

Hall County Sheriff's Office Incident Report

ORI #: GA069000 INCIDENT #: 08-132190 REPORT DATE: 1A-16-08 REPORT TYPE: <input checked="" type="checkbox"/> INITIAL REPORT <input type="checkbox"/> SUPPLEMENT COMPLAINANT: (Last, First, Middle) <u>Russell, Anita</u> ADDRESS: (Street, City, State, Zip) _____ LOCATION OF INCIDENT: (Address or Block No.) <u>3410 East N.C. Cir. Ga.</u>	Report Taken <input type="checkbox"/> Over the Phone <input checked="" type="checkbox"/> In Person <input type="checkbox"/> Other Translator Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	ENTERED GCIC: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No DATE ENTERED: _____ DATE REMOVED: _____ **CID USE ONLY** INV ASSIGNED: _____ DFCS CASE #: _____	INCIDENT STATUS: A <input type="checkbox"/> DEATH OF OFFENDER B <input type="checkbox"/> PROSECUTION DECLINED C <input type="checkbox"/> EXTRADITION DECLINED D <input type="checkbox"/> REFUSED TO COOPERATE E <input type="checkbox"/> JUVENILE, NO CUSTODY N <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> UNFOUNDED <input checked="" type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> OPEN/INACTIVE <input type="checkbox"/> CLEARED EXCEPTIONALLY DATE: 1A-16-08																																																													
OFFENSE DATE(S) OF INCIDENT: TO: 1A-14-08 TIME(S) OF INCIDENT: TO: 1400 CRIME SCENE: (For Burglary Only) <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL DISTRICT INCIDENT OCCURRED: 14 PHOTOGRAPHS TAKEN: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO METHOD OF ENTRY: F <input type="checkbox"/> FORCIBLE N <input type="checkbox"/> NO FORCE LOC CODE: 15-170 FINGERPRINTS OBTAINED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO LOCATION OF OFFENSE: (Check Only One) (Enter Code Number for Offense #2 #3) 1 <input type="checkbox"/> BANK / SAVINGS & LOAN 5 <input type="checkbox"/> CONVENIENCE STORE 9 <input type="checkbox"/> HOTEL / MOTEL / ETC 13 <input type="checkbox"/> PARKING LOT / GARAGE 17 <input type="checkbox"/> SCHOOL / COLLEGE 2 <input type="checkbox"/> CHURCH / SYNAGOG / TEMPLE 6 <input type="checkbox"/> FIELD / WOODS 10 <input type="checkbox"/> JAIL / PRISON 14 <input type="checkbox"/> RENTAL / STORAGE FACILITY 18 <input type="checkbox"/> SERVICE / GAS STATION 3 <input type="checkbox"/> COMMERCIAL / OFFICE BUILDING 7 <input type="checkbox"/> GOVERNMENT / PUBLIC BUILDINGS 11 <input type="checkbox"/> LAKE / WATERWAY 15 <input checked="" type="checkbox"/> RESIDENCE / HOME 19 <input type="checkbox"/> OTHER 4 <input type="checkbox"/> CONSTRUCTION SITE 8 <input type="checkbox"/> HIGHWAY / ROAD / ALLEY 12 <input type="checkbox"/> LIQUOR STORE 16 <input type="checkbox"/> RESTAURANT 20 <input type="checkbox"/> UNKNOWN TYPE OF WEAPON / FORCE INVOLVED: 11 <input type="checkbox"/> FIREARM (UNK TYPE) 14 <input type="checkbox"/> SHOTGUN 30 <input type="checkbox"/> BLUNT OBJECT 50 <input type="checkbox"/> POISON 70 <input type="checkbox"/> NARCOTICS / DRUGS (Check Up To Three) 12 <input type="checkbox"/> HANDGUN 15 <input type="checkbox"/> OTHER FIREARM 35 <input type="checkbox"/> MOTOR VEHICLE 60 <input type="checkbox"/> EXPLOSIVES 90 <input type="checkbox"/> OTHER 13 <input checked="" type="checkbox"/> RIFLE 20 <input type="checkbox"/> KNIFE / CUTTING INSTRUMENT 40 <input checked="" type="checkbox"/> PERSONAL WEAPONS 65 <input type="checkbox"/> FIRE/INCENDIARY 95 <input type="checkbox"/> UNKNOWN 99 <input type="checkbox"/> NONE GANG RELATED: <input type="checkbox"/> DRUG RELATED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN IF YES, LIST TYPE(S) OF DRUG: Alcohol																																																																
VICTIM VICTIM CONNECTED TO OFFENSE: <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 VICTIM: (Last, First, Middle) <u>Holland, Barbara</u> ADDRESS: (Street, City, State, Zip) <u>3410 East N.C. Cir. Ga. 30501</u> TYPE OF VICTIM: (Check Only One) I <input checked="" type="checkbox"/> INDIVIDUAL G <input type="checkbox"/> GOVERNMENT U <input type="checkbox"/> UNKNOWN B <input type="checkbox"/> BUSINESS O <input type="checkbox"/> OTHER RACE/ETHNICITY: W <input checked="" type="checkbox"/> WHITE I <input type="checkbox"/> INDIAN B <input type="checkbox"/> BLACK A <input type="checkbox"/> ASIAN H <input type="checkbox"/> HISPANIC U <input type="checkbox"/> UNKNOWN SEX: M <input type="checkbox"/> MALE F <input checked="" type="checkbox"/> FEMALE U <input type="checkbox"/> UNKNOWN DOB: 8/4/40 NO OF VICTIMS: 1 AGE: 68																																																																
AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES: 1 <input type="checkbox"/> ARGUMENT 6 <input type="checkbox"/> LOVER'S QUARREL 2 <input type="checkbox"/> ASSAULT ON LAW OFFICER 7 <input type="checkbox"/> MERCY KILLING 3 <input type="checkbox"/> DRUG DEALING 8 <input type="checkbox"/> OTHER FELONY INVOLVED 4 <input type="checkbox"/> GANGLAND 9 <input type="checkbox"/> OTHER CIRCUMSTANCES 5 <input type="checkbox"/> JUVENILE GANG 10 <input type="checkbox"/> UNKNOWN CIRCUMSTANCES INJURY TYPE: (Check Up To Five) N <input type="checkbox"/> NONE I <input checked="" type="checkbox"/> MODERATE INJURY D <input type="checkbox"/> DECEASED O <input type="checkbox"/> MAJOR INJURY M <input type="checkbox"/> MINOR INJURY U <input type="checkbox"/> UNKNOWN RELATION OF VICTIM TO OFFENDER: (For multiple relationships enter offender number(s) in space) FA <input checked="" type="checkbox"/> IMMEDIATE FAMILY RO <input type="checkbox"/> ROOMMATE OF <input type="checkbox"/> OTHER FAMILY OK <input type="checkbox"/> OTHERWISE KNOWN ST <input type="checkbox"/> STRANGER UK <input type="checkbox"/> UNKNOWN																																																																
PROPERTY <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>TYPE PROPERTY LOSS/ETC. (ENTER NUMBER IN TYPE COLUMN)</th> <th>TYPE</th> <th>CODE</th> <th>QUANTITY</th> <th>PROPERTY DESCRIPTION (INCLUDE MAKE, MODEL, SIZE, TYPE SERIAL #, COLOR, TAG #, VIN #, ETC.)</th> <th>VALUE</th> <th>DATE PROPERTY RECOVERED Month / Day / Year</th> </tr> </thead> <tbody> <tr><td>1 NONE</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>2 BURNED</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>3 COUNTERFEITED/FORGED</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>4 DAMAGED / DESTROYED</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>5 RECOVERED</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>6 SEIZED</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>7 STOLEN</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>8 UNKNOWN</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table> PROP. SEIZED/RECOVERED PLACED: <input type="checkbox"/> CRIME LAB <input type="checkbox"/> PROPERTY & EVIDENCE <input type="checkbox"/> EVIDENCE LOCKER <input type="checkbox"/> OTHER: _____ THEFT <input type="checkbox"/> RECOVERY <input type="checkbox"/> 1 CITY 4 OUT OF STATE 2 COUNTY 5 UNKNOWN 3 STATE		TYPE PROPERTY LOSS/ETC. (ENTER NUMBER IN TYPE COLUMN)	TYPE	CODE	QUANTITY	PROPERTY DESCRIPTION (INCLUDE MAKE, MODEL, SIZE, TYPE SERIAL #, COLOR, TAG #, VIN #, ETC.)	VALUE	DATE PROPERTY RECOVERED Month / Day / Year	1 NONE							2 BURNED							3 COUNTERFEITED/FORGED							4 DAMAGED / DESTROYED							5 RECOVERED							6 SEIZED							7 STOLEN							8 UNKNOWN						
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<input checked="" type="checkbox"/> ARRESTEE	<input type="checkbox"/> IDENTIFIED OFFENDER	<input type="checkbox"/> SUSPECT	<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> MISSING PERSON	<input type="checkbox"/> RUNAWAY JUVENILE
1. (Last, First Middle): <u>Holland, Douglas</u>		ADDRESS (Street, City, State, Zip): <u>2840 East Dr.</u>			
ALIAS: <u>Dorsey</u>		AGE: <u>49</u>	DOB: <u>4-4-59</u>	STATE: <u>GA</u>	
SEX: M <input checked="" type="checkbox"/> MALE F <input type="checkbox"/> FEMALE U <input type="checkbox"/> UNKNOWN	RACE/ETHNICITY: W <input checked="" type="checkbox"/> WHITE I <input type="checkbox"/> INDIAN B <input type="checkbox"/> BLACK A <input type="checkbox"/> ASIAN H <input type="checkbox"/> HISPANIC U <input type="checkbox"/> UNKNOWN	DISPOSITION OF ARRESTEE UNDER 18: H <input type="checkbox"/> HANDLED WITHIN DEPT. R <input type="checkbox"/> REFERRED TO OTHER AUTHORITY		OFFENSE / ARREST 1 CITY 2 COUNTY 3 STATE 4 OUT OF STATE 5 UNKNOWN	
ARRESTEE WAS ARMED WITH: (Check Up To Two)		HEIGHT: <u>5 FEET 9 INCHES</u>	WEIGHT: <u>280</u>	EYES: <u>Blue</u>	HAIR: <u>Grey</u>
10 <input type="checkbox"/> UNARMED 14 <input type="checkbox"/> SHOTGUN 11 <input type="checkbox"/> FIREARM 15 <input type="checkbox"/> FIREARM (type not stated) 16 <input type="checkbox"/> CUTTING INSTRUMENT 12 <input type="checkbox"/> HANDGUN (I.g. Switchblade Knife, etc) 13 <input type="checkbox"/> RIFLE 17 <input type="checkbox"/> CLUB / BRASS KNUCKLES		ARREST NUMBER: <u>1</u>	UCR ARREST OFFENSE CODE: <u>5187 4010 0109</u>	CLOTHING:	
		ARREST DATE: <u>12-16-08</u>	UCR WARRANTS ISSUED (NO ARREST)	DATE WARRANTS OBTAINED: <u>12-16-08</u>	
SCARS:		TATTOOS: <u>2 on arms</u>		MISC INFO: (Other DOB, SS#, IDENTIFIERS)	

<input type="checkbox"/> ARRESTEE	<input type="checkbox"/> IDENTIFIED OFFENDER	<input type="checkbox"/> SUSPECT	<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> MISSING PERSON	<input type="checkbox"/> RUNAWAY JUVENILE
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FORCED ENTRY LOCATION: <input type="checkbox"/> DOOR <input type="checkbox"/> WINDOW <input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN	MODEL:	TAG #:
VEHICLE DESCRIPTION:	Year	COLOR:
<input type="checkbox"/> SUSPECT/OFF <input type="checkbox"/> ARRESTEE <input type="checkbox"/> VICTIM	MAKE:	VIN:

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VEHICLE DESCRIPTION:	Year	COLOR:
<input type="checkbox"/> SUSPECT/OFF <input type="checkbox"/> ARRESTEE <input type="checkbox"/> VICTIM	MAKE:	VIN:

REPORTING OFFICER: <u>[Signature]</u>	BADGE: <u>4193</u>	DATE: <u>12-16-08</u>	FORWARD TO: <input type="checkbox"/> Financial <input checked="" type="checkbox"/> Persons <input type="checkbox"/> Mans <input type="checkbox"/> Property <input type="checkbox"/> Juvenile <input type="checkbox"/> Gang
APPROVING SUPERVISOR: <u>[Signature]</u>	BADGE: <u>3355</u>	DATE: <u>12-16-08</u>	

Hall County Sheriff's Office Incident Report

INCIDENT # <u>08-132190</u>	Reporting Officer's Investigative Report	INCIDENT STATUS:	A <input type="checkbox"/> DEATH OF OFFENDER
OFFENSE: <u>Body Abuse v2</u>		<input type="checkbox"/> UNFOUNDED	B <input type="checkbox"/> PROSECUTION DECLINED
VICTIM: <u>Holland, Bertha</u>		<input checked="" type="checkbox"/> CLEARED BY ARREST	C <input type="checkbox"/> EXTRADITION DECLINED
INCIDENT DATE: <u>12-14-08</u>		<input type="checkbox"/> OPEN/INACTIVE	D <input type="checkbox"/> REFUSED TO COOPERATE
		<input type="checkbox"/> CLEARED EXCEPTIONALLY	E <input type="checkbox"/> JUVENILE, NO CUSTODY
		DATE: <u>12-16-08</u>	<input type="checkbox"/> NOT APPLICABLE

I met w/ Bertha @ the ER She stated on Sunday around 1400 hrs, her son Douglas was arguing w/ his girlfriend so the girlfriend left. Douglas then began to argue w/ his mother. Bertha fell down and told Douglas to help her back up. Douglas walked over to her, stomped her ankle while wearing work boots then told her to get up now, bitch. Bertha refused Douglas left her there [redacted] who found her water, in pain for two days Bertha stated her ~~daughter~~^{son} Douglas finally picked her up off the floor today and placed her on the couch [redacted]

Bertha's daughter, Anita came by today to take her mother to the store and found her in this condition so Anita called dispatch for EMS. Med 4 advised Bertha told them she fell while in the presence of Douglas

REPORTING OFFICER: <u>Ava Smith</u>	BADGE # <u>1188</u>	DATE: <u>12-16-08</u>	CONTINUED ON BACK <input checked="" type="checkbox"/>
APPROVING SUPERVISOR: <u>[Signature]</u>	BADGE # <u>3355</u>	DATE: <u>12-16-08</u>	

but later told them Douglas stamped on her ankle. Bertha also stated Douglas has been drinking since Thursday and she also had a beer today.

After obtaining warrants, I called the 92 to check on Bertha's status. I was advised by 92 staff that Bertha's ankle and foot were broken. Photos + audio taken. Legal options discussed: CTO notified. Sgt. Carey #3355 notified. Victim witness and Adult DFACS notified. Douglas was arrested on scene (2940 East Ar). No interviews conducted w/ Douglas due to him admitting to drinking beer and being intoxicated. Douglas has similars and also prior calls @ this address by his mother.

Probation officer Larry Williams also notified. Bertha has no phone. Bertha refused to speak w/ a counselor.