

CRN 01-06040261

Athens-Clarke County Police
INCIDENT REPORT

ORIGINAL

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ORI - GA0290100

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Revised 0900

From Date 04/04/06	From Time 1300	To Date 04/04/06	To Time 1315	☐ 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 Simple Assault				Zone 13	☐ Downtown ☐ AHA ☒ Athens ☐ Winterville ☐ Bogart	Status Date 04/04/06
Incident Location - Common Name 120 Spring Circle		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 ☐ Form:		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 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		
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 Home Work Cell/Pager Race B M F DOB 52 Alias/Street Name Employer Occupation ☒ County Resident ☐ Student School ☐ Can ID Suspect ☐ Will 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		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		Incident / Offense 1 Code Section ☐ Attempted ☒ Committed 16-5-20 Title Simple Assault 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 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		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 3 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		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		Burglary Factors For Incident/Offense No. Forced Entry? ☐ Yes ☐ No ☐ Unknown ☐ Kicked ☐ Pushed ☐ Heavy Object ☐ Lock Tamper ☐ Pry Tool ☐ Cutting Tool Point Of Entry? ☐ 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		
Reporting Officer Royal P		Emp. No. 02088		Report Date 04/04/06		Approving Supervisor Kin aid

CRN 01-06-04-0261

Athens-Clarke County Police

Office 32 Page 2 of 4☐ Supplemental Revised 0900☒ Adult

PERSONS FORM

☐ JuvenileSupervisor 32 ORI - GA0290100

GCIC ☐ Entry ☐ Modification ☐ Removal		NOTE: Adult and Juvenile Must Be On Separate Forms		GCIC ☐ Entry ☐ Modification ☐ Removal	
Person No. ☐ Victim ☐ Witness ☒ Suspect/P.A. ☐ Missing Person ☐ Juvenile Complainant ☐ Offender		Person No. ☐ Victim ☐ Witness ☐ Suspect/P.A. ☐ Missing Person ☐ Juvenile Complainant ☐ Offender		Person No. ☐ Victim ☐ Witness ☐ Suspect/P.A. ☐ Missing Person ☐ Juvenile Complainant ☐ Offender	
Last <u>Martin</u> ☐ BOLO Issued		Last <u>_____</u> ☐ BOLO Issued		Last <u>_____</u> ☐ BOLO Issued	
First <u>Earl</u>		First <u>_____</u>		First <u>_____</u>	
Middle <u>Bernard</u> Suffix <u>_____</u>		Middle <u>_____</u> Suffix <u>_____</u>		Middle <u>_____</u> Suffix <u>_____</u>	
Address: No., Dir., St., Suffix, Apt <u>171 Firewood St</u>		Address: No., Dir., St., Suffix, Apt <u>_____</u>		Address: No., Dir., St., Suffix, Apt <u>_____</u>	
City, State <u>Athens, GA</u> Zip Code <u>30605</u> Race <u>B</u> ☐ M ☒ F		City, State <u>_____</u> Zip Code <u>_____</u> Race <u>_____</u> ☐ M ☒ F		City, State <u>_____</u> Zip Code <u>_____</u> Race <u>_____</u> ☐ M ☒ F	
DOB <u>69</u> Phone (H) <u>_____</u> (W) <u>_____</u> (Cell/Pgr) <u>_____</u>		DOB <u>_____</u> Phone (H) <u>_____</u> (W) <u>_____</u> (Cell/Pgr) <u>_____</u>		DOB <u>_____</u> Phone (H) <u>_____</u> (W) <u>_____</u> (Cell/Pgr) <u>_____</u>	
Witness / Juvenile Complainant Information Complete At This Point		Witness / Juvenile Complainant Information Complete At This Point		Witness / Juvenile Complainant Information Complete At This Point	
Alias/Street Name <u>_____</u>		Alias/Street Name <u>_____</u>		Alias/Street Name <u>_____</u>	
Employer <u>_____</u> Occupation <u>_____</u>		Employer <u>_____</u> Occupation <u>_____</u>		Employer <u>_____</u> Occupation <u>_____</u>	
☒ County Resident ☐ Student School <u>_____</u>		☐ County Resident ☐ Student School <u>_____</u>		☐ County Resident ☐ Student School <u>_____</u>	
Complete Specialty Sections Below For Victim, Offender, Suspect Or Missing Person		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		☐ Can Identify Suspect ☐ Will File Charges/Testify ☐ Medical Treatment	
Hospital <u>_____</u>		Hospital <u>_____</u>		Hospital <u>_____</u>	
Type / Extent Of Injury ☐ Fatal Injury ☐ Broken Bones ☐ Gun/Knife ☐ Threats ☐ Mental Abuse ☐ Superficial Injury ☐ Sexual Abuse ☐ Property Damage/Loss ☐ Other <u>_____</u>		Type / Extent Of Injury ☐ Fatal Injury ☐ Broken Bones ☐ Gun/Knife ☐ Threats ☐ Mental Abuse ☐ Superficial Injury ☐ Sexual Abuse ☐ Property Damage/Loss ☐ Other <u>_____</u>		Type / Extent Of Injury ☐ Fatal Injury ☐ Broken Bones ☐ Gun/Knife ☐ Threats ☐ Mental Abuse ☐ Superficial Injury ☐ Sexual Abuse ☐ Property Damage/Loss ☐ Other <u>_____</u>	
Victim Information Complete At This Point		Victim Information Complete At This Point		Victim Information Complete At This Point	
OLN <u>_____</u> State <u>_____</u> Stranger to Stranger? ☐ Yes ☐ No ☐ Unk		OLN <u>_____</u> State <u>_____</u> Stranger to Stranger? ☐ Yes ☐ No ☐ Unk		OLN <u>_____</u> State <u>_____</u> Stranger to Stranger? ☐ Yes ☐ No ☐ Unk	
Hgt <u>_____</u> Wgt <u>_____</u> Eye Color: ☐ Black ☐ Brown ☐ Blue ☐ Green ☐ Hazel ☐ Gray ☐ Other <u>_____</u>		Hgt <u>_____</u> Wgt <u>_____</u> Eye Color: ☐ Black ☐ Brown ☐ Blue ☐ Green ☐ Hazel ☐ Gray ☐ Other <u>_____</u>		Hgt <u>_____</u> Wgt <u>_____</u> Eye Color: ☐ Black ☐ Brown ☐ Blue ☐ Green ☐ Hazel ☐ Gray ☐ Other <u>_____</u>	
Hair Color ☐ Blonde ☐ Brown ☐ Black ☐ Red ☐ Gray ☐ Salt&Pepper ☐ Hand cuffed ☐ D. L. ☐ B. B.		Hair Color ☐ Blonde ☐ Brown ☐ Black ☐ Red ☐ Gray ☐ Salt&Pepper ☐ Hand cuffed ☐ D. L. ☐ B. B.		Hair Color ☐ Blonde ☐ Brown ☐ Black ☐ Red ☐ Gray ☐ Salt&Pepper ☐ Hand cuffed ☐ D. L. ☐ B. B.	
Offender Information Complete At This Point		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.		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 <u>_____</u> Height Range <u>_____</u> Weight Range <u>_____</u> Hand Use ☐ Left ☐ Right ☐ Soft Spoken ☐ Normal ☐ Loud ☐ Slurred ☐ Confused ☐ Accent ☐ Stuttered ☐ Foreign ☐ Mute ☐ Other <u>_____</u>		Age Range <u>_____</u> Height Range <u>_____</u> Weight Range <u>_____</u> Hand Use ☐ Left ☐ Right ☐ Soft Spoken ☐ Normal ☐ Loud ☐ Slurred ☐ Confused ☐ Accent ☐ Stuttered ☐ Foreign ☐ Mute ☐ Other <u>_____</u>		Age Range <u>_____</u> Height Range <u>_____</u> Weight Range <u>_____</u> Hand Use ☐ Left ☐ Right ☐ Soft Spoken ☐ Normal ☐ Loud ☐ Slurred ☐ Confused ☐ Accent ☐ Stuttered ☐ Foreign ☐ Mute ☐ Other <u>_____</u>	
Facial Hair ☐ Stubble ☐ Mustache ☐ Beard ☐ Goatee ☐ Sideburns ☐ Bushy Eyebrows ☐ Teeth: ☐ Normal ☐ Other <u>_____</u>		Facial Hair ☐ Stubble ☐ Mustache ☐ Beard ☐ Goatee ☐ Sideburns ☐ Bushy Eyebrows ☐ Teeth: ☐ Normal ☐ Other <u>_____</u>		Facial Hair ☐ Stubble ☐ Mustache ☐ Beard ☐ Goatee ☐ Sideburns ☐ Bushy Eyebrows ☐ Teeth: ☐ Normal ☐ Other <u>_____</u>	
Hair Length ☐ Bald ☐ Short (<1/2") ☐ Medium (<2") ☐ Med-Long (2"-5") ☐ Long (down back) ☐ Very Long (waist+) ☐ Glasses ☐ Thin ☐ Medium ☐ Large ☐ Heavy ☐ Obese ☐ Muscular ☐ Pot Belly ☐ Other <u>_____</u>		Hair Length ☐ Bald ☐ Short (<1/2") ☐ Medium (<2") ☐ Med-Long (2"-5") ☐ Long (down back) ☐ Very Long (waist+) ☐ Glasses ☐ Thin ☐ Medium ☐ Large ☐ Heavy ☐ Obese ☐ Muscular ☐ Pot Belly ☐ Other <u>_____</u>		Hair Length ☐ Bald ☐ Short (<1/2") ☐ Medium (<2") ☐ Med-Long (2"-5") ☐ Long (down back) ☐ Very Long (waist+) ☐ Glasses ☐ Thin ☐ Medium ☐ Large ☐ Heavy ☐ Obese ☐ Muscular ☐ Pot Belly ☐ Other <u>_____</u>	
Complexion: ☐ Dark ☐ Medium ☐ Fair ☐ Light ☐ Glasses ☐ Thin ☐ Medium ☐ Large ☐ Heavy ☐ Obese ☐ Muscular ☐ Pot Belly ☐ Other <u>_____</u>		Complexion: ☐ Dark ☐ Medium ☐ Fair ☐ Light ☐ Glasses ☐ Thin ☐ Medium ☐ Large ☐ Heavy ☐ Obese ☐ Muscular ☐ Pot Belly ☐ Other <u>_____</u>		Complexion: ☐ Dark ☐ Medium ☐ Fair ☐ Light ☐ Glasses ☐ Thin ☐ Medium ☐ Large ☐ Heavy ☐ Obese ☐ Muscular ☐ Pot Belly ☐ Other <u>_____</u>	
Build: ☐ Thin ☐ Medium ☐ Large ☐ Heavy ☐ Obese ☐ Muscular ☐ Pot Belly ☐ Other <u>_____</u>		Build: ☐ Thin ☐ Medium ☐ Large ☐ Heavy ☐ Obese ☐ Muscular ☐ Pot Belly ☐ Other <u>_____</u>		Build: ☐ Thin ☐ Medium ☐ Large ☐ Heavy ☐ Obese ☐ Muscular ☐ Pot Belly ☐ Other <u>_____</u>	
Caution <u>_____</u>		Caution <u>_____</u>		Caution <u>_____</u>	
Hat / Hair Style <u>_____</u>		Hat / Hair Style <u>_____</u>		Hat / Hair Style <u>_____</u>	
Coat <u>_____</u>		Coat <u>_____</u>		Coat <u>_____</u>	
Shirt <u>_____</u>		Shirt <u>_____</u>		Shirt <u>_____</u>	
Pants <u>_____</u>		Pants <u>_____</u>		Pants <u>_____</u>	
Shoes <u>_____</u>		Shoes <u>_____</u>		Shoes <u>_____</u>	
Body Marks <u>_____</u>		Body Marks <u>_____</u>		Body Marks <u>_____</u>	
Missing Person Only ☐ Missing Previously ☐ Medication Required ☐ Foul Play Suspected ☐		Missing Person Only ☐ Missing Previously ☐ Medication Required ☐ Foul Play Suspected ☐		Missing Person Only ☐ Missing Previously ☐ Medication Required ☐ Foul Play Suspected ☐	
Recovery Only ☐ Recovered By <u>_____</u> Date/Time <u>_____</u>		Recovery Only ☐ Recovered By <u>_____</u> Date/Time <u>_____</u>		Recovery Only ☐ Recovered By <u>_____</u> Date/Time <u>_____</u>	
COMMUNICATIONS Delivery Confirmation		Entry-Modification Confirmation		Removal Confirmation	
Delivered By <u>_____</u> Date/Time <u>_____</u>		Entered/Modified By <u>_____</u> Date/Time <u>_____</u>		Authorization is given for deletion of item(s) listed from GCIC/NCIC. Valid only when signed by reporting officer or designee.	
Received By <u>_____</u> Date/Time <u>_____</u>		SRN: <u>_____</u>		Authorized By <u>_____</u> Date <u>_____</u>	
NIC: <u>_____</u>		Removed By <u>_____</u> Date <u>_____</u>		Removed By <u>_____</u> Date <u>_____</u>	

CRN 01-06-04-0261

Athens-Clarke County Police

DOMESTIC VIOLENCE FORM

Revised 0900

Officer [Signature]
Supervisor [Signature]Page 3 of 4
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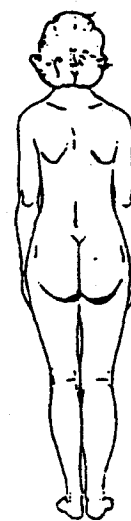
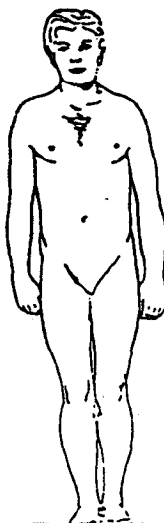
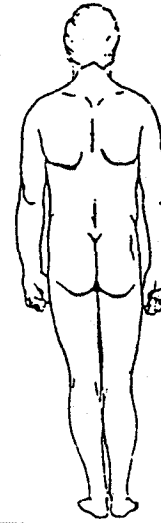
Children Were: Photographed Present Witness	Interviewed Involved	Number Of Previous Complaints 0 ☒ 1-5 6-10	Existence Of Prior Court Orders T.P.O. ☐ Current ☐ Expired Restraining Order ☐ Current ☐ Expired	Temporary Permanent Emergency
Relationship Of Primary Aggressor To Victim ☐ Present Spouse ☐ Parent ☐ Stepparent ☐ Foster Parent ☐ 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	Order Or Docket # _____ Issuing Court _____	
Primary Aggressor Identified By: Physical Evidence ☐ Testimonial Evidence ☒ Other - See Narrative		Police Action Taken: Arrest ☐ Separation ☐ Other - See Narrative Mediation ☐ None - See Below ☒		
Indicate substance(s) abused as applicable: Primary Aggressor: ☒ Alcohol ☐ Drugs ☐ None Victim: ☐ Alcohol ☐ Drugs ☐ None		No Arrest because: Juvenile ☐ Insufficient Probable Cause ☒ Primary Aggressor Was Not At Scene ☐ Other - See Narrative		
Involved Children		Photos Taken _____ Photos In Evidence _____		

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 ☐ Suspect

No Physical Damage

Hgt. _____
Wgt. _____☐ Victim Or ☐ SuspectHgt. _____
Wgt. _____

☒ ORIGINAL NARRATIVESupervisor 132

ORI - GA0290100

Revised 0900

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Original Narrative requires ONLY initials above.

On 04/04/06 I met victim (Morris) who stated the following: Suspect (Martin) is Morris' son. During past times Martin came into Morris' home and threatened Morris with physical violence. Martin stated that he wished Morris was dead and threatened to kick Morris' "ass" and other similar threats.

Martin was gone prior to my arrival. Warrant procedure was explained to victim.

☐ SUPPLEMENTAL NARRATIVE ☐ Use Of Force ☐ Officer Assaulted Complete information below for Supplemental ONLY.

Reporting Officer

Emp. No.

Report Date

Approving Supervisor

Emp. No.

Printed, 10/10/2025 AT 7:15:57 AM BY CRUZL