

GWINNETT COUNTY POLICE DEPARTMENT
INCIDENT REPORT

FAMILY VIOLENCE?
 Yes No

REPORT DATE
06-15-2017

REPORT TIME
0337

CASE NUMBER
170054560

INCIDENT No. 1
16-10-24(MIS) OBSTRUCTING LAW ENFORCEMENT/FF/EMT 4802

OFFENSE CODE:
4101

COUNTS:
1

ASSIGNMENT/SHIFT:
SSC

GZONE:
211015

DIST:
2

INCIDENT No. 2
OFFENSE CODE:
OFFENSE CODE:
OFFENSE CODE:

COUNTS:
COUNTS:
COUNTS:

NATURE OF CALL:
4101

REPORT TYPE:
INCIDENT/ARREST

TIME FROM:
0243

DATE FROM:
06-15-2017

INCIDENT No. 3
STUDENT WHERE?
STUDENT WHERE?

DRUG INVOLVEMENT:
DRUG TYPE:

DATE TO:
0356

DATE TO:
06-15-2017

ALCOHOL INVOLVEMENT?
ALCOHOL INVOLVEMENT:

PREMISE VACANT?
PREMISE VACANT?

UNDER CONSTRUCTION?
OFFENSE LOC: 6

RESIDENCE TYPE:
RESIDENCE/SINGLE

STREET ADDRESS: PREMISE

STREET ADDRESS:

523 EMILY DR
CITY:
LILBURN

STATE:
GA

ZIP:
30047

PREMISE TYPE:
01

INVL: NAME (FULL) (last, first, middle, initial):

STREET ADDRESS:

SUBDIVISION / APARTMENT / SHOPPING CENTER NAME:
CITY:
LILBURN

STATE:
GA

ZIP:
30047

PREMISE TYPE:
01

RESIDENCE TYPE:
RESIDENCE/SINGLE

INVL: NAME (FULL) (last, first, middle, initial):

STREET ADDRESS:

RACE: ETHNICITY: SEX: DATE OF BIRTH: OLN:
TYPE: HOME PHONE: TYPE: BUS. PHONE: BUS. EXT #: TYPE: CELL PHONE:

STATE:
GA

ZIP:
30047

PREMISE TYPE:
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STATE:
GA

ZIP:
30047

PREMISE TYPE:
01

RESIDENCE TYPE:
RESIDENCE/SINGLE

INVL: NAME (FULL) (last, first, middle, initial):

STREET ADDRESS:

OFFENDER INVI
ARR 1 OBSTRUCTING LAW ENFORCEMENT/FF/EMT 4802

STATE:
GA

ZIP:
30047

PREMISE TYPE:
01

RESIDENCE TYPE:
RESIDENCE/SINGLE

INVL: NAME (FULL) (last, first, middle, initial):

STREET ADDRESS:

GZONE:
211015

STATE:
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ZIP:
30047

PREMISE TYPE:
01

RESIDENCE TYPE:
RESIDENCE/SINGLE

INVL: NAME (FULL) (last, first, middle, initial):

STREET ADDRESS:

ARREST LOCATION:
EMILY DR / KENNETH DR

CITY:
LILBURN

STATE:
GA

ZIP:
30047

PREMISE TYPE:
01

RESIDENCE TYPE:
RESIDENCE/SINGLE

INVL: NAME (FULL) (last, first, middle, initial):

STREET ADDRESS:

WEAPON
MATHIS JEFFREY A

CITY:
LILBURN

STATE:
GA

ZIP:
30047

PREMISE TYPE:
01

RESIDENCE TYPE:
RESIDENCE/SINGLE

INVL: NAME (FULL) (last, first, middle, initial):

STREET ADDRESS:

STREET ADDRESS:
523 EMILY DR

CITY:
LILBURN

STATE:
GA

ZIP:
30047

PREMISE TYPE:
01

RESIDENCE TYPE:
RESIDENCE/SINGLE

INVL: NAME (FULL) (last, first, middle, initial):

STREET ADDRESS:

RACE: ETHN: SEX: DATE OF BIRTH: SSN:
W N M 07-03-1968

STATE:
GA

ZIP:
30047

PREMISE TYPE:
01

RESIDENCE TYPE:
RESIDENCE/SINGLE

INVL: NAME (FULL) (last, first, middle, initial):

STREET ADDRESS:

HAIR: EYE: WGT: HGT: SKIN: MARKS: TYPE: DESCRIPTION: OLN:
BRO BLU 250 6'02" 054248018

CITY:
LILBURN

STATE:
GA

ZIP:
30047

PREMISE TYPE:
01

RESIDENCE TYPE:
RESIDENCE/SINGLE

INVL: NAME (FULL) (last, first, middle, initial):

STREET ADDRESS:

TYPE: CELL PHONE: SUSPECT VEHICLE: YEAR: MAKE: MAKE LITERAL: OFFENDER VEHICLE: 1994 HOND ACCORD

CITY:
LILBURN

STATE:
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ZIP:
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PREMISE TYPE:
01

RESIDENCE TYPE:
RESIDENCE/SINGLE

INVL: NAME (FULL) (last, first, middle, initial):

STREET ADDRESS:

TYPE: OTHER PHONE: INVOLVEMENT: IMP IMPOUNDED

CITY:
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RESIDENCE TYPE:
RESIDENCE/SINGLE

INVL: NAME (FULL) (last, first, middle, initial):

STREET ADDRESS:

SOLVABILITY: ADMINISTRATIVE SECTION
KNS KNOWN SUSPECTS

CITY:
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PREMISE TYPE:
01

RESIDENCE TYPE:
RESIDENCE/SINGLE

INVL: NAME (FULL) (last, first, middle, initial):

STREET ADDRESS:

Victim Prosecute: Uniform Follow Up? Oic Take Photos? CSI called? CID called? Forward to CID? Possible Hate Crime?

CITY:
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PREMISE TYPE:
01

RESIDENCE TYPE:
RESIDENCE/SINGLE

INVL: NAME (FULL) (last, first, middle, initial):

STREET ADDRESS:

Stranger to Stranger? Gang Related? Impound? Statements? Other? Other Description

CITY:
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PREMISE TYPE:
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RESIDENCE TYPE:
RESIDENCE/SINGLE

INVL: NAME (FULL) (last, first, middle, initial):

STREET ADDRESS:

Supplemental: Impound? Statements? Other? Other Description

CITY:
LILBURN

STATE:
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INVL: NAME (FULL) (last, first, middle, initial):

STREET ADDRESS:

Badge #: Officer: GLUCK, MAX

CITY:
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Date Cleared: 06-15-2017

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