

DORAVILLE POLICE DEPARTMENT INCIDENT REPORT

AGENCY ID
GA0440600

**PUBLIC COPY
ORIGINAL REPORT**

CASE NUMBER
2014-050321

Statute	INCIDENT TYPE	CNT	GOC	UCR CODE	UCR DESCRIPTION
11-122	INTERFERENCE WITH A BUSINESS	2	N	7399	OTHER: OTHER THAN WHATS AVAILABLE

EVENT	LOCATION DESCRIPTION AND ADDRESS		ZONE		PREMISE TYPE																	
	LIGHHOUSE THRIFT STORE 6251 PEACHTREE IND BLVD DORAVILLE, GA 30360 -		1B 1 - BUSINESS		<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td>HIGHWAY</td><td><input type="checkbox"/></td><td>SVC STATION</td></tr> <tr><td><input type="checkbox"/></td><td>CONVENIENCE STORE</td><td><input type="checkbox"/></td><td>BANK</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>COMMERCIAL</td><td><input type="checkbox"/></td><td>RESIDENCE</td></tr> <tr><td><input type="checkbox"/></td><td>SCHOOL/CAMPUS</td><td><input type="checkbox"/></td><td>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																		
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<input checked="" type="checkbox"/>	COMMERCIAL	<input type="checkbox"/>	RESIDENCE																			
<input type="checkbox"/>	SCHOOL/CAMPUS	<input type="checkbox"/>	ALL OTHERS																			
INCIDENT DATE: 05/22/2014 TIME: 0800 TO DATE: 05/22/2014 TIME: 0900		DISCOVERED BY		WEAPON TYPE																		
STRANGER TO STRANGER YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/> DAY OF THE WEEK (INCIDENT): 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"/>		<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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td>GUN</td><td><input type="checkbox"/></td><td>KNIFE</td><td><input type="checkbox"/></td><td>HANDS/FISTS, ETC.</td></tr> <tr><td><input type="checkbox"/></td><td colspan="3">OTHER</td><td><input type="checkbox"/></td><td>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																	

PROPERTY TOTALS	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"/>
	STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		1=CITY 2=COUNTY 3=STATE 4=OUT OF STATE 5=UNKNOWN		
	05 - CLOTHING		06 - OFFICE EQUIP.		07 - TV, RADIO, ETC.		08 - HOUSEHOLD GOODS		TOTALS		
	STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		THEFT DATE		
09 - FIREARMS		10 - CONSUMABLE GOODS		11 - LIVESTOCK		12 - OTHER		RECOVERY DATE			
STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

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:	
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="text"/>	
	DRUG 6		DRUG 7		DRUG 8		DRUG 9		DRUG 10		<input type="text"/>	

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 type="checkbox"/> 1 CLEARED BY ARREST <input type="checkbox"/> 2 EX CLEARED <input checked="" type="checkbox"/> 3 UNFOUNDED <input type="checkbox"/> 4 INACTIVE <input type="checkbox"/> 5				

ADMINISTRATION	ARREST AT OR NEAR OFFENSE SCENE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		TOTAL NUMBER ARRESTED <input type="text"/>		DATE OF REPORT: 05/22/2014		ADULT <input checked="" type="checkbox"/> JUVENILE <input type="checkbox"/>	
	EVIDENCE COLLECTED? <input type="text"/> N		PHOTOS TAKEN? <input type="text"/>		FOLLOW UP - PATROL? <input type="text"/> N		CLEARANCE DATE: 05/22/2014	
	PRINTS TAKEN? <input type="text"/> N		COMPLAINT UNFOUNDED? <input type="text"/> N		FOLLOW UP - DETECTIVES? <input type="text"/> N		CASE STATUS: EXCEPT. CLEARED	
	BIO./DNA EVIDENCE? <input type="text"/> N		WILLING TO PROSECUTE? <input type="text"/> N		RESPONSE CODE: <input type="text"/>			
	REPORTING OFFICER: 1123 S. MAHAR		REVIEWED BY: <input type="text"/>		REVIEWED DATE: <input type="text"/>			
	APPROVING OFFICER: 1122 J. KANUPKE		DIVISION ASSIGNED: <input type="text"/>		ASSIGNED DATE: <input type="text"/>			
APPROVED DATE: 05/22/2014		INVESTIGATOR ASSIGNED: <input type="text"/>		ASSIGNED DATE: <input type="text"/>				

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PERSONS

<input checked="" type="checkbox"/> COMPLAINANT		<input checked="" 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: MOORE, SUSAN										TYPE: _____			
ADDRESS: 6251 PEACHTREE IND BLVD										EMP.: _____			
CITY: DORAVILLE						ST: GA		ZIP: 30360		SCHOOL: _____			
EMAIL: _____										YEAR OF BIRTH: _____			
SSN: _____			RACE: W		HEIGHT: 507		HAIR: BLN		PHONE: _____				
DOB: _____			SEX: F		WEIGHT: 145		EYES: BLU		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 <input type="checkbox"/>		OFFENDER TRACK NO. _____		GCIC CLASS. NO. _____					

CHARGES			
STATUTE	INCIDENT TYPE	CNT	UCR CODE UCR DESCRIPTION

PERSONS

<input type="checkbox"/> COMPLAINANT		<input type="checkbox"/> VICTIM		<input type="checkbox"/> WITNESS		<input checked="" type="checkbox"/> OFFENDER		<input type="checkbox"/> PRIMARY AGGRESSOR		<input type="checkbox"/> JUVENILE		<input type="checkbox"/> RAPE VICTIM	
NAME: OWENS, THOMAS MITCHELL										TYPE: _____			
ADDRESS: 2677 BEACON DR										EMP.: _____			
CITY: DORAVILLE						ST: GA		ZIP: 30360		SCHOOL: _____			
EMAIL: _____										YEAR OF BIRTH: 1952			
SSN: _____			RACE: W		HEIGHT: 602		HAIR: OTH		PHONE: _____				
DOB: _____			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 checked="" type="checkbox"/>		WARRANT <input type="checkbox"/> ARRESTED <input type="checkbox"/>	
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NARRATIVE

Seq. No. 1

Narrative Type	Reporting Officer	Statement Date	Time
NARRATIVE	1123 S. MAHAR	05/22/2014	0954

On 5-22-14 I received a call to Lighthouse Thrift store, I spoke with a Susan Moore who stated she came into the store this morning had a video of the suspect (Thomas Owens) spitting on her doors, she also stated that Mr. Owens has come into the store stating that she funds terrorist and he does not like her.

Upon leaving the store I encountered Mr. Owens and he spoke to Ofc. S. Mahar.

Mr. Owens was advised that he should avoid any further contact with Ms. Moore, Mr. Owens agreed and cleaned up the spit.

A Criminal trespass warning was given to Mr. Owens

Report prepared by Ofc. R. Kellem.