

**DORAVILLE POLICE DEPARTMENT REPORT**

AGENCY ID  
**GA0440600**

**PUBLIC COPY  
ORIGINAL REPORT**

CASE NUMBER  
**2013-010605**

Statute	INCIDENT TYPE <b>HARRASSMENT</b>	CNT <b>1</b>	GOC	UCR CODE <b>5309</b>	UCR DESCRIPTION <b>PUBLIC PEACE:HARRASSING COMMUNICATION</b>
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<b>EVENT</b>	LOCATION DESCRIPTION AND ADDRESS <b>HOME DEPOT 4343 TILLY MILL ROAR DORAVILLE, GA 30340 -</b>		ZONE <b>1B 1 - BUSINESS</b>	PREMISE TYPE <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> HIGHWAY</td><td><input type="checkbox"/> SVC STATION</td></tr> <tr><td><input type="checkbox"/> CONVENIENCE STORE</td><td><input type="checkbox"/> BANK</td></tr> <tr><td><input checked="" type="checkbox"/> COMMERCIAL</td><td><input type="checkbox"/> RESIDENCE</td></tr> <tr><td><input type="checkbox"/> SCHOOL/CAMPUS</td><td><input type="checkbox"/> ALL OTHERS</td></tr> </table>		<input type="checkbox"/> HIGHWAY	<input type="checkbox"/> SVC STATION	<input type="checkbox"/> CONVENIENCE STORE	<input type="checkbox"/> BANK	<input checked="" type="checkbox"/> COMMERCIAL	<input type="checkbox"/> RESIDENCE	<input type="checkbox"/> SCHOOL/CAMPUS	<input type="checkbox"/> ALL OTHERS
	<input type="checkbox"/> HIGHWAY	<input type="checkbox"/> SVC STATION											
	<input type="checkbox"/> CONVENIENCE STORE	<input type="checkbox"/> BANK											
	<input checked="" type="checkbox"/> COMMERCIAL	<input type="checkbox"/> RESIDENCE											
<input type="checkbox"/> SCHOOL/CAMPUS	<input type="checkbox"/> ALL OTHERS												
INCIDENT DATE TIME TO DATE TIME <b>01/30/2013 0900 TO 01/30/2013 0900</b>		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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> GUN</td><td><input type="checkbox"/> KNIFE</td><td><input type="checkbox"/> HANDS/FISTS, ETC.</td></tr> <tr><td><input type="checkbox"/> OTHER</td><td colspan="2"><input type="checkbox"/> UNKNOWN</td></tr> </table>		<input type="checkbox"/> GUN	<input type="checkbox"/> KNIFE	<input type="checkbox"/> HANDS/FISTS, ETC.	<input type="checkbox"/> OTHER	<input type="checkbox"/> UNKNOWN			
<input type="checkbox"/> GUN	<input type="checkbox"/> KNIFE	<input type="checkbox"/> HANDS/FISTS, ETC.											
<input type="checkbox"/> OTHER	<input type="checkbox"/> UNKNOWN												
STRANGER TO STRANGER YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>		WEATHER CONDITIONS											
DAY OF THE WEEK (INCIDENT) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> SUN</td> <td><input type="checkbox"/> MON</td> <td><input type="checkbox"/> TUE</td> <td><input checked="" type="checkbox"/> WED</td> <td><input type="checkbox"/> THU</td> <td><input type="checkbox"/> FRI</td> <td><input type="checkbox"/> SAT</td> <td><input type="checkbox"/> UNK</td> </tr> </table>						<input type="checkbox"/> SUN	<input type="checkbox"/> MON	<input type="checkbox"/> TUE	<input checked="" type="checkbox"/> WED	<input type="checkbox"/> THU	<input type="checkbox"/> FRI	<input type="checkbox"/> SAT	<input type="checkbox"/> UNK
<input type="checkbox"/> SUN	<input type="checkbox"/> MON	<input type="checkbox"/> TUE	<input checked="" type="checkbox"/> WED	<input type="checkbox"/> THU	<input type="checkbox"/> FRI	<input type="checkbox"/> SAT	<input type="checkbox"/> UNK						

<b>PROPERTY TOTALS</b>	01 - VEHICLES		02 - CURRENCY, NOTES, ETC.		03 - JEWELRY, PREC. METALS		04 - FURS		THEFT / RECV.		GOVT PROP. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED								<input type="checkbox"/> <input type="checkbox"/>		
	05 - CLOTHING		06 - OFFICE EQUIP.		07 - TV, RADIO, ETC.		08 - HOUSEHOLD GOODS		1=CITY 2=COUNTY 3=STATE 4=OUT OF STATE 5=UNKNOWN		
	<input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED										
09 - FIREARMS		10 - CONSUMABLE GOODS		11 - LIVESTOCK		12 - OTHER		TOTALS		THEFT DATE	
<input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED										<input type="checkbox"/>	
RECOVERY DATE											

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

<b>STATE</b>	OCA <input type="checkbox"/> ENTRY <input type="checkbox"/> CANCEL <input type="checkbox"/> CLEARANCE <input type="checkbox"/>				<b>CASE STATUS</b>				
	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 type="checkbox"/> 1    CLEARED BY ARREST <input type="checkbox"/> 2    EX CLEARED <input type="checkbox"/> 3    UNFOUNDED <input type="checkbox"/> 4    INACTIVE <input type="checkbox"/> 5				

<b>ADMINISTRATION</b>	ARREST AT OR NEAR OFFENSE SCENE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		TOTAL NUMBER ARRESTED <input type="text"/>		DATE OF REPORT <b>01/31/2013</b>		ADULT <input type="checkbox"/> JUVENILE <input type="checkbox"/>	
	EVIDENCE COLLECTED? <input type="checkbox"/>		PHOTOS TAKEN? <input type="checkbox"/>		FOLLOW UP - PATROL? <input type="checkbox"/>		CLEARANCE DATE <input type="text"/>	
	PRINTS TAKEN? <input type="checkbox"/>		COMPLAINT UNFOUNDED? <input type="checkbox"/>		FOLLOW UP - DETECTIVES <input type="checkbox"/>		CASE STATUS <input type="text"/>	
	BIO./DNA EVIDENCE? <input type="checkbox"/>		WILLING TO PROSECUTE? <input type="checkbox"/>		RESPONSE CODE <input type="text"/>			
	REPORTING OFFICER <b>1108 J. HUDGINS</b>		REVIEWED BY <input type="text"/>		REVIEWED DATE <input type="text"/>			
	APPROVING OFFICER <b>1108 J. HUDGINS</b>		DIVISION ASSIGNED <b>INVESTIGATIONS</b>		ASSIGNED DATE <b>02/13/2013</b>			
APPROVED DATE <b>01/31/2013</b>		INVESTIGATOR ASSIGNED <b>1199 GENERAL DETECTIVE</b>		ASSIGNED DATE <b>02/13/2013</b>				

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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												
	NAME						TYPE						
	ADDRESS						EMP.						
	CITY				ST		GA		ZIP		SCHOOL		
	ATLANTA						30360						
	EMAIL						YEAR OF BIRTH						
							1954						
	SSN			RACE		W		HEIGHT		602		HAIR	
	DOB			SEX		M		WEIGHT		200		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"/> WARRANT <input type="checkbox"/> ARRESTED <input type="checkbox"/>													
OFF. DATE/TIME			ARR. AGENCY						ORI				
ARREST DATE			ARREST TIME			ARREST / AT NEAR			OFFENDER TRACK NO.				
									GCIC CLASS. NO.				
<b>CHARGES</b>													
STATUTE				INCIDENT TYPE				CNT		UCR CODE		UCR DESCRIPTION	

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## NARRATIVE

Seq. No. 1

Narrative Type	Reporting Officer	Statement Date	Time
NARRATIVE	1108 J. HUDGINS	01/31/2013	1113

On January 30, 2013 at 3:30 P.M. I made contact with Mr. James Burkart in the lobby of the police department at 3750 Park Avenue in reference to intermittent issues that he has had with Mr. Owens going back to 2002.

Mr. Burkart said that Mr. Owens has repeatedly harassed him over the past 10 years. The forms of harassment have ranged from Mr. Owens jogging by his home in the morning giving him the middle finger and yelling, "fucking fagot" to showing up at his place of employment.

Mr. Burkart described the specific incident relating to today as Mr. Owens showing up at his place of employment located at 4343 Tilly Mill road and taking photographs of him and his supervisor Mike Leifer. Mr. Burkart said that around 9:00 A.M. while he was on an aisle working he saw Mr. Owens taking pictures of him. Mr. Burkart then called his supervisor over to his aisle from an adjacent aisle and Mr. Owens continued taking photographs. Mr. Owens then walked up to a cashier, Clairibell Fierro and had a brief conversation before exiting the store.

When Mr. Owens left the location Mr. Burkart and Mr. Leifer approached the cashier and asked what was said. Ms. Fierro told them that Mr. Owens said Mr. Burkart had attempted to kill him several years ago and he was going to forward the photographs to Home Depot corporate in an attempt to get Mr. Burkart fired.

Mr. Burkart stated that Mr. Owens returned around 11:00 A.M. and was peering around the corner of the aisle that he and a fellow employee were working on, but Mr. Owens did not initiate any additional contact and exited the store.

Mr. Burkart provided a paper labeled associate statement detailing this incident as well as several previous encounters over the past few years.

Mr. Burkart was advised of further possible remedies that he could seek through the Dekalb county magistrate court.