

NEWTON COUNTY SHERIFF'S OFFICE INCIDENT REPORT

AGENCY ID
GA1070000

PUBLIC COPY ORIGINAL REPORT

CASE NUMBER
2018-00715

Statute	INCIDENT TYPE	CNT	GOC	UCR CODE	UCR DESCRIPTION
16-5-70	CRUELTY TO CHILDREN - -/FEL-1ST DEGREE/- -/MISD-2ND	1		3802	FAMILY OFFENSE:CRUELTY TOWARD CHILD
16-11-39	DISORDERLY CONDUCT -/MISD/-	1		5311	PUBLIC PEACE:DISORDERLY CONDUCT
16-5-23.1	BATTERY-MISD.	1		1315	ASSAULT/BATTERY:AGGRAVATED- OTHER WEAP
16-5-70(C)	CRUELTY CHILD - 2ND DEGREE(3RD OR SUBQ OFF)	6		3802	FAMILY OFFENSE:CRUELTY TOWARD CHILD

EVENT	LOCATION DESCRIPTION AND ADDRESS				ZONE		PREMISE TYPE														
	LIBERTY MIDDLE				1																
	5225 SALEM ROAD				NW1		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">HIGHWAY</td> <td style="width: 50%;">SVC STATION</td> </tr> <tr> <td>CONVENIENCE STORE</td> <td>BANK</td> </tr> <tr> <td>COMMERCIAL</td> <td>RESIDENCE</td> </tr> <tr> <td><input checked="" type="checkbox"/> SCHOOL/CAMPUS</td> <td>ALL OTHERS</td> </tr> </table>		HIGHWAY	SVC STATION	CONVENIENCE STORE	BANK	COMMERCIAL	RESIDENCE	<input checked="" type="checkbox"/> SCHOOL/CAMPUS	ALL OTHERS					
	HIGHWAY	SVC STATION																			
	CONVENIENCE STORE	BANK																			
COMMERCIAL	RESIDENCE																				
<input checked="" type="checkbox"/> SCHOOL/CAMPUS	ALL OTHERS																				
INCIDENT DATE <input type="text" value="01/05/2018"/> TIME <input type="text" value="1600"/> TO <input type="text" value="01/05/2018"/> TIME <input type="text" value="1800"/> STRANGER TO STRANGER YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>				DISCOVERED BY <input type="checkbox"/> Officer On Patrol <input type="checkbox"/> Reporting Party <input type="checkbox"/> Private Security <input type="checkbox"/> Alarm <input checked="" type="checkbox"/> Complainant		WEAPON TYPE															
DAY OF THE WEEK (INCIDENT)				WEATHER CONDITIONS		HANDS/FISTS, ETC.															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>SUN</td><td>MON</td><td>TUE</td><td>WED</td><td>THU</td><td><input checked="" type="checkbox"/> FRI</td><td>SAT</td><td>UNK</td> </tr> </table>				SUN	MON	TUE	WED	THU	<input checked="" type="checkbox"/> FRI	SAT	UNK	<input type="text" value="CLEAR"/>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>GUN</td><td>KNIFE</td><td><input checked="" type="checkbox"/> HANDS/FISTS, ETC.</td> </tr> <tr> <td colspan="2">OTHER</td><td>UNKNOWN</td> </tr> </table>		GUN	KNIFE	<input checked="" type="checkbox"/> HANDS/FISTS, ETC.	OTHER		UNKNOWN
SUN	MON	TUE	WED	THU	<input checked="" type="checkbox"/> FRI	SAT	UNK														
GUN	KNIFE	<input checked="" type="checkbox"/> HANDS/FISTS, ETC.																			
OTHER		UNKNOWN																			

PROPERTY TOTALS	01 - VEHICLES		02 - CURRENCY, NOTES, ETC.		03 - JEWELRY, PREC. METALS		04 - FURS		THEFT / RECV.		GOVT PROP.																	
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>STOLEN</td><td></td></tr> <tr><td>RECOVERED</td><td></td></tr> </table>		STOLEN		RECOVERED		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td></td><td></td></tr> </table>					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td></td><td></td></tr> </table>				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td></td><td></td></tr> </table>				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>		<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> </table>				
	STOLEN																											
	RECOVERED																											
<input type="checkbox"/>	<input type="checkbox"/>																											
05 - CLOTHING		06 - OFFICE EQUIP.		07 - TV, RADIO, ETC.		08 - HOUSEHOLD GOODS																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>STOLEN</td><td></td></tr> <tr><td>RECOVERED</td><td></td></tr> </table>		STOLEN		RECOVERED		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td></td><td></td></tr> </table>				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td></td><td></td></tr> </table>				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td></td><td></td></tr> </table>														
STOLEN																												
RECOVERED																												
09 - FIREARMS		10 - CONSUMABLE GOODS		11 - LIVESTOCK		12 - OTHER		TOTALS		THEFT DATE																		
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STOLEN																												
RECOVERED																												
										RECOVERY DATE																		

DRUG	DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										DID INVESTIGATION INDICATE THAT INCIDENT WAS GANG RELATED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	DRUG 1		DRUG 2		DRUG 3		DRUG 4		DRUG 5		NAME OF GANG: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>		<div style="border: 1px solid black; height: 15px; width: 100%;"></div>		<div style="border: 1px solid black; height: 15px; width: 100%;"></div>		<div style="border: 1px solid black; height: 15px; width: 100%;"></div>					
	DRUG 6		DRUG 7		DRUG 8		DRUG 9		DRUG 10			
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>		<div style="border: 1px solid black; height: 15px; width: 100%;"></div>		<div style="border: 1px solid black; height: 15px; width: 100%;"></div>		<div style="border: 1px solid black; height: 15px; width: 100%;"></div>		<div style="border: 1px solid black; height: 15px; width: 100%;"></div>				

STATE	OCA <div style="border: 1px solid black; width: 100px; height: 15px;"></div> <input type="checkbox"/> ENTRY <input type="checkbox"/> CANCEL <input type="checkbox"/> CLEARANCE										CASE STATUS 1 ACTIVE <input type="checkbox"/> 2 CLEARED BY ARREST <input checked="" type="checkbox"/> 3 EX CLEARED <input type="checkbox"/> 4 UNFOUNDED <input type="checkbox"/> 5 INACTIVE <input type="checkbox"/>				
	PERSON <input type="checkbox"/> WARRANT <input type="checkbox"/> VEHICLE <input type="checkbox"/> ARTICLE <input type="checkbox"/> BOAT <input type="checkbox"/> GUN <input type="checkbox"/>														

ADMINISTRATION	ARREST AT OR NEAR OFFENSE SCENE		TOTAL NUMBER ARRESTED		DATE OF REPORT		ADULT		JUVENILE	
	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<div style="border: 1px solid black; width: 30px; text-align: center;">1</div>		<div style="border: 1px solid black; width: 100px; text-align: center;">01/05/2018</div>		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
	EVIDENCE COLLECTED?		PHOTOS TAKEN?		FOLLOW UP - PATROL?		CLEARANCE DATE		CASE STATUS	
	<div style="border: 1px solid black; width: 30px; text-align: center;">N</div>		<div style="border: 1px solid black; width: 30px; text-align: center;">Y</div>		<div style="border: 1px solid black; width: 30px; text-align: center;">N</div>		<div style="border: 1px solid black; width: 100px; text-align: center;">01/18/2018</div>			
	PRINTS TAKEN?		COMPLAINT UNFOUNDED?		FOLLOW UP - DETECTIVES					
	<div style="border: 1px solid black; width: 30px; text-align: center;">N</div>		<div style="border: 1px solid black; width: 30px; text-align: center;">N</div>		<div style="border: 1px solid black; width: 30px; text-align: center;">Y</div>					
BIO/DNA EVIDENCE?		WILLING TO PROSECUTE?		RESPONSE CODE						
<div style="border: 1px solid black; width: 30px; text-align: center;">N</div>		<div style="border: 1px solid black; width: 30px; text-align: center;">Y</div>		<div style="border: 1px solid black; width: 30px; text-align: center;">3</div>						
REPORTING OFFICER		<div style="border: 1px solid black; width: 50px; text-align: center;">9125</div>		<div style="border: 1px solid black; width: 150px; text-align: center;">CHRISTOPHER BOWLES</div>		REVIEWED BY		<div style="border: 1px solid black; width: 100px; height: 15px;"></div>		
APPROVING OFFICER		<div style="border: 1px solid black; width: 50px; text-align: center;">9187</div>		<div style="border: 1px solid black; width: 150px; text-align: center;">WESLEY DICKERSON</div>		REVIEWED DATE		<div style="border: 1px solid black; width: 100px; height: 15px;"></div>		
APPROVED DATE		<div style="border: 1px solid black; width: 80px; text-align: center;">01/08/2018</div>				DIVISION ASSIGNED		<div style="border: 1px solid black; width: 100px; text-align: center;">CID</div>		
						ASSIGNED DATE		<div style="border: 1px solid black; width: 100px; height: 15px;"></div>		
						INVESTIGATOR ASSIGNED		<div style="border: 1px solid black; width: 100px; text-align: center;">9199</div>		
						ASSIGNED DATE		<div style="border: 1px solid black; width: 100px; text-align: center;">01/09/2018</div>		
								<div style="border: 1px solid black; width: 100px; text-align: center;">JAMIE GREEN</div>		

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PERSONS	<input checked="" type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM <input type="checkbox"/> WITNESS <input type="checkbox"/> OFFENDER <input type="checkbox"/> PRIMARY AGGRESSOR <input type="checkbox"/> JUVENILE <input type="checkbox"/> RAPE VICTIM <input type="checkbox"/> WARRANT <input type="checkbox"/> ARRESTED									
	NAME: WADLEY, JR, ARDIS					TYPE: _____				
	ADDRESS: 5100 LINKS CIRCLE					EMP.: _____				
	CITY: COVINGTON ST: GA ZIP: 30014					SCHOOL: _____				
	EMAIL: _____					YEAR OF BIRTH: 1961				
	SSN: _____		RACE: B	HEIGHT: _____	HAIR: _____	PHONE: _____				
	DOB: _____		SEX: M	WEIGHT: _____	EYES: _____	CELL: _____				
	MISSING: <input type="checkbox"/> DEAD/UNIDENTIFIED: <input type="checkbox"/> UNKNOWN: <input type="checkbox"/> RETURNED: <input type="checkbox"/> WANTED: <input type="checkbox"/> SUSPECT: <input type="checkbox"/> WORK PHONE: _____									
	OFF. DATE/TIME: _____		ARR. AGENCY: _____		ORI: _____					
	ARREST DATE: _____		ARREST TIME: _____		ARREST / AT NEAR: <input type="checkbox"/>		OFFENDER TRACK NO.: _____		GCIC CLASS. NO.: _____	
	CHARGES STATUTE INCIDENT TYPE CNT UCR CODE UCR DESCRIPTION									
PERSONS	<input type="checkbox"/> COMPLAINANT <input checked="" type="checkbox"/> VICTIM <input type="checkbox"/> WITNESS <input type="checkbox"/> OFFENDER <input type="checkbox"/> PRIMARY AGGRESSOR <input checked="" type="checkbox"/> JUVENILE <input type="checkbox"/> RAPE VICTIM <input type="checkbox"/> WARRANT <input type="checkbox"/> ARRESTED									
	NAME: ***VICTIM/JUVENILE INFO. WITHHELD***					TYPE: _____				
	ADDRESS: ***VICTIM/JUVENILE INFO. WITHHELD***					EMP.: _____				
	CITY: _____ ST: _____ ZIP: _____					SCHOOL: _____				
	EMAIL: _____					YEAR OF BIRTH: _____				
	SSN: _____		RACE: _____	HEIGHT: _____	HAIR: _____	PHONE: _____				
	DOB: _____		SEX: _____	WEIGHT: _____	EYES: _____	CELL: _____				
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	OFF. DATE/TIME: _____		ARR. AGENCY: _____		ORI: _____					
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	NAME: HOKE, JACOB					TYPE: _____				
	ADDRESS: ***INFO. WITHHELD***					EMP.: ASSIST COACH				
	CITY: ***INFO. WITHHELD*** ST: _____ ZIP: _____					SCHOOL: _____				
	EMAIL: _____					YEAR OF BIRTH: 1989				
	SSN: _____		RACE: B	HEIGHT: _____	HAIR: _____	PHONE: _____				
	DOB: _____		SEX: M	WEIGHT: _____	EYES: _____	CELL: _____				
	MISSING: <input type="checkbox"/> DEAD/UNIDENTIFIED: <input type="checkbox"/> UNKNOWN: <input type="checkbox"/> RETURNED: <input type="checkbox"/> WANTED: <input type="checkbox"/> SUSPECT: <input checked="" type="checkbox"/> WORK PHONE: _____									
	OFF. DATE/TIME: 01/05/2018		ARR. AGENCY: NCSO		ORI: 1070000					
	ARREST DATE: 01/16/2018		ARREST TIME: 1430		ARREST / AT NEAR: N		OFFENDER TRACK NO.: _____		GCIC CLASS. NO.: _____	
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	16-5-70		CRUELTY TO CHILDREN - /FEL-1ST DEGREE/- /MIS		1	3802	FAMILY OFFENSE:CRUELTY TOWARD CHILD			
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	16-5-70(C)		CRUELTY CHILD - 2ND DEGREE(3RD OR SUBQ OFF		6	3802	FAMILY OFFENSE:CRUELTY TOWARD CHILD			
	ARREST SUPPLEMENT <input checked="" type="checkbox"/> HANDCUFFED BEHIND BACK <input checked="" type="checkbox"/> HANDCUFF CHECKED FOR FIT <input checked="" type="checkbox"/> VEHICLE SEARCHED PRIOR TO TRANSPORT <input type="checkbox"/> TRANSPORT INTERRUPTED <input checked="" type="checkbox"/> HANDCUFFED DOUBLE LOCK <input checked="" type="checkbox"/> DETAINEE SEARCHED <input checked="" type="checkbox"/> VEHICLE SEARCHED AFTER TRANSPORT <input type="checkbox"/> OTHER RESTRAINTS USED									
PERSONS	<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM <input checked="" type="checkbox"/> WITNESS <input type="checkbox"/> OFFENDER <input type="checkbox"/> PRIMARY AGGRESSOR <input checked="" type="checkbox"/> JUVENILE <input type="checkbox"/> RAPE VICTIM <input type="checkbox"/> WARRANT <input type="checkbox"/> ARRESTED									
	NAME: ***JUVENILE INFO. WITHHELD***					TYPE: _____				
	ADDRESS: ***JUVENILE INFO. WITHHELD***					EMP.: _____				
	CITY: _____ ST: _____ ZIP: _____					SCHOOL: _____				
	EMAIL: _____					YEAR OF BIRTH: _____				
	SSN: _____		RACE: _____	HEIGHT: _____	HAIR: _____	PHONE: _____				
	DOB: _____		SEX: _____	WEIGHT: _____	EYES: _____	CELL: _____				
	MISSING: <input type="checkbox"/> DEAD/UNIDENTIFIED: <input type="checkbox"/> UNKNOWN: <input type="checkbox"/> RETURNED: <input type="checkbox"/> WANTED: <input type="checkbox"/> SUSPECT: <input type="checkbox"/> WORK PHONE: _____									
	OFF. DATE/TIME: _____		ARR. AGENCY: _____		ORI: _____					
	ARREST DATE: _____		ARREST TIME: _____		ARREST / AT NEAR: <input type="checkbox"/>		OFFENDER TRACK NO.: _____		GCIC CLASS. NO.: _____	
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	NAME: ***JUVENILE INFO. WITHHELD*** ADDRESS: ***JUVENILE INFO. WITHHELD*** CITY: _____ ST: _____ ZIP: _____ EMAIL: _____ SSN: _____ RACE: _____ HEIGHT: _____ HAIR: _____ DOB: _____ AGE: _____ SEX: _____ WEIGHT: _____ EYES: _____ MISSING: <input type="checkbox"/> DEAD/UNIDENTIFIED: <input type="checkbox"/> UNKNOWN: <input type="checkbox"/> RETURNED: <input type="checkbox"/> WANTED: <input type="checkbox"/> SUSPECT: <input type="checkbox"/> WORK PHONE: _____	
	TYPE: _____ EMP.: _____ SCHOOL: _____ YEAR OF BIRTH: _____ PHONE: _____ CELL: _____	
	OFF. DATE/TIME: _____ ARR. AGENCY: _____ ORI: _____ ARREST DATE: _____ ARREST TIME: _____ ARREST / AT NEAR: <input type="checkbox"/> OFFENDER TRACK NO.: _____ GCIC CLASS. NO.: _____	
CHARGES STATUTE INCIDENT TYPE CNT UCR CODE UCR DESCRIPTION		
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	NAME ***JUVENILE INFO. WITHHELD***	
	ADDRESS ***JUVENILE INFO. WITHHELD***	
	CITY	ST ZIP
	EMAIL	
	SSN	RACE HEIGHT HAIR
	DOB	AGE SEX WEIGHT EYES
	MISSING DEAD/UNIDENTIFIED UNKNOWN RETURNED WANTED SUSPECT WORK PHONE	
	TYPE	
	EMP.	
SCHOOL		
YEAR OF BIRTH		
PHONE		
CELL		
WORK PHONE		
OFF. DATE/TIME		
ARR. AGENCY		
ORI		
ARREST DATE		
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NARRATIVE		Seq. No. 1	
Narrative Type	Reporting Officer	Statement Date	Time
NARRATIVE	9125 CHRISTOPHER BOWLES	01/05/2018	
<p>On 01-05-2018 I was dispatched to the Liberty Middle School in reference to an assault. The complainant said when he picked up his grandson from wrestling practice he said that an assist coach chocked him during practice.</p> <p>I did not see any visible marks on the juvenile. The head coach said the school administration was notified of the incident. The assist coach was not location upon my arrival.</p>			