

MILLEDGEVILLE POLICE DEPARTMENT

CASE NUMBER: 08003203

SA GA0050100

INCIDENT REPORT

OFFENSE: POLICE INFORMATION

EVENT	INCIDENT TYPE SEX OFFENSE - OTHER		COUNTS 1	INCIDENT CODE 3899	PREMISE TYPE 1-HIGHWAY 2-SERVICE STATION 3-CONVENIENCE STORE 4-BANK 5-COMMERCIAL 6-RESIDENCE 7-SCHOOL/CAMPUS 8-ALL OTHER										
	INCIDENT LOCATION (STREET #, STREET NAME, APT. #) CLOVERHURST CT ATHENS		ZIP CODE	ZONE	LOCATION CODE										
VICTIM	INCIDENT DATE 04/19/2008	TIME 2200	DATE 04/20/2008	TIME 1100	STRANGER TO STRANGER <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN										
	COMPLAINANT LAST NAME		FIRST NAME	MIDDLE NAME	COMPLAINANT ADDRESS NO., STREET	CITY	STATE ZIP PHONE NUMBER GA 31061								
VICTIM	VICTIM LAST NAME		FIRST NAME	MIDDLE NAME	RACE	SEX	DATE OF BIRTH	AGE	RESIDENCE PHONE	BUSINESS PHONE					
	ADDRESS NO., STREET		CITY	STATE	ZIP	CENSUS TRACT	EMPLOYER OR OCCUPATION								
OFFENDER	STUDENT?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, NAME VICTIMS SCHOOL		GCSU									
	OFFENDER LAST NAME, FIRST NAME, MIDDLE NAME		RACE	SEX	DATE OF BIRTH	AGE									
OFFENDER	WANTED	<input type="checkbox"/>		ADDRESS NO., STREET		CITY	STATE	ZIP	CENSUS TRACT	HEIGHT	WEIGHT	HAIR COLOR	EYES		
	WARRANT	<input type="checkbox"/>		CHARGES		COUNTS	OFFENSE CODE	OFFENSE / ARREST JURISDICTION CODES 1. CITY 2. COUNTY 3. STATE 4. OUT OF STATE 5. UNKNOWN							
VEHICLE	ARREST	<input type="checkbox"/>		TOTAL NUMBER ARRESTED		ARREST AT OR NEAR OFFENSE SCENE <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE OF OFFENSE							
	<input type="checkbox"/> STOLEN	TAG NUMBER		STATE	YEAR	V.I.N.		PLATE ONLY	VIN PLATE ONLY						
WITNESS	<input type="checkbox"/> RECOVERED	YEAR	MAKE	MODEL	STYLE	COLOR	MOTOR SIZE (CID)	TRANSMISSION	INSURED BY						
	<input type="checkbox"/> SUSPECTS	WITNESS LAST NAME		FIRST NAME	MIDDLE NAME	ADDRESS NO., STREET		CITY	STATE	ZIP	PHONE NUMBER				
PROPERTY	WITNESS 1 - DOB / Age		WITNESS 2 - DOB / Age		VEHICLES		CURRENCY, NOTES, ETC	JEWELRY, PREC. METALS	FURS						
	CLOTHING		OFFICE EQUIPMENT		TV, RADIO, ETC.		HOUSEHOLD		PROPERTY RECOVERY INFO ONLY THEFT/RECOVERY JURISDICTION CODES 1. CITY 2. COUNTY 3. STATE 4. OUT OF STATE 5. UNKNOWN DATE OF THEFT						
ADM.	FIREARMS		CONSUMABLE GOODS		LIVESTOCK		OTHER		TOTALS						
	<input type="checkbox"/> STOLEN	<input type="checkbox"/> RECOVERED	<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	STOLEN		STOLEN		STOLEN		STOLEN		STOLEN						
	RECOVERED		RECOVERED		RECOVERED		RECOVERED		RECOVERED						
CLEAR	DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO														
	1 - AMPHETAMINE		2 - BARBITURATE		3 - COCAINE		4 - HALLUCINOGEN		5 - HEROIN		6 - MARIJUANA		7 - METHAMPHETAMINE	8 - OPIUM	9 - SYNTHETIC NARCOTIC
NARRATIVE	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 04/21/2008								
ON THIS DATE I WAS DISPATCHED TO OCONEE REGIONAL MEDICAL CENTER IN REFERENCE TO AN ALLEGED RAPE. THE OFFENCE OCCURRED AT THE PHI GAMMA DELTA FRATERNITY HOUSE IN ATHENS-CLARKE COUNTY. ATHENS-CLARKE COUNTY POLICE DEPARTMENT WAS INFORMED OF THE OFFENCE AND I COLLECTED EVIDENCE FOR SAID DEPARTMENT. EVIDENCE IS TO BE TURNED OVER TO ATHENS-CLARKE COUNTY FOR FURTHER INVESTIGATION.															
CRESSMAN			19		SGT J DAVIS			32							

NARRATIVE CONTINUATION

MILLEDGEVILLE POLICE DEPARTMENT

1. Offense	<input type="checkbox"/>	Juvenile	<input type="checkbox"/>	1. Original	<input type="checkbox"/>
2. Arrest	<input checked="" type="checkbox"/>	Warn/Detain	<input type="checkbox"/>	2. Supplement	<input checked="" type="checkbox"/>
Agency ORI Number			Agency Report Number		
GA0050100			08003203		

ADM	Date of Supplement	Case Reference
	Original Date Reported	
	04/21/2008	RAPE

I MADE CONTACT WITH THE COMP AT THE OCONEE REGIONAL MEDICAL CENTER. THE COMP STATED THAT SHE WAS AT A PARTY AT THE PHI GAMMA DELTA FRATERNITY HOUSE ON THE NIGHT OF APRIL 19TH. [REDACTED] THAT SHE DOES NOT REMEMBER ANYTHING AFTER 10:00 PM. THE COMP STATED THAT SHE WOKE UP AT APPROXIMATELY 11:00 AM ON A COUCH AT THE SAME RESIDENCE AND FOUND SHE WAS NO LONGER WEARING ANY UNDERWEAR. SHE LATER NOTICED THAT SHE HAD BRUISES ON HER HIPS AND ON HER KNEES. AFTER THE COMP RETURNED TO MILLEDGEVILLE HER ROOMMATE, [REDACTED], TOLD HER TO GO TO THE HOSPITAL AND DROVE HER TO OCONEE REGIONAL. THE COMP STATED THAT SHE HAD NO MEMORY OF WHAT HAPPENED TO HER AT THE PARTY.

THE COMP STATED SHE WAS AT THE PARTY WITH TWO OF HER FRIENDS, [REDACTED] AND [REDACTED] AND THEY TOLD HER THAT THEY LOST TRACK OF HER AROUND 10:00PM.

THE COMP STATED THAT THE MISSING UNDERWEAR WERE [REDACTED] ORMC COMPLETED A GBI SEXUAL ASSAULT KIT ON THE VICTIM AND I COLLECTED [REDACTED] THAT WAS WORN AT THE TIME OF THE INCIDENT. [REDACTED] ASSISTED BY TAKING PHOTOGRAPHS OF THE VICTIMS INJURIES. I OBTAINED PERMISSION TO SEARCH HER APARTMENT FOR CLOTHING WORN AT THE PARTY. I MADE CONTACT WITH HER ROOMMATE AT HER LISTED ADDRESS AND COLLECTED [REDACTED]. THESE ITEMS WERE RECORDED ON RECEIPT NUMBERS 1906 AND 3800 AND PLACED INTO BIN 15. A COPY OF THIS REPORT WILL BE FAXED TO ATHENS-CLARKE COUNTY POLICE FOR FURTHER INVESTIGATION. THE VICTIM WAS ALSO ADVISED TO CONTACT DETECTIVES AT ACCP ON 042108.

COPY

NARRATIVE

Report Contains	NARRATIVE		Related Report Number(s)	08003203
Signature of Officer Reporting	ID: Number(s)	Unit	Date	
	19	PATROL	04/21/2008	
Signature of Officer Reviewing	Revised To	Reporting To	Assigned To	By
Case Status	Clearing Type	1. Arrest 2. Exceptional	3. Unfounded 4. Open Pend.	A-Adult J-Juvenile
Disposition Code	2. Arrest on Primary Offense Secondary Offense Without Prosecution	3. Death of Offender 4. V / W Refused to Cooperate	5. Prosecution Declined 6. Juvenile Cured/	OSIS Number
1. Extradition Declined				Page 2 of 2

ADMINISTRATIVE