

CRN 0109-04-2076

JUVENILE INVOLVED
Athens-Clarke County Police
INCIDENT REPORT

Printed on 04/19/2009 11:21 AM
All times are in Eastern Standard Time
Click on any field to edit.

Page 1 of 5
ORI - GA0290100

Revised 0900

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Form containing fields for Complainant Information, Offender 1 Information, Incident/Offense 1 (Murder), Incident/Offense 2 (Agg Assault), Incident/Offense 3, Incident/Offense 4, and Reporting Officer details.

Supplemental Revised 0900

Adult PERSONS FORM Juvenile

Supervisor 609 ORI - GA0290100

<input type="checkbox"/> GOC <input type="checkbox"/> Entry <input type="checkbox"/> Modification <input type="checkbox"/> Removal		NOTE: Adult and Juvenile Must Be On Separate Forms		<input type="checkbox"/> GOC <input type="checkbox"/> Entry <input type="checkbox"/> Modification <input type="checkbox"/> Removal	
Person No. <input type="checkbox"/> Victim <input type="checkbox"/> Witness <input checked="" type="checkbox"/> Suspect/P.A. <input type="checkbox"/> Missing Person <input type="checkbox"/> Juvenile Complainant <input type="checkbox"/> Offender		Person No. <input checked="" type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Suspect/P.A. <input type="checkbox"/> Missing Person <input type="checkbox"/> Juvenile Complainant <input type="checkbox"/> Offender			
Last <u>Zinkhan</u> <input type="checkbox"/> BOLO Issued		Last <u>Bruce</u> <input type="checkbox"/> BOLO Issued			
First <u>George</u>		First <u>Morie</u>			
Middle <u>Martin</u> Suffix		Middle <u>Elizabeth</u> Suffix			
Address: No., Dir., St., Suffix, Apt <u>372 Chesterfield Rd</u>		Address: No., Dir., St., Suffix, Apt <u>372 Chesterfield Rd</u>			
City, State <u>BOGART, GA</u> Zip Code <u>30622</u> Race <u>Wht</u> <input checked="" type="checkbox"/> M <input type="checkbox"/> F		City, State <u>BOGART, GA</u> Zip Code <u>30622</u> Race <u>Wht</u> <input checked="" type="checkbox"/> M <input type="checkbox"/> F			
DOB <u>52</u> Phone (H) <u>603</u> (W) <u>240</u> (Cell/Pgr)		DOB <u>61</u> Phone (H) (W) (Cell/Pgr)			
Witness / Juvenile Complainant Information Complete At This Point		Witness / Juvenile Complainant Information Complete At This Point			
Alias/Street Name		Alias/Street Name			
Employer <u>UGA</u> Occupation		Employer Occupation			
<input type="checkbox"/> County Resident <input type="checkbox"/> Student School		<input type="checkbox"/> County Resident <input type="checkbox"/> Student School			
Complete Specialty Sections Below For Victim, Offender, Suspect Or Missing Person		Complete Specialty Sections Below For Victim, Offender, Suspect Or Missing Person			
<input type="checkbox"/> Can Identify Suspect <input type="checkbox"/> Will File Charges/Testify <input type="checkbox"/> Medical Treatment		<input type="checkbox"/> Can Identify Suspect <input type="checkbox"/> Will File Charges/Testify <input type="checkbox"/> Medical Treatment			
Hospital		Hospital			
Type / Extent Of Injury <input type="checkbox"/> Fatal Injury <input type="checkbox"/> Broken Bones <input type="checkbox"/> Gun/Knife <input type="checkbox"/> Threats <input type="checkbox"/> Mental Abuse <input type="checkbox"/> Superficial Injury <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Property Damage/Loss <input type="checkbox"/> Other		Type / Extent Of Injury <input checked="" type="checkbox"/> Fatal Injury <input type="checkbox"/> Broken Bones <input type="checkbox"/> Gun/Knife <input type="checkbox"/> Threats <input type="checkbox"/> Mental Abuse <input type="checkbox"/> Superficial Injury <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Property Damage/Loss <input type="checkbox"/> Other			
Victim Information Complete At This Point		Victim Information Complete At This Point			
State <u>GA</u> Stranger to Stranger? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		State Stranger to Stranger? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
Hgt <u>603</u> Wgt <u>240</u> Eye Color: <input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Hazel <input type="checkbox"/> Gray <input type="checkbox"/> Other		Hgt Wgt Eye Color: <input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Hazel <input type="checkbox"/> Gray <input type="checkbox"/> Other			
Hair Color <input type="checkbox"/> Blonde <input checked="" type="checkbox"/> Brown <input type="checkbox"/> Black <input type="checkbox"/> Red <input type="checkbox"/> Gray <input type="checkbox"/> Salt&Pepper		Hair Color <input type="checkbox"/> Blonde <input type="checkbox"/> Brown <input type="checkbox"/> Black <input type="checkbox"/> Red <input type="checkbox"/> Gray <input type="checkbox"/> Salt&Pepper			
<input type="checkbox"/> Hand cuffed <input type="checkbox"/> D. L. <input type="checkbox"/> B. B.		<input type="checkbox"/> Hand cuffed <input type="checkbox"/> D. L. <input type="checkbox"/> B. B.			
Offender Information Complete At This Point		Offender Information Complete At This Point			
Complete OFFENDER information above AND this section for all SUSPECTS or MISSING PERSONS. Note: Use RANGES below only if exact information has not been completed above.		Complete OFFENDER information above AND this section for all SUSPECTS or MISSING PERSONS. Note: Use RANGES below only if exact information has not been completed above.			
Age Range Height Range Weight Range Hand Use <input type="checkbox"/> Left <input type="checkbox"/> Right Speech / Voice <input type="checkbox"/> Soft Spoken <input type="checkbox"/> Normal <input type="checkbox"/> Loud <input type="checkbox"/> Slurred <input type="checkbox"/> Confused <input type="checkbox"/> Accent <input type="checkbox"/> Stuttered <input type="checkbox"/> Foreign <input type="checkbox"/> Mute <input type="checkbox"/> Other		Age Range Height Range Weight Range Hand Use <input type="checkbox"/> Left <input type="checkbox"/> Right Speech / Voice <input type="checkbox"/> Soft Spoken <input type="checkbox"/> Normal <input type="checkbox"/> Loud <input type="checkbox"/> Slurred <input type="checkbox"/> Confused <input type="checkbox"/> Accent <input type="checkbox"/> Stuttered <input type="checkbox"/> Foreign <input type="checkbox"/> Mute <input type="checkbox"/> Other			
Facial Hair <input type="checkbox"/> Stubble <input type="checkbox"/> Mustache <input type="checkbox"/> Beard <input type="checkbox"/> Goatee <input type="checkbox"/> Sideburns <input type="checkbox"/> Bushy Eyebrows		Facial Hair <input type="checkbox"/> Stubble <input type="checkbox"/> Mustache <input type="checkbox"/> Beard <input type="checkbox"/> Goatee <input type="checkbox"/> Sideburns <input type="checkbox"/> Bushy Eyebrows			
Hair Length <input type="checkbox"/> Bald <input type="checkbox"/> Short (<1/2") <input checked="" type="checkbox"/> Medium (<2") <input type="checkbox"/> Med-Long (2"-5") <input type="checkbox"/> Long (down back) <input type="checkbox"/> Very Long (waist+)		Hair Length <input type="checkbox"/> Bald <input type="checkbox"/> Short (<1/2") <input checked="" type="checkbox"/> Medium (<2") <input type="checkbox"/> Med-Long (2"-5") <input type="checkbox"/> Long (down back) <input type="checkbox"/> Very Long (waist+)			
Complexion: <input type="checkbox"/> Dark <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Fair <input type="checkbox"/> Light <input type="checkbox"/> Glasses		Complexion: <input type="checkbox"/> Dark <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Fair <input type="checkbox"/> Light <input type="checkbox"/> Glasses			
Build: <input type="checkbox"/> Thin <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Heavy <input type="checkbox"/> Obese <input type="checkbox"/> Muscular <input type="checkbox"/> Pot Belly		Build: <input type="checkbox"/> Thin <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Heavy <input type="checkbox"/> Obese <input type="checkbox"/> Muscular <input type="checkbox"/> Pot Belly			
Teeth: <input type="checkbox"/> Normal <input type="checkbox"/> Other		Teeth: <input type="checkbox"/> Normal <input type="checkbox"/> Other			
Caution		Caution			
Hat / Hair Style		Hat / Hair Style			
Coat		Coat			
Shirt		Shirt			
Pants		Pants			
Shoes		Shoes			
Body Marks		Body Marks			
Missing Person Only <input type="checkbox"/> Missing Previously <input type="checkbox"/> Medication Required <input type="checkbox"/> Foul Play Suspected		Missing Person Only <input type="checkbox"/> Missing Previously <input type="checkbox"/> Medication Required <input type="checkbox"/> Foul Play Suspected			
Recovery Only Recovered By Date/Time		Recovery Only Recovered By Date/Time			
COMMUNICATIONS		COMMUNICATIONS			
Delivery Confirmation		Entry-Modification Confirmation		Removal Confirmation	
Delivered By Date/Time		Entered/Modified By Date/Time		Authorization is given for deletion of items listed from GOC/NOC. Valid only when signed by reporting officer or designee.	
Received By Date/Time		SRN:		Authorized By Date	

Supplemental Revised 0900

Adult

PERSONS FORM

Juvenile

Supervisor 009ORI - GA0290100

GOC Entry Modification Removal **NOTE: Adult and Juvenile Must Be On Separate Forms** GOC Entry Modification Removal

Person No. 2 Victim Witness Suspect/P.A.
 Missing Person Juvenile Complainant Offender

Last Tanner BOLO Issued

First Thomas

Middle C Suffix

Address: No., Dir., St., Suffix, Apt
215 Spring Brook Ln

City, State WINTERVILLE, GA Zip Code 30683 Race W M F

DOB 69 Phone (H) (W) (Cell/Pgr)

Witness / Juvenile Complainant Information Complete At This Point

Alias/Street Name

Employer Occupation

County Resident Student School

Complete Specialty Sections Below For Victim, Offender, Suspect Or Missing Person

Can Identify Suspect Will File Charges/Testify Medical Treatment

Hospital

Type / Extent Of Injury Fatal Injury Broken Bones Gun/Knife
 Threats Mental Abuse Superficial Injury Sexual Abuse
 Property Damage/Loss Other

Victim Information Complete At This Point

OLN State Stranger to Stranger?
 Yes No Unk

Hgt Wgt Eye Color: Black Brown Blue Green
 Hazel Gray Other

Hair Color Blonde Brown Black Red Gray Salt&Pepper
 Hand cuffed D. L. B. B.

Offender Information Complete At This Point

Complete OFFENDER information above AND this section for all SUSPECTS or MISSING PERSONS. Note: Use RANGES below only if exact information has not been completed above.

Age Range	Height Range	Weight Range	Hand Use	Speech / Voice
			<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Soft Spoken <input type="checkbox"/> Normal <input type="checkbox"/> Loud <input type="checkbox"/> Slurred <input type="checkbox"/> Confused <input type="checkbox"/> Accent <input type="checkbox"/> Stuttered <input type="checkbox"/> Foreign <input type="checkbox"/> Mute <input type="checkbox"/> Other

Facial Hair: Stubble Mustache Beard Goatee Sideburns Bushy Eyebrows

Hair Length: Bald Short (<1/2") Medium (<2") Med-Long (2"-5") Long (down back) Very Long (waist+)

Complexion: Dark Medium Fair Light Glasses

Build: Thin Medium Large Heavy Obese Muscular Pot Belly

Teeth: Normal Other

Caution

Hat / Hair Style

Coat

Shirt

Pants

Shoes

Body Marks

Missing Person Only Missing Previously Medication Required Foul Play Suspected

Recovery Only Recovered By Date/Time

Person No. 3 Victim Witness Suspect/P.A.
 Missing Person Juvenile Complainant Offender

Last Teague BOLO Issued

First Ben

Middle Suffix

Address: No., Dir., St., Suffix, Apt
171 Woodstone Dr.

City, State Athens, GA Zip Code [REDACTED] Race Wht M F

DOB 45 Phone (H) (W) (Cell/Pgr)

Witness / Juvenile Complainant Information Complete At This Point

Alias/Street Name

Employer Occupation

County Resident Student School

Complete Specialty Sections Below For Victim, Offender, Suspect Or Missing Person

Can Identify Suspect Will File Charges/Testify Medical Treatment

Hospital

Type / Extent Of Injury Fatal Injury Broken Bones Gun/Knife
 Threats Mental Abuse Superficial Injury Sexual Abuse
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Missing Person Only Missing Previously Medication Required Foul Play Suspected

Recovery Only Recovered By Date/Time

COMMUNICATIONS	Delivery Confirmation	Entry-Modification Confirmation	Removal Confirmation
Delivered By	Date/Time	Entered/Modified By: Date/Time	Authorization is given for deletion of items listed from GOC/NCC. Valid only when signed by reporting officer or designee. Authorized By Date
Received By	Date/Time	SRN:	

ORIGINAL NARRATIVE

Supervisor 609

ORI - GA0290100

Original Narrative requires ONLY initials above.

Revised 0900

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At 1225 I heard officers by radio dispatched to the Taylor Grady House on Prince Ave in response to an a shooting which had just occurred at that location.

At approximately 1227 I arrived on scene and was directed by witnesses to 115 Grady Ave which is directly behind the Taylor Grady House.

As I arrived at the Athens Community Theatre, I found three victims lying in close proximity to the front of the building, and several other people very excitedly moving around the area. Witnesses began to describe the offender and they told me that he had left the scene in a red SUV or Car.

I began to assess the condition of the victims. I found three to be deceased and a fourth, with what appeared to be a gun shot wound to his foot.

I began to secure the scene by directing the witnesses inside of the Theater building.

Moments later, Additional ACCPP units

SUPPLEMENTAL NARRATIVE Use Of Force Officer Assaulted Complete information below for Supplemental ONLY.

Reporting Officer

Emp. No.

Report Date

Approving Supervisor

Emp. No.

ORIGINAL NARRATIVE

Supervisor 609

ORI - GA0290100

Original Narrative requires ONLY Initials above.

Revised 0900

Press Hard - Multiple Copies

began to arrive along with EMS personnel.

I identified and marked several .22 cal shell casings, one unfired .22 cal round, and one projectile which appeared to be lead and approximately .40 cal. Each of these items were lying on the ground near the victims.

Upon the arrival of supervisors and Detectives, the scene was turned over to them.

SUPPLEMENTAL NARRATIVE Use Of Force Officer Assaulted Complete information below for Supplemental ONLY.

Reporting Officer

Emp. No.

Report Date

Approving Supervisor

Emp. No.