

Hinesville PD
GA0890100
INCIDENT REPORT

Case #:
17094992

EVENT

Incident Type: 16-11-127.1 Possession of knives, razors or ice picks	Counts 1	Incident Code 5299	Offense Jurisdiction CITY	Arrest Jurisdiction CITY
16-5-21 AGGRAVATED ASSAULT - OTHER WEAPON	1	1315	CITY	CITY
16-11-32 AFFRAY	1	9020	CITY	CITY
Premise Type: SCHOOL/CAMPUS	Weapon Type: OTHER WEAPON	Forcible: Y	Stranger To Stranger: N	Hate Motivated: <input type="checkbox"/>
Date Report: 9/26/2017 8:30:00 AM	Incident Start: 9/26/2017 8:15:00 AM	Incident End: 9/26/2017 8:18:00 AM	Incident Location: 100 PAFFORD ST//BRADWELL INSTITUTE HINESVILLE GA	

VICTIM

Name (Last, First Middle): *****	Moniker: *****	DOB: *****	Age: *****	Sex: F	Race: B	Ethnicity: N
Address ***** HINESVILLE GA 31313	Home #: *****	Work #: *****	Cell #: *****	Email: *****		
SSN: *****	Resident Status: RESIDENT	HGT: *****	WGT: *****	Hair Color: BLACK	Hair Style: 05 BRAIDED	Hair Length: 1 LONG
Eye Color: BROWN	OLN #: *****	State: *****				
Occupation: STUDENT	Employer: *****	Address: *****		Employer Phone: *****		
Victim Type: PERSON/INDIVIDUAL (NOT	Student: <input checked="" type="checkbox"/>	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>	If Yes, Name of Victim's School BRADWELL INSTITUTE		LEOKA Activity Type: INVESTIGATING SUSPICION	
				LEOKA Assignment Type: OTHER - ALONE		
Injuries: <input type="checkbox"/> None <input checked="" type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other				Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer		
SMTs: *****						
Relationship To Offenders:	(1) OTHERWISE KNOW	(2) *****	(3) *****	(4) *****	(5) *****	(6) *****
Offenses Involved:	(1) 1315	(2) *****	(3) *****	(4) *****	(5) *****	(6) *****

OFFENDER

Name: *****	Moniker: *****	DOB: *****	Age: *****	Sex: F	Race: B	Ethnicity: N
Address: ***** HINESVILLE GA 3	Home Phone: *****	Work Phone: *****	Cell Phone: *****	Email: *****		
SSN: *****	Resident Status: RESIDENT	HGT: *****	WGT: *****	Hair Color: BRN	Hair Style: 02 WAVEY	Hair Length: 2 MEDIUM
Eye Color: BRN	OLN #: *****	State: *****				
Occupation: STUDENT	Employer: *****	Address: *****		Employer Phone: *****		
SMTs: *****						
Offenses Involved: (1) _____ (2) _____ (3) _____ (4) _____ (5) _____ (6) _____ (7) _____ (8) _____ (9) _____ (10) _____						
WANTED: <input checked="" type="checkbox"/> WARRANT: <input checked="" type="checkbox"/> ARREST: <input checked="" type="checkbox"/> SUSPECT ARMED: Y WEAPON: OTHER WEAPON Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer						
TOTAL NUMBER ARRESTED: 4 ARREST AT OR NEAR OFFENSE SCENE: Yes: <input type="checkbox"/> No: <input type="checkbox"/>						

PROPERTY

VEHICLES	CURRENCY, NOTES, ETC	JEWELRY, PREC. METALS	FURS
STOLEN \$0.00	\$0.00	\$0.00	\$0.00
RECOVERED \$0.00	\$0.00	\$0.00	\$0.00
CLOTHING	OFFICE EQUIP.	TV, RADIO, ETC	HOUSEHOLD GOODS
STOLEN \$0.00	\$0.00	\$0.00	\$0.00
RECOVERED \$0.00	\$0.00	\$0.00	\$0.00
FIREARMS	CONSUMABLE GOODS	LIVESTOCK	OTHER
STOLEN \$0.00	\$0.00	\$0.00	\$0.00
RECOVERED \$0.00	\$0.00	\$0.00	\$0.00
TOTAL		TOTAL	
\$0.00		\$0.00	

ADM.

GCIC ENTRY	<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
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DRUG

DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> 1 - Amphetamine	<input type="checkbox"/> 2 - Barbiturate	<input type="checkbox"/> 3 - Cocaine	<input type="checkbox"/> 4 - Hallucinogen	<input type="checkbox"/> 5 - Heroin
		<input type="checkbox"/> 6 - Marijuana	<input type="checkbox"/> 7 - Methamphetamine	<input type="checkbox"/> 8 - Opium	<input type="checkbox"/> 9 - Synthetic Narcotic	<input type="checkbox"/> U - Unknown

CLEAR

REQUIRED DATA FIELDS FOR CLEARANCE REPORT	<input checked="" type="checkbox"/> CLEARED BY ARREST	<input type="checkbox"/> EXCEPTIONALLY CLEARED	<input type="checkbox"/> UNFOUNDED	DATE OF CLEARANCE	09-26-2017	<input type="checkbox"/> ADULT <input checked="" type="checkbox"/> JUVENILE
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REPORTING OFFICER FULWOOD, JAMES	NUMBER 182	APPROVING OFFICER	NUMBER
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Case #:
17094992

[illegible]

Hinesville PD
GA0890100
ADDITIONAL VICTIMS

Case #:
17094992

Name (Last, First Middle): LIBERTY CO BOARD OF EDUCATION					Moniker:		DOB:		Age:		Sex:		Race:		Ethnicity:																
Address 200 BRADWELL ST HINESVILLE GA 31313					Home # 912-876-6121		Work #:		Cell #:		Email:																				
SSN:		Resident Status:		HGT:		WGT:		Hair Color:		Hair Style:		Hair Length:		Eye Color:		OLN #:		State:													
				0																											
Occupation:					Employer:					Address:					Employer Phone:																
Victim Type: BUSINESS					Student: Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>					If Yes, Name of Victim's School:					LEOKA Activity Type: INVESTIGATING SUSPICIOUS OTHER - ALONE					LEOKA Assignment Type:											
Injuries: <input checked="" type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other																		Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer													
SMTs:																															
Relationship To Offenders:		(1) OTHERWISE KNOW			(2)			(3)			(4)			(5)			(6)			(7)			(8)			(9)			(10)		
Offenses Involved:		(1) 5299			(2) 1315			(3) 9020			(4) 9180			(5)			(6)			(7)			(8)			(9)			(10)		
Name (Last, First Middle): *****					Moniker:		DOB: *****		Age: *****		Sex: F		Race: B		Ethnicity: N																
Address ***** HINESVILLE G *****					Home #:		Work #:		Cell #:		Email: *****																				
SSN:		Resident Status: RESIDENT		HGT: *****		WGT: *****		Hair Color: BRN		Hair Style: 02 WAVEY		Hair Length: 2 MEDIUM		Eye Color: BRN		OLN #:		State:													
Occupation: STUDENT					Employer:					Address:					Employer Phone:																
Victim Type: PERSON/INDIVIDUAL (NOT					Student: Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>					If Yes, Name of Victim's School: BRADWELL INSTITUTE					LEOKA Activity Type: INVESTIGATING SUSPICIOUS OTHER - ALONE					LEOKA Assignment Type:											
Injuries: <input type="checkbox"/> None <input checked="" type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other																		Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer													
SMTs:																															
Relationship To Offenders:		(1) OTHERWISE KNOW			(2)			(3)			(4)			(5)			(6)			(7)			(8)			(9)			(10)		
Offenses Involved:		(1) 1313			(2)			(3)			(4)			(5)			(6)			(7)			(8)			(9)			(10)		
Name (Last, First Middle):					Moniker:		DOB:		Age:		Sex:		Race:		Ethnicity:																
Address					Home #:		Work #:		Cell #:		Email:																				
SSN:		Resident Status:		HGT:		WGT:		Hair Color:		Hair Style:		Hair Length:		Eye Color:		OLN #:		State:													
Occupation:					Employer:					Address:					Employer Phone:																
Victim Type:					Student: Yes No <input type="checkbox"/> <input type="checkbox"/>					If Yes, Name of Victim's School:					LEOKA Activity Type:					LEOKA Assignment Type:											
Injuries: <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other																		Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer													
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Relationship To Offenders:		(1)			(2)			(3)			(4)			(5)			(6)			(7)			(8)			(9)			(10)		
Offenses Involved:		(1)			(2)			(3)			(4)			(5)			(6)			(7)			(8)			(9)			(10)		

Hinesville PD GA0890100 ADDITIONAL OFFENDERS						Case #: 17094992			
Name: *****		Moniker: *****		DOB: *****	Age: *****	Sex: F	Race: B	Ethnicity: N	
Address: ***** HINESVILLE GA 31313		Home Phone: *****		Work Phone: *****	Cell Phone: *****	Email: *****			
SSN: *****	Resident Status: RESIDENT	HGT: *****	WGT: *****	Hair Color: BLK	Hair Style: 01 AFRO	Hair Length: 3 SHORT	Eye Color: BRN	OLN #: *****	State: *****
Occupation: STUDENT		Employer: *****		Address: *****			Employer Phone: *****		
SMTs: *****									
Offenses Involved: (1) _____ (2) _____ (3) _____ (4) _____ (5) _____ (6) _____ (7) _____ (8) _____ (9) _____ (10) _____									
WANTED: <input type="checkbox"/> WARRANT: <input type="checkbox"/> ARREST: <input checked="" type="checkbox"/> SUSPECT ARMED: Y WEAPON: HANDS/FISTS/ETC Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer									
DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 1 - Amphetamine <input type="checkbox"/> 2 - Barbiturate <input type="checkbox"/> 3 - Cocaine <input type="checkbox"/> 4 - Hallucinogen <input type="checkbox"/> 5 - Heroin <input type="checkbox"/> 6 - Marijuana <input type="checkbox"/> 7 - Methamphetamine <input type="checkbox"/> 8 - Opium <input type="checkbox"/> 9 - Synthetic Narcotic <input type="checkbox"/> U - Unknown									
Name: *****		Moniker: *****		DOB: *****	Age: *****	Sex: F	Race: B	Ethnicity: N	
Address: ***** HINESVILLE C		Home Phone: *****		Work Phone: *****	Cell Phone: *****	Email: *****			
SSN: *****	Resident Status: RESIDENT	HGT: *****	WGT: *****	Hair Color: BLK	Hair Style: 05 BRAIDED	Hair Length: 1 LONG	Eye Color: BRN	OLN #: *****	State: *****
Occupation: STUDENT		Employer: *****		Address: *****			Employer Phone: *****		
SMTs: *****									
Offenses Involved: (1) _____ (2) _____ (3) _____ (4) _____ (5) _____ (6) _____ (7) _____ (8) _____ (9) _____ (10) _____									
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Name: *****		Moniker: *****		DOB: *****	Age: *****	Sex: F	Race: B	Ethnicity: N	
Address: ***** HINESVILLE GA 31313		Home Phone: *****		Work Phone: *****	Cell Phone: *****	Email: *****			
SSN: *****	Resident Status: RESIDENT	HGT: *****	WGT: *****	Hair Color: BLK	Hair Style: 05 BRAIDED	Hair Length: 1 LONG	Eye Color: BRN	OLN #: *****	State: *****
Occupation: STUDENT		Employer: *****		Address: *****			Employer Phone: *****		
SMTs: *****									
Offenses Involved: (1) _____ (2) _____ (3) _____ (4) _____ (5) _____ (6) _____ (7) _____ (8) _____ (9) _____ (10) _____									
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Hinesville PD

GA0890100

OTHER PERSONS

Case #:

17094992

Involvement Type: COMPLAINANT	Name (Last, First Middle): GILBERT TORIANO	Moniker:	SSN:
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Address 100 PAFFORD ST GA	Home # 912-876-6121	Cell #	Work #
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DOB:	Age:	Sex: M	Race: B	Ethnicity:	Resident Status: RESIDENT	Hair Color: OTHER	Eye Color: BROWN	HGT: 508	WGT: 180
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SMTs:

Email:	OLN #	State:	Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer
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Occupation: SCHOOL PRINCIPAL	Employer/School: LIBERTY COUNTY BOARD O	Address: 200 BRADWELL STREET HINESVILLE GA 31313	Employer Phone: 912-876-6121
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Involvement Type:	Name (Last, First Middle):	Moniker:	SSN:
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Address	Home #	Cell #	Work #
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DOB:	Age:	Sex:	Race:	Ethnicity:	Resident Status:	Hair Color:	Eye Color:	HGT:	WGT:
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SMTs:

Email:	OLN #	State:	Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer
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Occupation:	Employer/School:	Address:	Employer Phone:
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Involvement Type:	Name (Last, First Middle):	Moniker:	SSN:
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Address	Home #	Cell #	Work #
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DOB:	Age:	Sex:	Race:	Ethnicity:	Resident Status:	Hair Color:	Eye Color:	HGT:	WGT:
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SMTs:

Email:	OLN #	State:	Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer
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Occupation:	Employer/School:	Address:	Employer Phone:
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Involvement Type:	Name (Last, First Middle):	Moniker:	SSN:
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Address	Home #	Cell #	Work #
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DOB:	Age:	Sex:	Race:	Ethnicity:	Resident Status:	Hair Color:	Eye Color:	HGT:	WGT:
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SMTs:

Email:	OLN #	State:	Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer
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Occupation:	Employer/School:	Address:	Employer Phone:
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Involvement Type:	Name (Last, First Middle):	Moniker:	SSN:
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Address	Home #	Cell #	Work #
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DOB:	Age:	Sex:	Race:	Ethnicity:	Resident Status:	Hair Color:	Eye Color:	HGT:	WGT:
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SMTs:

Email:	OLN #	State:	Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer
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Occupation:	Employer/School:	Address:	Employer Phone:
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Hinesville PD

GA0890100

NARRATIVE

Case #:

17094992

Officer ID/Name:

182

Date:

FULWOOD, JAMES 9/26/2017 4:15:54 PM

Approving Officer ID/Name:

Date:

Title:

AGGRAVATED ASSAULT

ON 9-26-17 AT APPROXIMATELY 0830 HOURS, I MADE CONTACT WITH THE PRINCIPAL, MR TORIANO GILBERT IN HIS OFFICE IN REFERENCE TO A FIGHT ON CAMPUS.

UPON ARRIVAL, MR GILBERT, MRS BOGAN (SCHOOL COUNSELOR) AND A FEMALE STUDENT, IDENTIFIED AS [REDACTED] WERE SEATED IN HIS OFFICE. I OBSERVED THE STUDENT'S LEFT AND RIGHT SIDE OF HER FACE HAD WHAT APPEAR TO BE FRESH BRUISES AND SCRATCHES.

THE STUDENT'S LEFT EYE WAS BLACKENED, HER FOREHEAD HAD A KNOT ON THE LEFT SIDE, AND HER LEFT CHEEK WAS REDDISH AND SWOLLEN. I USED MY BODY CAMERA TO CAPTURE THE INJURIES. THE STUDENT SAW THE SCHOOL'S NURSE PRIOR TO MY ARRIVAL.

MR GILBERT ADVISED ME THAT THERE WAS A KNIFE BROUGHT ON CAMPUS BY [REDACTED], WHICH SHE USED DURING THE FIGHT. THE KNIFE IS DESCRIBED AS A SILVER AND BLACK METAL STEAK KNIFE. THE BLADE OF THE KNIFE WAS BENT INTO A HALF CIRCLE. I TOOK THE KNIFE INTO MY CUSTODY, WHICH WAS PHOTOGRAPHED AND THEN SECURED IN THE TRUNK OF MY PATROL VEHICLE.

[REDACTED] STATED THAT HER FRIEND [REDACTED] WAS JUMPED BY A GROUP OF GIRLS ON LAST DATE (9-25-17), WHO CALLS THEMSELVES "TGG" AN ALL GIRLS GANG. SHE WENT ON TO SAY THAT [REDACTED] TOLD HER THAT AFTER SHE WAS JUMPED, THE GIRLS TOLD HER THAT SHE ([REDACTED]) WAS NEXT AND THEY WERE GOING TO JUMP HER AT SCHOOL.

[REDACTED] SAID SHE BROUGHT THE KNIFE TO SCHOOL BECAUSE SHE WAS AFRAID SHE WOULD GET JUMPED BY THE GANG OF GIRLS. SHE FURTHER STATED THAT SHE WALKED DOWN THE HALL AND WHEN SHE SAW [REDACTED], [REDACTED] MADE THE COMMENT TO HER SAYING "OH YOU AIN'T TAKING YOUR NAILS OFF FOR NOTHING". [REDACTED] REPLIED SAYING "I KNOW". [REDACTED] THEN SAID "WASSUP", AND [REDACTED] STATED THAT SHE DROPPED HER STUFF.

[REDACTED] PUNCHED HER IN THE FACE AND THEY STARTED FIGHTING. [REDACTED] STATED THAT SHE PULLED THE KNIFE THAT WAS CONCEALED IN HER FRONT WAISTBAND AND TRIED TO STAB [REDACTED] LEG. [REDACTED] AND [REDACTED] ALSO JUMPED INTO THE FIGHT. [REDACTED] STATED THAT [REDACTED] AND [REDACTED] ARE FRIENDS OF [REDACTED] AND ALL THREE GIRLS ARE IN THE GANG "TGG".

THE SCHOOL'S VIDEO CAPTURED THE INCIDENT, WHICH SHOWED [REDACTED] AND [REDACTED] FIGHTING. AT SOME POINT, [REDACTED] AND [REDACTED] WERE ON THE FLOOR FIGHTING WHEN THE CAMERA CAPTURED TWO OTHER FEMALE STUDENTS, IDENTIFIED AS [REDACTED] AND [REDACTED] INVOLVED IN THE FIGHT. THE VIDEO CAPTURED [REDACTED] PUNCHING AND TRYING TO DRAG [REDACTED] ACROSS THE FLOOR.

THERE WERE STAFF MEMBERS THAT INTERVENED BY PULLING [REDACTED] OFF OF [REDACTED] BY SEPARATING [REDACTED] AND [REDACTED] AND BY PULLING [REDACTED] OFF OF [REDACTED]. THE VIDEO ALSO CAPTURED TWO STAFF MEMBERS AND OTHER STUDENTS STRUGGLING TO RESTRAIN [REDACTED] AS SHE CONTINUED TO TRY AND BREAK LOOSE. THE VIDEO ALSO CAPTURED A STAFF MEMBER (ASSISTANT PRINCIPAL BOONE) RESTRAINING [REDACTED] AS SHE CONTINUED TRYING TO BREAK LOOSE.

MR GILBERT TOOK HOLD OF [REDACTED] FROM OFF THE FLOOR AN ESCORTED HER AWAY FROM THE INCIDENT. A JUVENILE COMPLAINT FORM WAS SIGNED AGAINST [REDACTED], [REDACTED], [REDACTED], AND [REDACTED]. THE CAMERA ALSO CAPTURED THE KNIFE LYING ON THE FLOOR, WHICH WAS RETRIEVED BY A STAFF MEMBER. [REDACTED] SUSTAINED SUPERFICIAL SCRATCHES AND SURFACE PUNCTURES NEAR HER ANKLE, UPPER THIGH, AND SHIN FROM THE KNIFE USED BY [REDACTED]. [REDACTED] WAS EVALUATED BY THE SCHOOL'S NURSE AND RELEASED TO THE ADMINISTRATIVE STAFF.

MS TARELL KELLY FROM THE DEPARTMENT OF JUVENILE JUSTICE WAS BRIEFED ABOUT THIS INCIDENT. SHE ADVISED ME THAT [REDACTED] WOULD BE DETAINED PENDING A DETENTION HEARING AT THE CLAXTON YOUTH DETENTION CENTER. SHE FURTHER ADVISED THAT [REDACTED], [REDACTED], AND [REDACTED] SHOULD BE RELEASED TO THEIR PARENTS. THE STUDENTS WERE RELEASED WITHOUT FURTHER INCIDENT.

[REDACTED] MOTHER, MS DENISE [REDACTED] ARRIVED AT THE SCHOOL AND WAS INFORMED THAT [REDACTED] WOULD BE TAKEN INTO TO CUSTODY PENDING TRANSPORT TO THE YOUTH DETENTION CENTER. I ESCORTED [REDACTED] TO MY PARKED PATROL VEHICLE IN FRONT OF THE SCHOOL FOR TRANSPORT TO THE HINESVILLE POLICE

Hinesville PD**GA0890100****NARRATIVE**

Case #:

17094992

Officer ID/Name:

182

Date:

FULWOOD, JAMES

9/26/2017 4:15:54 PM

Approving Officer ID/Name:

Date:

Title:

AGGRAVATED ASSAULT

DEPARTMENT FOR PROCESSING. SHE WAS HANDCUFFED AND THE HANDCUFFED DOUBLE LOCKED, SEARCHED, AND SEATBELTED IN MY PATROL VEHICLE WITHOUT INCIDENT.

OFFICER JOHNSON (168) PROCESSED [REDACTED] AFTER BEING PROCESSED, SHE AND HER MOTHER WAS BRIEFED BY REPRESENTATIVES FROM THE DEPARTMENT OF JUVENILE JUSTICE ON THE CHARGES PENDING AGAINST HER. [REDACTED] WAS RELEASED TO LIEUTENANT MARCHAND (984) OF THE LIBERTY COUNT SHERIFF DEPARTMENT FOR TRANSPORT TO THE CLAXTON YOUTH.