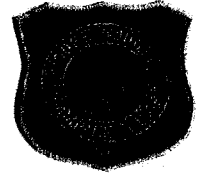


COBB COUNTY CAMPUS POLICE



Field Investigation Report



GA 0331300

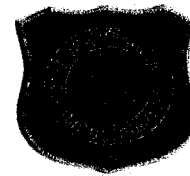
School
Case Number
Reporting Officer

Family Violence ____ Juvenile ____

Primary Incident Type				Counts	Offense Code	Circumstance Code	
From Date	Time	To Date	Time	Report Date		Time	School #
Location (Street #, Street Name, Apt. #)				City		State	Zip Code
Business or School Name						Business Main Phone	
Complainant (Last, First, Middle Name)			DOB	Race	Sex	Home Phone	Work Phone
Address				City		State	Zip Code
Victim (Last, First, Middle Name)			DOB	Race	Sex	Home Phone	Work Phone
Address				City		State	Zip Code
Is Victim a Student?	If Yes, School of Attendance			Were Drugs Involved? If so, Specify Type		Gang Related Activity? If so, Gang Name	
Other Offenses				Counts	Offense Code	Circumstance Code	
Vehicle Make	Year	Model	Color 1 / Color 2	License Tag #	State	Year	Decal #
Vehicle VIN		Value	Other Identifiers			Circle One Stolen Damaged Recovered Suspicious	
Evidence of a Hate Crime?	If so, Type?						
Narrative							
Reporting Officers Name - Printed		Reporting Officers Signature		Radio #	Supervisors Signature		Radio #

Evidence Control # _____

COBB COUNTY CAMPUS POLICE



Contraband/Evidence Report

Page _____ of _____

Criminal Charges Pending ? _____ YES _____ NO

GA 0331300

School	
Case Number	
Reporting Officer	
Date	Time

Victim Name

Student	Address	Telephone
Parent	Address	Telephone
Owner	Address	Telephone
Victim	Address	Telephone
Suspect	Address	Telephone

Send for Analysis (Crime Lab) _____ Recovered Property _____ Hold at Headquarters _____

Hold for Admin. Discipline Purposes _____ Release to Parent/Owner _____ Release to other Police Agency _____

Description of items, including any identifiable marks (model, serial numbers, etc.) _____ Destroy _____

Chain of Custody

Date	Released by	Received by	Purpose

FINAL DISPOSITION OF EVIDENCE _____
(to be completed by evidence tech. only)

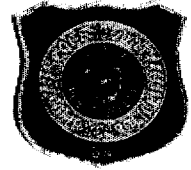
Reporting Officers Name - Printed	Reporting Officers Signature	Radio #	Supervisors Signature	Radio #

COBB COUNTY CAMPUS POLICE



Property Report

Page ____ of ____



DO NOT FILL IN SHADED AREAS

School	
Case Number	
Reporting Officer	
Date	Time

GA 0331300

CODES: S - STOLEN R - RECOVERED F - FOUND L - LOST S/R - STOLEN & RECOVERED

ARTICLE, JEWELRY, ETC. SECTION

Code	Quantity	Make	Model	Class / Type	Color	Serial Number	Value
Additional Description (Owner Applied Number, Distinctive Markings, etc.)							SRN / NIC Number
Additional Description (Owner Applied Number, Distinctive Markings, etc.)							SRN / NIC Number
Additional Description (Owner Applied Number, Distinctive Markings, etc.)							SRN / NIC Number
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Additional Description (Owner Applied Number, Distinctive Markings, etc.)							SRN / NIC Number
Additional Description (Owner Applied Number, Distinctive Markings, etc.)							SRN / NIC Number
Additional Description (Owner Applied Number, Distinctive Markings, etc.)							SRN / NIC Number

GUN SECTION

Code Serial Number	Make	Type	Model	Caliber	Color / Finish	Value
Additional Description (Shotgun, Pistol, Revolver, Automatic, etc.)						NIC Number
Additional Description (Shotgun, Pistol, Revolver, Automatic, etc.)						NIC Number

Reporting Officers Name - Printed	Reporting Officers Signature	Radio #	Supervisors Signature	Radio #

**PRESS HARD
- PLEASE
PRINT or TYPE**

**COMPLAINT
IN THE JUVENILE COURT OF
COBB COUNTY, GEORGIA**

Case #:

File #:

Name: (last, F, M) AKA:		Age: DOB: / /	
Race: Sex:	Lives With:	Res: Bus: _____	
Child's Address: _____ (Name)			
_____ (Street)	_____ (Apt. #)	_____ (City)	_____ (County) _____ (State) _____ (Zip)
Mother's Name:		Res: _____	Phone: _____ Bus: _____
(Include Mother's Maiden Name in Parenthesis)			
Mother's Address: _____			
_____ (Street)	_____ (Apt. #)	_____ (City)	_____ (County) _____ (State) _____ (Zip)
Father's Name:		Res: _____	Phone: _____ Bus: _____
Father's Address: _____			
_____ (Street)	_____ (Apt. #)	_____ (City)	_____ (County) _____ (State) _____ (Zip)
Legal Custodian:		Res: _____	Phone: _____ Bus: _____
Custodian's Address: _____			
_____ (Street)	_____ (Apt. #)	_____ (City)	_____ (County) _____ (State) _____ (Zip)
Complaint:		(Code Section)	(Misd/Fel) (Date of Offense) / /
Complaint:		(Code Section)	(Misd/Fel) (Date of Offense) / /
Complaint:		(Code Section)	(Misd/Fel) (Date of Offense) / /
Taken Into Custody: Yes <input type="checkbox"/> No <input type="checkbox"/>			
By Whom:		(Name)	(Agency)
Placement of Deprived Child:		Date: / /	Time:
Person Notified By:		Via:	Date: / / Time:
Detained: Yes <input type="checkbox"/> No <input type="checkbox"/>		Place Detained:	Date: / / Time:
Released To Relation:		Date: / /	Time:
Co-Perpetrators:			
Co-Perpetrators: _____ (Names and Ages)			
Victims Name:		Phone #:	
Victims Address: _____			
Victims Name:		Phone #:	
Victims Address: _____			

**PRESS HARD
- PLEASE
PRINT or TYPE**

CASE #: _____
FILE #: _____

Give Complete Details of Offense(s) or Complaint(s) and Apprehension:

Investigating Officer:	Agency: Cobb County Police Department	Phone #:
	P.D. Report #:	
Complainant's Name: _____	Complainant's Address:	
Signature:	Date: / /	Phone #:

THIS FORM TO BE USED FOR PRIVATE PROPERTY ONLY

Case Number _____ Date _____ Time Officer Notified _____

County _____ City _____ Time Officer Arrived _____

Location of Accident: School _____ Address _____

Driver #1 _____ Sex _____ Race _____ D.O.B. _____

Driver's License # _____ State _____ Class _____ Exp. Date _____

Vehicle Owner: Address _____ Phone # _____

Vehicle #1: Make _____ Model _____ Year _____

Tag # _____ Year _____ State _____ Student Decal # _____

Insurance Company and Policy Number _____

Damage to Vehicle: None ___ Slight ___ Moderate ___ Extensive ___

Driver #2 _____ Sex _____ Race _____ D.O.B. _____

Driver's License # _____ State _____ Class _____ Exp. Date _____

Vehicle Owner: Address _____ Phone # _____

Vehicle #2: Make _____ Model _____ Year _____

Tag # _____ Year _____ State _____ Student Decal # _____

Insurance Company and Policy Number _____

Damage to Vehicle: None ___ Slight ___ Moderate ___ Extensive ___

Other Property Damage: _____

Injuries:

Name _____ Age _____ Sex _____ Vehicle # _____

Name _____ Age _____ Sex _____ Vehicle # _____

Name _____ Age _____ Sex _____ Vehicle # _____

Vehicle # 1 Removed by _____ Vehicle # 2 Removed by _____

Officer _____ Badge # _____ Agency Cobb County Campus Police

School _____

Reviewer _____

DPS MICRO FILM NUMBER
(DO NOT WRITE IN THIS SPACE) _____

MAIL TO: Accident Reporting, P. O. Box 1456, Atlanta, Georgia 30371

Juvenile Offender Custodial Agreement & Affidavit

(Please Print Legibly)

I, _____ certify that I am the custodial parent or guardian for _____, and I understand that he/she has been charged with a criminal felony offense in the State of Georgia, which requires that he/she be fingerprinted and photographed. Further, I understand that he/she is being release into my custody based solely upon my agreement to personally produce him/her at the Cobb County Sheriff's Office no later than 4:00p.m. on _____ to be photographed and fingerprinted.

NOTICE: THIS CUSTODIAL RELEASE IS AUTHORIZED PURSUANT TO COBB COUNTY JUVENILE COURT PROCEDURES AND FAILURE TO COMPLY WITH ITS TERMS WILL SUBJECT YOU TO THE POSSIBILITY OF A CIVIL CONTEMPT CITATION.

Juvenile Offender (Print Name)

Parent or Guardian (Print Name)

Signature

Signature

Officer (Print Name)

Officer Contact Phone Number

Date

Date

Procedure:

1. Parent signing paperwork must be the parent who brings this document and child to the Cobb County Sheriff's Office Fingerprinting Section within the time frame indicated above to be fingerprinted. The Fingerprinting Section is located in the basement of the Public Safety Building, 185 Roswell Street, Marietta, Ga. (770) 499-4696, Monday through Friday, 8a.m. until 4:00p.m.
2. Parent must have picture identification for themselves along with child's social security number.
3. Your child will be fingerprinted and photographed. The staff in the Fingerprinting Section will annotate the document and return a copy to you. It is the parent's responsibility to them present this document and the child at the Cobb Juvenile Court at the date and time specified by the Court.
4. Failure to have your child fingerprinted and to present this document at the hearing date for your child in Juvenile court may result in you being cited for contempt by the Court.

Date of Offense _____

Date Charged or Arrested _____

FELONY CHARGES ONLY (WE DO NOT PRINT JUVENILE MISDEMEANORS)

Law Enforcement Case # _____

Offense OCGA or NCIC Code _____

Offense Charge Description _____

Offense Charge Description _____

Date & Time Fingerprinted _____

By: _____

Caso de Transgresor Juvenil Acuerdo de Custodia y Declaración Jurada

(Favor de Escribir Legiblemente)

Yo _____ certifico ser el padre de custodia o encargado legal de _____ y entiendo que a el/ella se le han formulado cargos por un crimen felony en el estado de Georgia, lo cual requiere que se tomen sus huellas digitales y fotografías. Además, entiendo que el/ella queda libre bajo mi custodia basada en mi compromiso en presentarlo/la personalmente en la oficina del Alguacil (Sheriff's Office) en el condado de Cobb no mas tarde de 4:00 p.m. el día _____, _____, para tomar fotos y huellas digitales.

AVISO: ESTE ACUERDO DE CUSTODIA SE AUTORIZA EN CUMPLIMIENTO CON LOS PROCEDIMIENTOS DE LA CORTE JUVENIL DEL CONDADO DE COBB, Y CUALQUIER FALTA EN CUMPLIR CON SUS TERMINOS LO SUJETARA A USTED A LA POSIBILIDAD DE UNA CITACIÓN POR DESACATO CIVIL.

Transgresor Juvenil (Nombre en Letra de Molde)

Firma y fecha

Padre o Encargado Legal (Nombre en Letra de Molde)

Firma y fecha

Oficial/Officer (Print name)

Officer's Contact Phone Number

Procedimiento:

1. Presente este documento y su hijo/hija a la Oficina de Huellas Digitales (Cobb County Sheriff's Office Fingerprinting Section) en o antes de la hora arriba indicada para tomarle las huellas digitales. El "Fingerprinting Section", ubicado en el sótano de 185 Roswell Street, Marietta, Georgia (770) 499-4696, abierto lunes a viernes, 8:00 a.m. hasta 4:00 p.m.
2. Padre de custodia necesita tener identificación contigo con fotografió y el numero seguridad social del juvenil.
3. Su hijo/hija será fotografiado y se te tomaran huellas digitales. El personal de la Sección de Huellas Digitales anotara el documento y se le entregara una copia. Es su responsabilidad presentar este documento y su hijo/hija en la Corte Juvenil (Cobb County Juvenile Court) en la fecha y a la hora estipulada por la Corte.
4. Cualquier falta en tomarle las huellas digitales a su hijo/hija y presentar este documento en la fecha de la vista de su hijo/hija en la Corte Juvenil puede resultar en una citación en su contra por desacato de la Corte.

Fecha de Ofensa _____

Fecha de Cargos o Arresto _____

FELONY CHARGES ONLY (WE DO NOT PRINT JUVENILE MISDEMEANORS)

Law Enforcement Case # _____

Offense OCGA or NCIC Code _____

Offense Charge Description _____

Offense Charge Description _____

Date & Time Fingerprinted _____

By: _____