

**MERCER UNIVERSITY POLICE DEPARTMENT
MISCELLANEOUS INCIDENT REPORT**

CASE NUMBER:	16 5747		
NATURE OF COMPLAINT	SEXUAL ASSAULT		
TIME:	2029	DATE:	04-11-2016
LOCATION OF INCIDENT:	MED CENTER ER		
COMPLAINANT	MED CENTER ER		
COMPLAINANTS ADDRESS			
COMPLAINANTS PHONE #			

TIME DISPATCHED	2029	ARRIVAL TIME	2032
COMPLAINANT	<input type="checkbox"/> STUDENT	<input type="checkbox"/> EMPLOYEE	<input type="checkbox"/> VISITOR <input checked="" type="checkbox"/> OTHER

NARRATIVE

I WAS DISPATCHED TO THE MED CENTER ER IN REFERENCE TO A SEXUAL ASSAULT THAT OCCURRED ON 4-9-2016 AT ONE OF THE 4 MERCER LOFTS.

THE VICTIM WANTED TO REMAIN ANONYMOUS BUT ADVISED THAT SHE HAS ALREADY REPORTED THE INCIDENT TO THE TITLE ~~XT~~^{IX} COORDINATOR. I CONTACTED THE TITLE ~~XT~~^{IX} COORDINATOR AND SHE ADVISED THAT IT HAS BEEN REPORTED TO HER. A SEXUAL ASSAULT EXAM KIT WAS TAKEN AND BROUGHT BACK TO THE MERPO EVIDENCE ROOM AND PLACED IN THE REFRIGERATOR. THE VICTIM ADVISED THAT SHE DID NOT WANT TO PRESS STATE CHARGES AT THIS TIME BUT RESERVES THE RIGHT TO DO SO AT A LATER DATE.

INVESTIGATING OFFICER	APPROVING OFFICER
409 M. GRAHAM	201 SGT. R. BRIDGER

MERCER UNIVERSITY POLICE DEPARTMENT

INCIDENT REPORT

Agency ID (ORI) GA 011099E

Case Number: 1640 30

	Counts	Incident Code	Premise Type	
Event	ENTERING AUTO	1	<input type="checkbox"/> 1 Highway <input type="checkbox"/> 2.Svc. Station <input type="checkbox"/> 3 Convenience Store <input type="checkbox"/> 4 Bank <input type="checkbox"/> 5 Commercial <input type="checkbox"/> 6 Residence <input checked="" type="checkbox"/> 7 School/Campus <input type="checkbox"/> 8 All Other	
Event	Incident Location 1365 LINDEN AVE MACON GA 31204	Loc. Code		
Event	Incident Date Time Date Time 04-22-16 19:55 To 04-22-16 20:15	Stranger to Stranger <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Weapon Type <input type="checkbox"/> Gun <input type="checkbox"/> Knife/Cutting Tool <input type="checkbox"/> Hands/Fist etc <input type="checkbox"/> Other	
Event	Complainant	Address	Phone Number	
Victim	Victim's Name	Race	Sex	Age
Victim	Address	Census Tract	Employer or Occupation	Residence Phone Business Phone
Victim	Student? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, name of victim's school			
Offender	Name	Race	Sex	Date of Birth Age
Offender	Wanted	Address	Census Tract	Height Weight Hair Eyes
Offender	Warrant	Charges	Counts	Offense Code Offense/Arrest Jurisdiction
Offender	Arrest		0	N/A N/A
Offender			0	N/A N/A
Offender			0	N/A N/A
Offender	Total Number Arrested	Arrested At or Near Offense Scene	Date of the Offense	
Offender		N/A		
Vehicle	Tag Number	State	Year	VEHICLE IDENTIFICATION NUMBER
Vehicle	<input type="checkbox"/> Stolen			Plate Only VIN Plate Only
Vehicle	<input type="checkbox"/> Recov'd	Year	Make	Model Style Color
Vehicle	<input type="checkbox"/> Suspects			
Vehicle	Motor Size (CID)	Auto	Man	SPD Insured by
Witness	Name	Address	Phone Number	
Property	Vehicles	Currency, Notes, Etc.	Jewelry, Prec. Metals	Furs
Property	Stolen			
Property	Recovered	5.00		
Property	Clothing	Office Equipment	TV, Radio, Etc.	Household Goods
Property	Stolen			
Property	Recovered	15.00		
Property	Firearms	Consumable Goods	Livestock	Other
Property	Stolen			
Property	Recovered	45.35		
Property				Total
Property				65.35
Adm	GCIC <input type="checkbox"/> Warrant <input type="checkbox"/> Missing Persons <input type="checkbox"/> Vehicle <input type="checkbox"/> Article <input type="checkbox"/> Boat <input type="checkbox"/> Gun <input type="checkbox"/> Securities			
Drug	Did investigation indicate that this incident was drug-related? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate the type of drug(s) used by offender. <input type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin <input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown			
Clear	Required Data Fields For Clearance Report	<input type="checkbox"/> Cleared by Arrest	<input type="checkbox"/> Exceptionally Cleared	<input type="checkbox"/> Unfounded Report Date 04-22-16
Clear	Date of Clearance	<input type="checkbox"/> Adult	<input type="checkbox"/> Juvenile	

MERCER UNIVERSITY POLICE DEPARTMENT
INCIDENT REPORT

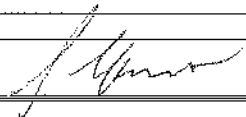
Agency ID (ORI) GA 011099E

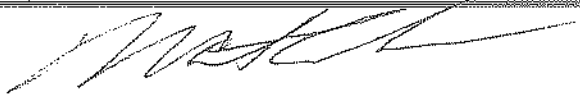
Case Number: 16 40 30

Narrative

THE COMPLAINANT CAME TO MERPO TO ADVISE THAT WHILE HIS VEHICLE WAS PARKED BEHIND FRANCARS, SOMEONE ENTERED HIS VEHICLE AND TOOK FOOD, CHANGE, A PACK OF NEWPORT CIGARETTES, AND A CELLPHONE CHARGER FROM INSIDE HIS CHEVY SILVERADO. WHILE AT THE MERPO OFFICE ANOTHER OFFICER FOUND 2 POSSIBLE SUSPECTS AT THE CORNER OF MONTEPELIER AND JOHNSON AVE. THE SUSPECTS WERE A JUVENILE NAMED _____ AND A 17 YEAR OLD NAMED _____. _____ HAD A CHEESEBURGER IN HIS HAND AT THE TIME THAT MATCHED WHAT WAS TAKEN FROM THE COMPLAINANTS VEHICLE. BOTH WERE BROUGHT TO THE MERPO OFFICE. _____ GAVE US THE NAME OF HIS MOTHER (_____) I CONTACTED HIS MOTHER AND SHE CAME TO THE MERPO OFFICE. I ASKED MRS _____ IF IT WOULD BE OK TO SPEAK TO HER SON AND SHE ADVISED THAT I COULD. I SPOKE TO HIM IN HER PRESENCE. MR _____ ADVISED THAT HE SAW _____ (IDENTIFIED AS _____) A 14 YEAR OLD BLACK MALE THAT LIVES AT _____ WHOSE GUARDIAN IS GRANDMOTHER _____. _____ ENTER THE COMPLAINANTS VEHICLE AND TAKE OUT THE ITEMS THAT THE COMPLAINANT ADVISED WERE STOLEN. HE SAID THAT _____ GAVE HIM A CHEESEBURGER AND THEN HE RAN OFF WITH A GROUP OF 3-4 BOYS. _____ WAS RELEASED TO HIS MOTHER. _____ STATED THAT HE WAS IN SAUCED USING THE BATHROOM AND WHEN HE CAME OUT _____ HAD THE CHEESE BURGER IN HIS HAND AND THEY WENT TO WALK ACROSS THE BRIDGE WHEN THEY WERE STOPPED BY CPL GAINES. _____ WAS RELEASED TO LEAVE. _____ LIVES AT _____

I WILL TRY AND PULL UP VIDEO TO SEE IF I CAN IDENTIFY ANYONE ELSE ENVOLED.

Reporting Officer	Badge Number	Approving Officer	Badge Number
M. GRAHAM	409	CPL. S. GAINES 	201



MERCER UNIVERSITY POLICE DEPARTMENT

INCIDENT REPORT

Agency ID (ORI) GA 011099E
Incident Type

Case Number: 16 31

Event	Arson 1st Degree	1	Incident Code	<input type="checkbox"/> 1 Highway	<input type="checkbox"/> 2.Svc. Station		
		0		<input type="checkbox"/> 3 Convenience Store	<input type="checkbox"/> 4 Bank		
		0		<input type="checkbox"/> 5 Commercial	<input type="checkbox"/> 6 Residence		
	Incident Location	Loc. Code		<input checked="" type="checkbox"/> 7 School/Campus	<input type="checkbox"/> 8 All Other		
	1410 Adams Street Macon, Georgia		Weapon Type				
	Incident Date	Time	Date	Time	Stranger to Stranger		
	04/25/16	03:45	To	04/25/16	03:51		
	Complainant		Address		Phone Number		
Victim	Victim's Name	Race	Sex	Age	Residence Phone	Business Phone	
	Mercer University	N/A	N/A				
	Address	Census Tract	Employer or Occupation				
	1501 Mercer University Drive Macon, Georgia 31207						
Student? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, name of victim's school							
Offender	Name	Race	Sex	Date of Birth	Age		
	Unknown	N/A	N/A				
	Wanted	Address	Census Tract	Height	Weight	Hair	Eyes
	<input type="checkbox"/>						
	Warrant	Charges	Counts	Offense Code	Offense/Arrest	Jurisdiction	
	<input type="checkbox"/>		0		N/A	N/A	
	Arrest		0		N/A	N/A	
	<input type="checkbox"/>		0		N/A	N/A	
	Total Number Arrested	Arrested At or Near Offense Scene	Date of the Offense				
		N/A					
Vehicle	Tag Number	State	Year	VEHICLE IDENTIFICATION NUMBER		Plate Only	VIN Plate Only
	<input type="checkbox"/> Stolen					<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Recov'd	Year	Make	Model	Style	Color	
	<input type="checkbox"/> Suspects						
	Motor Size (CID)	Auto	Man	SPD	Insured by		
Witness	Name	Address	Phone Number				
Property	Vehicles	Currency, Notes, Etc.	Jewelry, Prec. Metals	Furs	Property recovery Info Only		
	Stolen				Jurisdiction Codes		
	Recovered				Theft / Recovery		
					N/A	N/A	1. City
	Clothing	Office Equipment	TV, Radio, Etc.	Household Goods	2. County		
	Stolen				3. State		
	Recovered				4. Out of State		
					5. Unknown		
Firearms	Consumable Goods	Livestock	Other	Total			
Stolen							
Recovered							
Adm	GCIC <input type="checkbox"/> Warrant <input type="checkbox"/> Missing Persons <input type="checkbox"/> Vehicle <input type="checkbox"/> Article <input type="checkbox"/> Boat <input type="checkbox"/> Gun <input type="checkbox"/> Securities						
Drug	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.						
<input type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin <input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown							
Clear	Required Data Fields For Clearance Report			<input type="checkbox"/> Cleared by Arrest	<input type="checkbox"/> Exceptionally Cleared	<input type="checkbox"/> Unfounded	Report Date
	Date of Clearance			<input type="checkbox"/> Adult	<input type="checkbox"/> Juvenile		

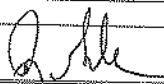

MERCER UNIVERSITY POLICE DEPARTMENT
INCIDENT REPORT

Agency ID (ORI) GA 011099E

Case Number: 16 31

Narrative

On the morning of 04/26/16 I was dispatched to 1410 Adams Street, Macon, Georgia 31207, in reference to a active fire. Upon arriving I made contact with the RA Rahul Kason. Mr. Kason stated that one of the residents woke him up and informed him about a bulletin board that was on fire. When I arrived, the front lobby area was full of smoke and there was still a small amount of smoke coming from the bulletin board. The fire panel was reading pre- alarm warning. There are sprinkler heads above the fire but they did not function during the fire. Mr. Kason stated that someone had caught the bulletin board on fire around 07:30 hours on April 19th 2016 but Mercer Police were not notified, instead the RA's informed the students that if someone didn't come forward all of the students would be fined \$10.00. The Graduate Hall Director, Casey Hopson also told me that Auxiliary Services had been notified and that they were told that the reason for the fire alarm not activating was there are no smoke detectors in that hallway and the fire wasn't "hot enough" to activate the sprinklers. Corporal Barnes attempted to notify auxiliary services and could not make contact with them. At this time, Corporal Barnes contacted Chief Collins who instructed us to tell the RA's to keep a eye on the situation and for Officer Bearden and me to go back in service and ride through to check on them. All of the students were still asleep and the fire alarm didn't activate anywhere but in the front lobby. The fire was literally six inches from making contact with the ceiling tiles which would have caused the fire to spread.

Reporting Officer	Badge Number	Approving Officer	Badge Number
Officer Robert Gordon 	405	Corporal Barnes # 305 	305

MERCER UNIVERSITY POLICE DEPARTMENT

INCIDENT REPORT

Agency ID (ORI) GA 011099E

Case Number: 16 32

	Incident Type	Counts	Incident Code	Premise Type				
Event	ARSON - FIRST DEGREE	1		<input type="checkbox"/> 1 Highway	<input type="checkbox"/> 2 Svc. Station			
		0		<input type="checkbox"/> 3 Convenience Store	<input type="checkbox"/> 4 Bank			
		0		<input type="checkbox"/> 5 Commercial	<input type="checkbox"/> 6 Residence			
	Incident Location		Loc. Code	<input checked="" type="checkbox"/> 7 School/Campus	<input type="checkbox"/> 8 Alt Other			
	MERCER UNIVERSITY, SCIENCE AND ENGINEERING BUILDING			Weapon Type				
	Incident Date	Time	Date	Time	Stranger to Stranger			
	04-25-16	11:57	To		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown			
	Complainant			Address				
	MERCER POLICE			1501 MERCER UNIVERSITY DRIVE, MACON, GA. 31207				
				Phone Number				
				778-301-2970				
Victim	Victim's Name		Race	Sex	Age			
			N/A	N/A				
	Address		Census Tract	Employer or Occupation				
	Student? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of victim's school							
Offender	Name				Race	Sex	Date of Birth	Age
					N/A	N/A		
	Wanted	Address		Census Tract	Height	Weight	Hair	Eyes
	<input type="checkbox"/>				n/a		n/a	N/A
	Warrant	Charges		Counts	Offense Code	Offense/Arrest		Jurisdiction
	<input type="checkbox"/>			0		2	N/A	1. City
	Arrest			0		N/A	N/A	2. County
<input type="checkbox"/>			0		N/A	N/A	3. State	
	Total Number Arrested	Arrested At or Near Offense Scene		Date of the Offense		Jurisdiction		
		N/A		04-25-16		4. Out of State		
						5. Unknown		
Vehicle	Tag Number	State	Year	VEHICLE IDENTIFICATION NUMBER			Plate Only	VIN Plate Only
	<input type="checkbox"/> Stolen						<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Recov'd	Year	Make	Model	Style	Color		
	<input type="checkbox"/> Suspects							
	Motor Size (CID)	Auto	Man	SPD	Insured by			
		<input type="checkbox"/>	<input type="checkbox"/>					
Witness	Name		Address			Phone Number		
Property	Vehicles		Currency, Notes, Etc.	Jewelry, Prec. Metals	Furs	Property recovery Info Only Jurisdiction Codes Theft / Recovery N/A N/A 1. City 2. County 3. State 4. Out of State 5. Unknown		
	Stolen							
	Recovered							
	Clothing		Office Equipment	TV, Radio, Etc.	Household Goods	Date of Theft		
	Stolen							
	Recovered							
Firearms		Consumable Goods	Livestock	Other	Total			
Stolen								
Recovered								
Adm	GCIC <input type="checkbox"/> Warrant <input type="checkbox"/> Missing Persons <input type="checkbox"/> Vehicle <input type="checkbox"/> Article <input type="checkbox"/> Boat <input type="checkbox"/> Gun <input type="checkbox"/> Securities							
	Did investigation indicate that this incident was drug-related? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Drug	if yes, please indicate the type of drug(s) used by offender.							
	<input type="checkbox"/> 1 - Amphetamine	<input type="checkbox"/> 2 - Barbiturate	<input type="checkbox"/> 3 - Cocaine	<input type="checkbox"/> 4 - Hallucinogen	<input type="checkbox"/> 5 - Heroin			
	<input type="checkbox"/> 6 - Marijuana	<input type="checkbox"/> 7 - Methamphetamine	<input type="checkbox"/> 8 - Opium	<input type="checkbox"/> 9 - Synthetic Narcotic	<input type="checkbox"/> U - Unknown			
Clear	Required Data Fields For Clearance Report		<input type="checkbox"/> Cleared by Arrest	<input type="checkbox"/> Exceptionally Cleared	<input type="checkbox"/> Unfounded	Report Date		
	Date of Clearance		<input type="checkbox"/> Adult	<input type="checkbox"/> Juvenile				

MERCER UNIVERSITY POLICE DEPARTMENT
INCIDENT REPORT

Agency ID (ORI) GA 011099E

Case Number: 16 32

Narrative

AT 11:57 A.M. ON 04-25-16, OUR OFFICE RECEIVED A FIRE ALARM SIGNAL FROM THE SCIENCE AND ENGINEERING BUILDING. UPON ARRIVAL, PROF. MARONE (X-2597) AND PROF. BALDUZ (X-2229) MET ME AT THE ENTRANCE AND REPORTED THAT THEY FOUND AND EXTINGUISHED THE FIRE IN THE SECOND FLOOR, WEST SIDE, MEN'S RESTROOM. THE BUILDING WAS EVACUATED. KEN BOYER ARRIVED AND RESET THE A/C SYSTEM TO VENTILATE THE BUILDING. NATIONAL WAS CALLED TO CLEAN THE AREA. WE FOUND A ROLL OF TOILET PAPER THAT WAS IGNITED ON THE FLOOR IN THE HANDICAPPED STALL.

Reporting Officer	Badge Number	Approving Officer	Badge Number
VINCE BROCCOLO 	412	SGT. ED RONEY 	202

MERCER UNIVERSITY POLICE DEPARTMENT

INCIDENT REPORT

Agency ID (ORI) GA 011099E
Incident Type

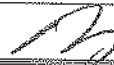
Case Number: 16 33
Premise Type

Event	ENTERING AUTO		1	Incident Code		<input type="checkbox"/> 1 Highway	<input type="checkbox"/> 2.Svc. Station
			0			<input type="checkbox"/> 3 Convenience Store	<input type="checkbox"/> 4 Bank
			0			<input type="checkbox"/> 5 Commercial	<input type="checkbox"/> 6 Residence
	Incident Location		Loc. Code		<input checked="" type="checkbox"/> 7 School/Campus	<input type="checkbox"/> 8 All Other	
Victim	MEP LOT						
	Incident Date		Time		Date		Time
	04/22/16		18:00		To 04/25/16		10:00
	Complainant Address						
Stranger to Stranger <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown							
				Weapon Type			
				<input type="checkbox"/> Gun <input type="checkbox"/> Knife/Cutting Tool			
				<input type="checkbox"/> Hands/Fist etc <input checked="" type="checkbox"/> Other			
				Complainant Phone Number			
Victim's Name							
		Race	Sex	Age	Residence Phone	Business Phone	
Address							
			Census Tract		Employer or Occupation		
Student? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of victim's school MERCER UNIVERSITY							
Offender	Name						
	UNK						
	Wanted		Address		Census Tract	Race	Sex
						N/A	N/A
	Warrant		Charges		Height	Weight	Hair
					n/a	n/a	N/A
	Arrest				Counts	Offense Code	Offense/Arrest
					0		N/A
				0		N/A	
				0		N/A	
Total Number Arrested		Arrested At or Near Offense Scene		Date of the Offense			
		N/A					
Vehicle	Tag Number						
	1AT4282		State	Year	VEHICLE IDENTIFICATION NUMBER		Plate Only
	AL						VIN Plate Only
	Recov'd		Year	Make	Model		Style
	Suspects		TOYOTA	RAV 4		4 DOOR	
		Motor Size (CID)		Auto	Man	SPD	
				<input checked="" type="checkbox"/>	<input type="checkbox"/>		
		Insured by					
Witness	Name						
	N/A						
	Address						
Phone Number							
Property	Vehicles		Currency, Notes, Etc.		Jewelry, Prec. Metals		Furs
	Stolen						
	Recovered						
	Clothing		Office Equipment		TV, Radio, Etc.		Household Goods
	Stolen						
	Recovered						
	Firearms		Consumable Goods		Livestock		Other
	Stolen						Total
Recovered							
Adm	GCIC <input type="checkbox"/> Warrant <input type="checkbox"/> Missing Persons <input type="checkbox"/> Vehicle <input type="checkbox"/> Article <input type="checkbox"/> Boat <input type="checkbox"/> Gun <input type="checkbox"/> Securities						
	Did investigation indicate that this incident was drug-related? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Drug	If yes, please indicate the type of drug(s) used by offender.						
	1 - Amphetamine	2 - Barbiturate	3 - Cocaine	4 - Hallucinogen	5 - Heroin	6 - Marijuana	7 - Methamphetamine
	8 - Opium	9 - Synthetic Narcotic	U - Unknown				
Clear	Required Data Fields For Clearance Report <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Exceptionally Cleared <input type="checkbox"/> Unfounded						
	Date of Clearance <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile						
Report Date 04/25/2016							

MERCER UNIVERSITY POLICE DEPARTMENT
INCIDENT REPORT

Agency ID (ORI) GA 011099E

Case Number: 16 33

Narrative	SHE STATED SHE LEFT THE VEHICLE PARKED BEHIND MEP ALL WEEKEND AND WAS UNSURE WEATHER IT WAS LOCKED OR NOT. SHE THEN STATED THAT THE ONLY THINGS MISSING FROM HER VEHICLE WERE A PHONE CHARGER AND AN AUX. CABLE.			
	Reporting Officer	Badge Number	Approving Officer	Badge Number
	OFC. MCCRANIE	414	SGT. RONEY 	202

OFC. MCCRANIE #414

MERCER UNIVERSITY POLICE DEPARTMENT

INCIDENT REPORT

Agency ID (ORI) GA 011099E
Incident Type

Case Number: 16 34
Premise Type

Counts Incident Code

Event	THEFT BY TAKING (MAIL)		1		<input type="checkbox"/> 1 Highway	<input type="checkbox"/> 2.Svc. Station
			0		<input type="checkbox"/> 3 Convenience Store	<input type="checkbox"/> 4 Bank
			0		<input checked="" type="checkbox"/> 5 Commercial	<input type="checkbox"/> 6 Residence
	Incident Location		Loc. Code		<input type="checkbox"/> 7 School/Campus	<input type="checkbox"/> 8 All Other
	1701 7 TH ST. MACON, GA 31206				Weapon Type	
Victim	Incident Date	Time	Date	Time	Stranger to Stranger	
	04/15/2016	10:00	To	04/15/2016	16:00	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown
	Complainant		Address		Phone Number	
	GREENE, JOSHUA D.		1701 7 TH ST. MACON, GA 31206			
	Victim's Name		Race	Sex	Age	Residence Phone
BRIGHTVIEW INC.		N/A	N/A			844-235-7778
Address		Census Tract		Employer or Occupation		
2275 RESEARCH BLVD. SUITE 600 ROCKVILLE, MD 20850				LANDSCAPING		
Student? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, name of victim's school						
Offender	Name		Race	Sex	Date of Birth	Age
	UNKNOWN		N/A	N/A		
	Wanted	Address		Census Tract	Height	Weight
	<input type="checkbox"/>				n/a	N/A
	Warrant	Charges		Counts	Offense Code	Offense/Arrest
<input type="checkbox"/>			0		N/A	N/A
Arrest			0		N/A	N/A
<input type="checkbox"/>			0		N/A	N/A
Total Number Arrested		Arrested At or Near Offense Scene		Date of the Offense		
0		N/A		04/15/2016		
Vehicle	Tag Number		State	Year	VEHICLE IDENTIFICATION NUMBER	
	<input type="checkbox"/> Stolen	Year		Make	Model	Style
	<input type="checkbox"/> Recov'd					Color
	<input type="checkbox"/> Suspects					
Motor Size (CID)		Auto	Man	SPD	Insured by	
		<input type="checkbox"/>	<input type="checkbox"/>			
Witness	Name		Address			Phone Number
Property	Vehicles		Currency, Notes, Etc.	Jewelry, Prec. Metals	Furs	
	Stolen		2163			
	Recovered					
	Clothing		Office Equipment	TV, Radio, Etc.	Household Goods	
	Stolen					
Recovered						
Firearms		Consumable Goods	Livestock	Other	Total	
Stolen					2163	
Recovered						
Adm.	GCIC <input type="checkbox"/> Warrant <input type="checkbox"/> Missing Persons <input type="checkbox"/> Vehicle <input type="checkbox"/> Article <input type="checkbox"/> Boat <input type="checkbox"/> Gun <input type="checkbox"/> Securities					
	Did investigation indicate that this incident was drug-related? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Drug	If yes, please indicate the type of drug(s) used by offender.					
	<input type="checkbox"/> 1 - Amphetamine	<input type="checkbox"/> 2 - Barbiturate	<input type="checkbox"/> 3 - Cocaine	<input type="checkbox"/> 4 - Hallucinogen	<input type="checkbox"/> 5 - Heroin	
<input type="checkbox"/> 6 - Marijuana		<input type="checkbox"/> 7 - Methamphetamine	<input type="checkbox"/> 8 - Opium	<input type="checkbox"/> 9 - Synthetic Narcotic	<input type="checkbox"/> U - Unknown	
Clear	Required Data Fields For Clearance Report		<input type="checkbox"/> Cleared by Arrest	<input type="checkbox"/> Exceptionally Cleared	<input type="checkbox"/> Unfounded	Report Date 04/26/2016
	Date of Clearance		<input type="checkbox"/> Adult	<input type="checkbox"/> Juvenile		

[Handwritten signature]

MERCER UNIVERSITY POLICE DEPARTMENT
INCIDENT REPORT

Agency ID (ORI) GA 011099E

Case Number: 16 34

Narrative

Mr. Greene reported that Brightview did not receive any mail on Friday April 15th, 2016 and a check from one of their clients was most likely with the missing mail. Hope Church of Warner Robins, GA had mailed a check for \$2163.00 to Brightview and someone had reportedly attempted to cash the check in Conyers, GA on April 22nd, 2016. According to Mr. Greene, the check had been altered and the person who tried to cash the check had already been identified by law enforcement officials in Conyers.

The Warner Robins Police were also contacted and are reportedly pressing charges on the individual in question. The Warner Robins Case Number is 2016-05544.

Reporting Officer	Badge Number	Approving Officer	Badge Number
CPL. MICHAEL KONDORF	310		202