

CRN 01-03-0028

Athens-Clarke County Police
INCIDENT REPORT

ORIGINAL

Page 1 of 4
ORI - GA0290100

Press Hard - Multiple Copies

Press Hard - Multiple Copies

Revised 0900

From Date 03/01/03	From Time 0640	To Date 03/01/03	To Time 0640	☐ Complainant ☐ Victim No. ☐ Witness No. ☐ Desires Personal Information Not Be Released	Premise Type ☐ 1. Highway ☐ 2. Serv. Station ☐ 3. Conv. Store ☐ 4. Bank ☐ 5. Commercial ☒ 6. Residence ☐ 7. School/Campus ☐ 8. All Other	Case Status ☒ Active ☐ Inactive ☐ Arrest-Adult ☐ Arrest-Juv. ☐ Ex. Cleared ☐ Unfounded	
Department Title Most Serious Criminal / Traffic / Ordinance Offense. See Table. SIMPLE BATTERY - DOMESTIC VIOLENCE				Zone 10	☐ Downtown ☐ AHA ☒ Athens ☐ Winterville ☐ Bogart	Status Date 03/01/03	
Incident Location - Common Name 152 PRESCOTT BLVD COURT		Address: No., Dir., St., Suffix, Apt.		Solvability Factors: ☐ M.O. Present ☐ Physical Evidence ☐ Property Traceable ☐ Witness			
☐ Alcohol Related ☐ Type Of Drug(s) ☐ Drug Related ☐ Heroin ☐ Marijuana ☐ Opium ☐ Methamphetamine ☐ Synthetic Narcotic ☐ Unknown ☐ Unknown ☐ Form:		Suspect Can Be: ☒ Named ☐ ID ☐ Located ☐ Described ☐ Vehicle ID					
Complainant Information ☐ Juvenile ☒ Victim Last First Middle Suffix Address: No., Dir., St., Suffix, Apt. City, State ☐ Athens, GA 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 ☐ Athens, GA 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 / Offense 1 Code Section ☐ Attempted ☒ Committed 16-5-23 Title SIMPLE BATTERY Assault Factors ☐ Assault ☐ Theft ☐ DV ☐ Sexual ☐ Mental Subject ☐ Hate Crime ☐ Unknown Weapon Type ☐ Gun ☐ Other ☒ Knife/Cutting Tool ☐ Hands/Fists/Etc. Weapon Description Kitchen Knife Offense Status ☐ Active ☐ Inactive ☐ Unfounded ☐ Arrest ☐ Ex. Cleared Involved Suspect No. (s) 1 Victim No. (s) 1 Murder Circumstance			
Victim Information ☐ Juvenile ☐ State Of GA ☐ A.C.C. Last First Middle Suffix Address: No., Dir., St., Suffix, Apt. City, State ☒ Athens, GA Zip Code 30605 Home Work Cell/Pager 353-8333 461-2297 Race B ☐ M ☒ F DOB Alias/Street Name Employer Occupation LEVOLUA ☐ County Resident ☐ Student ☐ School ☒ Can ID Suspect ☐ File Charges ☐ Medical Treatment Hospital Type / Extent Of Injury: ☐ Fatal Injury ☐ Broken Bones ☐ Gun/Knife ☐ Superficial Injury ☐ Sexual Abuse ☒ Other ☐ Property Damage/Loss ☒ Mental Abuse ☒ Threats		Incident / Offense 2 Code Section ☐ Attempted ☐ Committed 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		Incident / Offense 3 Code Section ☐ Attempted ☐ Committed 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			
Witness 1 Information ☐ Juvenile Last, First, Middle, Suffix Address: No., Dir., St., Suffix, Apt. City, State ☐ Athens, GA Zip Code Phone: Home Work Race ☐ M ☐ F DOB		Witness 2 Information ☐ Juvenile Last, First, Middle, Suffix Address: No., Dir., St., Suffix, Apt. City, State ☐ Athens, GA Zip Code Phone: Home Work Race ☐ M ☐ F DOB		Burglary Factors For Incident/Offense No. _____ Forced Entry? ☐ Kicked ☐ Heavy Object ☐ Yes ☐ No ☐ Pushed ☐ Lock Tamper ☐ Unknown ☐ Pry Tool ☐ Cutting Tool Point Of Entry? ☐ Front ☐ Rear ☐ Door ☐ Window ☐ Side ☐ Roof ☐ Wall ☐ Basement ☐ Attic ☐ Other ☐ Unk ☐ 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 4 Code Section ☐ Attempted ☐ Committed 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 McKee - 2245		Emp. No. 141		Report Date 03/01/03		Approving Supervisor [Signature] Emp. No. 210	

CRN 01-03-03-0028

Athens-Clarke County Police

Officer 141

Page 2 of 4

☐ Supplemental Revised 0900☒ Adult

PERSONS FORM

☐ JuvenileSupervisor *AV*

ORI - GA0290100

GCIC ☐ Entry ☐ Modification ☐ Removal				NOTE: Adult and Juvenile Must Be On Separate Forms				GCIC ☐ Entry ☐ Modification ☐ Removal							
Person No. <i>1</i>				Person No.				Person No.							
☐ Victim ☐ Witness ☒ Suspect/P.A.				☐ Victim ☐ Witness ☐ Suspect/P.A.				☐ Victim ☐ Witness ☐ Suspect/P.A.							
☐ Missing Person ☐ Juvenile Complainant ☐ Offender				☐ Missing Person ☐ Juvenile Complainant ☐ Offender				☐ Missing Person ☐ Juvenile Complainant ☐ Offender							
Last <i>MARTIN</i>				Last				Last							
First <i>MARY</i>				First				First							
Middle				Middle				Middle							
Suffix				Suffix				Suffix							
Address: No., Dir., St., Suffix, Apt				Address: No., Dir., St., Suffix, Apt				Address: No., Dir., St., Suffix, Apt							
<i>152 PRESCOTT CT</i>															
City, State <i>GA</i>				City, State ☐ Athens, GA				City, State ☐ Athens, GA							
Zip Code <i>30605</i>				Zip Code				Zip Code							
Race <i>B</i>				Race				Race							
☒ M ☐ F				☐ M ☐ F				☐ M ☐ F							
DOB <i>69</i>				DOB				DOB							
Phone (H)				Phone (H)				Phone (H)							
(W)				(W)				(W)							
(Cell/Pgr)				(Cell/Pgr)				(Cell/Pgr)							
Witness / Juvenile Complainant Information Complete At This Point								Witness / Juvenile Complainant Information Complete At This Point							
Alias/Street Name								Alias/Street Name							
Employer <i>SUPER WALMART</i>								Employer							
Occupation								Occupation							
☐ 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 Treatment								☐ Can Identify Suspect ☐ Will File Charges/Testify ☐ Medical Treatment							
Hospital								Hospital							
Type / Extent Of Injury ☐ Fatal Injury ☐ Broken Bones ☐ Gun/Knife								Type / Extent Of Injury ☐ Fatal Injury ☐ Broken Bones ☐ Gun/Knife							
☐ Threats ☐ Mental Abuse ☐ Superficial Injury ☐ Sexual Abuse								☐ Threats ☐ Mental Abuse ☐ Superficial Injury ☐ Sexual Abuse							
☐ Property Damage/Loss ☐ Other								☐ Property Damage/Loss ☐ Other							
Victim Information Complete At This Point								Victim Information Complete At This Point							
OLN								OLN							
State								State							
Stranger to Stranger?								Stranger to Stranger?							
☐ Yes ☐ No ☐ Unk								☐ Yes ☐ No ☐ Unk							
Hgt <i>5-9</i> Wgt <i>220</i>								Hgt Wgt							
Eye Color: ☐ Black ☒ Brown ☐ Blue ☐ Green								Eye Color: ☐ Black ☐ Brown ☐ Blue ☐ Green							
☐ Hazel ☐ Gray ☐ Other								☐ Hazel ☐ Gray ☐ Other							
Hair Color ☐ Blonde ☐ Brown ☒ Black ☐ Red ☐ Gray ☐ Salt&Pepper								Hair Color ☐ Blonde ☐ Brown ☐ Black ☐ Red ☐ Gray ☐ Salt&Pepper							
☐ Hand cuffed ☐ D. L. ☐ B. B.								☐ Hand cuffed ☐ 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 or 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 or MISSING PERSONS. Note: Use RANGES below only if exact information has not been completed above.							
Age Range								Age Range							
Height Range								Height Range							
Weight Range								Weight Range							
Hand Use								Hand Use							
☐ Left ☐ Right								☐ Left ☐ Right							
Speech / Voice								Speech / Voice							
☐ Soft Spoken ☐ Normal ☐ Loud ☐ Slurred ☐ Confused ☐ Accent ☐ Stuttered ☐ Foreign ☐ Mute ☐ Other								☐ Soft Spoken ☐ Normal ☐ Loud ☐ Slurred ☐ Confused ☐ Accent ☐ Stuttered ☐ Foreign ☐ Mute ☐ Other							
Facial Hair								Facial Hair							
☐ Stubble ☐ Mustache ☐ Beard ☐ Goatee ☐ Sideburns ☐ Bushy Eyebrows								☐ Stubble ☐ Mustache ☐ Beard ☐ Goatee ☐ Sideburns ☐ Bushy Eyebrows							
Hair Length								Hair Length							
☐ Bald ☐ Short (<1/2") ☐ Medium (<2") ☐ Med-Long (2"-5") ☐ Long (down back) ☐ Very Long (waist+)								☐ Bald ☐ Short (<1/2") ☐ Medium (<2") ☐ Med-Long (2"-5") ☐ Long (down back) ☐ Very Long (waist+)							
Complexion:								Complexion:							
☐ Dark ☐ Medium ☐ Fair ☐ Light								☐ Dark ☐ Medium ☐ Fair ☐ Light							
Build:								Build:							
☐ Thin ☐ Medium ☐ Large ☐ Heavy ☐ Obese ☐ Muscular ☐ Pot Belly								☐ 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								Missing Person Only							
SSN								SSN							
☐ Missing Previously ☐ Medication Required ☐ Foul Play Suspected								☐ Missing Previously ☐ Medication Required ☐ Foul Play Suspected							
Recovery Only								Recovery Only							
Recovered By								Recovered By							
Date/Time								Date/Time							
COMMUNICATIONS								COMMUNICATIONS							
Delivery Confirmation								Delivery Confirmation							
Entered/Modified By								Entered/Modified By							
Date/Time								Date/Time							
SRN:								SRN:							
NIC:								NIC:							
Removal Confirmation								Removal Confirmation							
Authorization is given for deletion of item(s) listed from GCIC/NCIC. Valid only when signed by reporting officer or designee.								Authorization is given for deletion of item(s) listed from GCIC/NCIC. Valid only when signed by reporting officer or designee.							
Authorized By								Authorized By							
Date								Date							
Removed By								Removed By							
Date								Date							

Press Hard - Multiple Copies

Press Hard - Multiple Copies

Children Were: Photographed ☐ Interviewed ☐ Present ☐ Involved ☐ Witness ☐		Number Of Previous Complaints 0 ☐ More Than 10 ☐ 1-5 ☐ Unknown ☐ <u>6-10</u>		Existence Of Prior Court Orders T.P.O. ☐ Current ☐ Expired Restraining Order ☐ Current ☐ Expired Order Or Docket # _____ Issuing Court _____		Temporary Permanent Emergency			
Relationship Of Primary Aggressor To Victim ☐ Present Spouse ☐ Former Spouse ☐ Parent ☐ Child ☐ Stepparent ☐ Stepchild ☐ Foster Parent ☐ Foster Child ☐ Formerly Lived Together ☐ Parents Of The Same Child ☒ Not Above, But Lives In The Same Household				Victim Advised Of: ☐ DV Pamphlet ☒ Case Number ☒ DV# 613-3337 ☒ Above Remedies ☐ Not Advised ☐ Other				Primary Aggressor Identified By: Physical Evidence ☐ Testimonial Evidence ☒ Other - See Narrative	
Police Action Taken: Arrest ☐ Separation ☐ Other - See Narrative Mediation ☐ None - See Below				No Arrest because: Juvenile ☐ Insufficient Probable Cause ☒ Primary Aggressor Was Not At Scene Other - See Narrative					

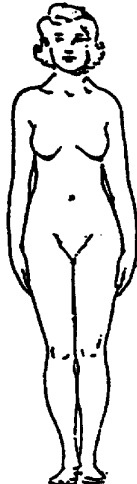
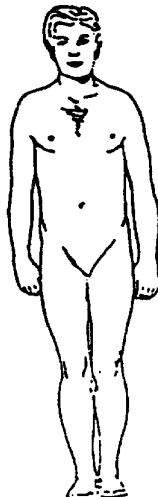
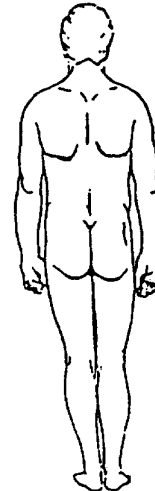
Indicate substance(s) abused as applicable:

 Primary Aggressor: Alcohol ☐ Drugs ☐ None ☐ Victim: Alcohol ☐ Drugs ☐ None ☐
Photos Taken ☒ Photos In Evidence

Involved Children

Child 1: L, F, M, Suffix	Race	☐ M ☐ F	DOB	Child 4: L, F, M, Suffix	Race	☐ M ☐ F	DOB
Child 2: L, F, M, Suffix	Race	☐ M ☐ F	DOB	Child 5: L, F, M, Suffix	Race	☐ M ☐ F	DOB
Child 3: L, F, M, Suffix	Race	☐ M ☐ F	DOB	Child 6: L, F, M, Suffix	Race	☐ M ☐ F	DOB

PLEASE INDICATE ON DIAGRAM(S) BELOW THE LOCATION OF ANY INJURIES.

☒ Victim Or ☐ SuspectNone
NotedHgt. 5'06"
Wgt. _____☐ Victim Or ☒ SuspectHgt. 5'9"
Wgt. 220

Press Hard - Multiple Copies

At 0020 hours on 03/03/03, I met the victim at her residence in reference to problems that she has been having with her boyfriend. MS. GRESHAM stated that she and MARTIN lived together for about a year up about two months ago. MS. GRESHAM said that MARTIN moved back in a month ago. MS. GRESHAM decided that due to MARTIN's temper and the past physical confrontations that they have had, she took his key away from him this morning. MS. GRESHAM stated that this angered MARTIN and they started fighting. MS. GRESHAM stated that no punches were thrown - MARTIN grabbed her and held her down as she tried to call the police. MS. GRESHAM stated that she bit him on his arm and he tried to bite her on her back. MS. GRESHAM said that MARTIN got a knife from the kitchen and threatened to cut himself. MS. GRESHAM said she would call the police, and he put the knife down. She said that MARTIN picked up the knife and came at her. When she threatened to call the police again, MARTIN left the residence. MS. GRESHAM wants MARTIN to move out and she was advised on warrant procedures. I also advised her to pack up MARTIN's clothes and call the police when he returns.

☐ SUPPLEMENTAL NARRATIVE☐ Use Of Force☐ Officer Assaulted

Complete information below for Supplemental ONLY.

Reporting Officer

Emp. No.

Report Date

Approving Supervisor

Emp. No.