

MILLEDGEVILLE POLICE DEPARTMENT

CASE NUMBER: 10001700

SA GA0150200

INCIDENT REPORT

OFFENSE: SEXUAL ASSAULT

INCIDENT TYPE

SEX ASSAULT - OTHER OFFENSE

COUNTS INCIDENT CODE

1 1199

PREMISE TYPE

1 - HIGHWAY 2 - SERVICE STATION
3 - CONVENIENCE STORE 4 - BANK
5 - COMMERCIAL 6 - RESIDENCE
7 - SCHOOL/CAMPUS 8 - ALL OTHER

INCIDENT LOCATION (STREET #, STREET NAME, APT. #) CITY ZIP CODE ZONE LOCATION CODE

119 S WAYNE STREET MILLEDGEVILLE 31061 1

INCIDENT DATE TIME DATE TIME STRANGER TO STRANGER

03/04/2010 2300 TO 03/05/2010 0233 YES NO UNKNOWN

WEAPON TYPE

1 - GUN 2 - KNIFE/CUTTING TOOL
3 - HANDS/FISTS OTHER

COMPLAINANT LAST NAME FIRST NAME MIDDLE NAME COMPLAINANT ADDRESS NO., STREET CITY STATE ZIP PHONE NUMBER

MILLEDGEVILLE GA

COMPLAINANT: W F RACE SEX DATE OF BIRTH AGE RESIDENCE PHONE BUSINESS PHONE

VICTIM LAST NAME FIRST NAME MIDDLE NAME RACE SEX DATE OF BIRTH AGE RESIDENCE PHONE BUSINESS PHONE

SAME AS ABOVE

ADDRESS NO., STREET CITY STATE ZIP CENSUS TRACT EMPLOYER OR OCCUPATION

STUDENT? YES NO IF YES, NAME VICTIMS SCHOOL GCSU

OFFENDER LAST NAME, FIRST NAME, MIDDLE NAME RACE SEX DATE OF BIRTH AGE

W M

WANTED ADDRESS NO., STREET CITY STATE ZIP CENSUS TRACT HEIGHT WEIGHT HAIR COLOR EYES

605 241 BRO BRO

WARRANT CHARGES COUNTS OFFENSE CODE OFFENSE / ARREST JURISDICTION CODES

1 1 CITY 2. COUNTY 3. STATE 4. OUT OF STATE 5. UNKNOWN

ARREST TOTAL NUMBER ARRESTED ARREST AT OR NEAR OFFENSE SCENE DATE OF OFFENSE

03/05/2010

STOLEN TAG NUMBER STATE YEAR V.I.N. PLATE ONLY VIN PLATE ONLY

RECOVERED YEAR MAKE MODEL STYLE COLOR MOTOR SIZE (CID) TRANSMISSION INSURED BY

SUSPECTS AUTO MAN. SPD

WITNESS LAST NAME FIRST NAME MIDDLE NAME ADDRESS NO., STREET CITY STATE ZIP PHONE NUMBER

WITNESS 1 - DOB / Age: 19 WITNESS 2 - DOB / Age: 20

VEHICLES CURRENCY, NOTES, ETC JEWELRY, PREC. METALS FURS

PROPERTY RECOVERY INFO ONLY THEFT/RECOVERY JURISDICTION CODES

DATE OF THEFT

TOTALS

GCIC ENTRY WARRANT MISSING PERSONS VEHICLE ARTICLE BOAT GUN SECURITIES

DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? YES NO

1 - AMPHETAMINE 2 - BARBITURATE 3 - COCAINE 4 - HALLUCINOGEN 5 - HEROIN

6 - MARIJUANA 7 - METHAMPHETAMINE 8 - OPIUM 9 - SYNTHETIC NARCOTIC U - UNKNOWN

REQUIRED DATA FIELDS FOR CLEARANCE REPORT

DATE OF CLEARANCE

REPORT DATE 03/05/2010

REPORTING OFFICER NUMBER APPROVING OFFICER NUMBER

SGT J BLASH 49 SGT J BLASH 49

approveit. Signature. I

approveit. Signature. I