavy ☐ Obese ☐ Muscular ☐ Pot Belly
Facial Hair: ☐ Stubble ☐ Mustache ☐ Beard ☐ Goatee ☐ Sideburns ☐ Bushy Eyebrows	Hair Length: ☐ Bald ☐ Short(<1/2") ☐ Medium(<2") ☐ Med-Long(2"-5") ☐ Long(Down Back) ☐ Very Long(Waist+)	Complexion: ☐ Dark ☒ Medium ☒ Fair ☐ Light ☐ Glasses	Build: ☐ Thin ☐ Medium ☒ Large ☐ Heavy ☐ Obese ☐ Muscular ☐ Pot Belly
Teeth: ☐ Normal ☐ Other	Teeth: ☐ Normal ☐ Other
Caution	Caution
Hat / Hair Style	Hat / Hair Style
Coat	Coat
Shirt	Shirt
Pants	Pants
Shoes	Shoes
Body Marks	Body Marks
Missing Person Only SSN	Missing Person Only SSN
☐ Missing Previously ☐ Medication Required ☐ Foul Play Suspected	☐ Missing Previously ☐ Medication Required ☐ Foul Play Suspected
Recovery Only / Recovered By / Date/Time	Recovery Only / Recovered By / Date/Time

COMMUNICATIONS Delivery Confirmation	Entry – Edit Confirmation	Removal Confirmation
Delivered By / Date/Time	Entered / Modified By / Date/Time	Authorization is given for deletion of item(s) listed from GCIC/NCIC. Valid only when signed by reporting officer or designee.
Received By / Date/Time	SRN:	Authorized By / Date
	NIC:	Removed By / Date