

NEWTON COUNTY SHERIFF'S OFFICE INCIDENT REPORT

AGENCY ID
GA1070000

PUBLIC COPY
ORIGINAL REPORT

CASE NUMBER
2018-17308

Statute	INCIDENT TYPE	CNT	GOC	UCR CODE	UCR DESCRIPTION
16-5-23.1	BATTERY-MISD.	1	N	1399	ASSAULT/BATTERY:OTHER OFFENSE

EVENT	LOCATION DESCRIPTION AND ADDRESS		ZONE		PREMISE TYPE	
	SINGLE FAMILIE RESIDENCE		6		HIGHWAY CONVENIENCE STORE	
	7124 PUCKETT STREET		SE6		SVC STATION BANK	
	COVINGTON, GA 30014		DISCOVERED BY		COMMERCIAL <input checked="" type="checkbox"/> RESIDENCE	
INCIDENT DATE		TIME	DATE	TIME	STRANGER TO STRANGER	
04/19/2018		2200	04/19/2018	2300	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
DAY OF THE WEEK (INCIDENT)		WEATHER CONDITIONS		WEAPON TYPE		
SUN <input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input checked="" type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> UNK <input type="checkbox"/>		CLEAR		GUN <input type="checkbox"/> KNIFE <input type="checkbox"/> HANDS/FISTS, ETC. <input type="checkbox"/>		
				OTHER <input checked="" type="checkbox"/> UNKNOWN		

PROPERTY TOTALS	01 - VEHICLES		02 - CURRENCY, NOTES, ETC.		03 - JEWELRY, PREC. METALS		04 - FURS		THEFT / REC.V.		GOVT PROP.	
	STOLEN											RECOVERED
	RECOVERED											
	05 - CLOTHING		06 - OFFICE EQUIP.		07 - TV, RADIO, ETC.		08 - HOUSEHOLD GOODS					RECOVERED
	STOLEN											
	RECOVERED											
09 - FIREARMS		10 - CONSUMABLE GOODS		11 - LIVESTOCK		12 - OTHER		TOTALS		THEFT DATE		
STOLEN												
RECOVERED										RECOVERY DATE		

DRUG	DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					DID INVESTIGATION INDICATE THAT INCIDENT WAS GANG RELATED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER					NAME OF GANG:	
	DRUG 1	DRUG 2	DRUG 3	DRUG 4	DRUG 5		
	Alcohol						
	DRUG 6	DRUG 7	DRUG 8	DRUG 9	DRUG 10		

STATE	OCA <input type="checkbox"/> ENTRY <input type="checkbox"/> CANCEL <input type="checkbox"/> CLEARANCE <input type="checkbox"/>				CASE STATUS					
	PERSON <input type="checkbox"/>	WARRANT <input type="checkbox"/>	VEHICLE <input type="checkbox"/>	ARTICLE <input type="checkbox"/>	BOAT <input type="checkbox"/>	GUN <input type="checkbox"/>	ACTIVE <input checked="" type="checkbox"/>	CLEARED BY ARREST <input type="checkbox"/>	EX CLEARED <input type="checkbox"/>	UNFOUNDED <input type="checkbox"/>

ADMINISTRATION	ARREST AT OR NEAR OFFENSE SCENE		TOTAL NUMBER ARRESTED		DATE OF REPORT		ADULT		JUVENILE	
	YES <input type="checkbox"/> NO <input type="checkbox"/>				04/19/2018		<input type="checkbox"/>		<input type="checkbox"/>	
	EVIDENCE COLLECTED? <input checked="" type="checkbox"/> N		PHOTOS TAKEN? <input checked="" type="checkbox"/> N		FOLLOW UP - PATROL? <input checked="" type="checkbox"/> Y		CLEARANCE DATE			
	PRINTS TAKEN? <input checked="" type="checkbox"/> N		COMPLAINT UNFOUNDED? <input checked="" type="checkbox"/> N		FOLLOW UP - DETECTIVES <input checked="" type="checkbox"/> Y		CASE STATUS		ACTIVE	
	BIO./DNA EVIDENCE? <input checked="" type="checkbox"/> N		WILLING TO PROSECUTE? <input checked="" type="checkbox"/> Y		RESPONSE CODE		3			
	REPORTING OFFICER		993		DANNY PEPPERS		REVIEWED BY			
	APPROVING OFFICER		9187		WESLEY DICKERSON		REVIEWED DATE			
	APPROVED DATE		04/20/2018				DIVISION ASSIGNED		CID	
							ASSIGNED DATE		04/20/2018	
							INVESTIGATOR ASSIGNED			
						ASSIGNED DATE				

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	NAME HENDERSON, JESSIE CORDAVIOUS										TYPE	
	ADDRESS 7134 PUCKETT ST										EMP.	
	CITY COVINGTON ST GA ZIP 30014								SCHOOL			
	EMAIL										YEAR OF BIRTH 1993	
	SSN				RACE B		HEIGHT 600		HAIR BLK		PHONE 770-866-3621	
	DOB		AGE		SEX M		WEIGHT 185		EYES BRO		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		OFFENDER TRACK NO.		GCIC CLASS. NO.	

CHARGES		STATUTE	INCIDENT TYPE	CNT	UCR CODE	UCR DESCRIPTION						
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 HENDERSON, JC										TYPE	
	ADDRESS 7134 PUCKETT ST										EMP.	
	CITY COVINGTON ST GA ZIP 30014								SCHOOL			
	EMAIL										YEAR OF BIRTH 1956	
	SSN				RACE B		HEIGHT 506		HAIR BLD		PHONE 770-896-3826	
	DOB		AGE		SEX M		WEIGHT 235		EYES BRO		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		OFFENDER TRACK NO.		GCIC CLASS. NO.	

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NARRATIVE

Seq. No. 1

Narrative Type
NARRATIVE

Reporting Officer
993 DANNY PEPPERS

Statement Date Time
04/20/2018 0225

On April 19, 2018 I responded to a call at an address on Puckett Street in reference to an assault. Once I arrived I spoke to the complainant and the victim. After talking with both subjects no one could give me the full name of the subject that had assaulted the victim. I advised both subjects that a report would be done and turn over to CID.