

DORAVILLE POLICE DEPARTMENT INCIDENT REPORT

AGENCY ID
GA0440600

PUBLIC COPY
ORIGINAL REPORT

CASE NUMBER
2013-010605

Statute	INCIDENT TYPE	CNT	GOC	UCR CODE	UCR DESCRIPTION
	HARRASSMENT	1		5309	PUBLIC PEACE:HARRASSING COMMUNICATION

EVENT	LOCATION DESCRIPTION AND ADDRESS		ZONE		PREMISE TYPE																	
	HOME DEPOT 4343 TILLY MILL ROAR DORAVILLE, GA 30340 -		1B 1 - BUSINESS		<table border="1"> <tr><td><input type="checkbox"/></td><td>HIGHWAY</td><td><input type="checkbox"/></td><td>SVC STATION</td></tr> <tr><td><input type="checkbox"/></td><td>CONVENIENCE STORE</td><td><input type="checkbox"/></td><td>BANK</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>COMMERCIAL</td><td><input type="checkbox"/></td><td>RESIDENCE</td></tr> <tr><td><input type="checkbox"/></td><td>SCHOOL/CAMPUS</td><td><input type="checkbox"/></td><td>ALL OTHERS</td></tr> </table>		<input type="checkbox"/>	HIGHWAY	<input type="checkbox"/>	SVC STATION	<input type="checkbox"/>	CONVENIENCE STORE	<input type="checkbox"/>	BANK	<input checked="" type="checkbox"/>	COMMERCIAL	<input type="checkbox"/>	RESIDENCE	<input type="checkbox"/>	SCHOOL/CAMPUS	<input type="checkbox"/>	ALL OTHERS
	<input type="checkbox"/>	HIGHWAY	<input type="checkbox"/>	SVC STATION																		
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<input checked="" type="checkbox"/>	COMMERCIAL	<input type="checkbox"/>	RESIDENCE																			
<input type="checkbox"/>	SCHOOL/CAMPUS	<input type="checkbox"/>	ALL OTHERS																			
INCIDENT DATE TIME TO DATE TIME		DISCOVERED BY		WEAPON TYPE																		
01/30/2013 0900 TO 01/30/2013 0900		<input type="checkbox"/> Officer On Patrol <input type="checkbox"/> Reporting Party <input type="checkbox"/> Private Security <input type="checkbox"/> Alarm <input checked="" type="checkbox"/> Complainant		<table border="1"> <tr><td><input type="checkbox"/></td><td>GUN</td><td><input type="checkbox"/></td><td>KNIFE</td><td><input type="checkbox"/></td><td>HANDS/FISTS, ETC.</td></tr> <tr><td><input type="checkbox"/></td><td>OTHER</td><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td><td>UNKNOWN</td></tr> </table>		<input type="checkbox"/>	GUN	<input type="checkbox"/>	KNIFE	<input type="checkbox"/>	HANDS/FISTS, ETC.	<input type="checkbox"/>	OTHER	<input type="checkbox"/>		<input type="checkbox"/>	UNKNOWN					
<input type="checkbox"/>	GUN	<input type="checkbox"/>	KNIFE	<input type="checkbox"/>	HANDS/FISTS, ETC.																	
<input type="checkbox"/>	OTHER	<input type="checkbox"/>		<input type="checkbox"/>	UNKNOWN																	
STRANGER TO STRANGER YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>																						
DAY OF THE WEEK (INCIDENT)																						
<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>SUN</td> <td>MON</td> <td>TUE</td> <td>WED</td> <td>THU</td> <td>FRI</td> <td>SAT</td> <td>UNK</td> </tr> </table>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SUN	MON	TUE	WED	THU	FRI	SAT	UNK	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
SUN	MON	TUE	WED	THU	FRI	SAT	UNK															

PROPERTY TOTALS	01 - VEHICLES		02 - CURRENCY, NOTES, ETC.		03 - JEWELRY, PREC. METALS		04 - FURS		THEFT / RECV.		GOVT PROP.
	STOLEN								<input type="checkbox"/>		
	RECOVERED								<input type="checkbox"/>		
									1=CITY 2=COUNTY 3=STATE 4=OUT OF STATE 5=UNKNOWN		
05 - CLOTHING		06 - OFFICE EQUIP.		07 - TV, RADIO, ETC.		08 - HOUSEHOLD GOODS		TOTALS		THEFT DATE	
STOLEN											
RECOVERED											
09 - FIREARMS		10 - CONSUMABLE GOODS		11 - LIVESTOCK		12 - OTHER		RECOVERY DATE			
STOLEN											
RECOVERED											

DRUG	DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										DID INVESTIGATION INDICATE THAT INCIDENT WAS GANG RELATED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER										NAME OF GANG:	
	DRUG 1		DRUG 2		DRUG 3		DRUG 4		DRUG 5			
	DRUG 6		DRUG 7		DRUG 8		DRUG 9		DRUG 10			

STATE	OCA <input type="checkbox"/> ENTRY <input type="checkbox"/> CANCEL <input type="checkbox"/> CLEARANCE <input type="checkbox"/>				CASE STATUS				
	PERSON <input type="checkbox"/> WARRANT <input type="checkbox"/> VEHICLE <input type="checkbox"/> ARTICLE <input type="checkbox"/> BOAT <input type="checkbox"/> GUN <input type="checkbox"/>				ACTIVE <input type="checkbox"/> 1 CLEARED BY ARREST <input type="checkbox"/> 2 EX CLEARED <input type="checkbox"/> 3 UNFOUNDED <input type="checkbox"/> 4 INACTIVE <input type="checkbox"/> 5				

ADMINISTRATION	ARREST AT OR NEAR OFFENSE SCENE		TOTAL NUMBER ARRESTED		DATE OF REPORT		ADULT		JUVENILE	
	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				01/31/2013		<input type="checkbox"/>		<input type="checkbox"/>	
	EVIDENCE COLLECTED? <input type="checkbox"/>		PHOTOS TAKEN? <input type="checkbox"/>		FOLLOW UP - PATROL? <input type="checkbox"/>		CLEARANCE DATE			
	PRINTS TAKEN? <input type="checkbox"/>		COMPLAINT UNFOUNDED? <input type="checkbox"/>		FOLLOW UP - DETECTIVES <input type="checkbox"/>		CASE STATUS			
	BIO./DNA EVIDENCE? <input type="checkbox"/>		WILLING TO PROSECUTE? <input type="checkbox"/>		RESPONSE CODE <input type="checkbox"/>		REVIEWED BY			
	REPORTING OFFICER		1108 J. HUDGINS		REVIEWED DATE		DIVISION ASSIGNED		INVESTIGATIONS	
APPROVING OFFICER		1108 J. HUDGINS		ASSIGNED DATE		02/13/2013		INVESTIGATOR ASSIGNED		
APPROVED DATE		01/31/2013		ASSIGNED DATE		02/13/2013		GENERAL DETECTIVE		

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PERSONS	<input checked="" type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM <input type="checkbox"/> WITNESS <input type="checkbox"/> OFFENDER <input type="checkbox"/> PRIMARY AGGRESSOR <input type="checkbox"/> JUVENILE <input type="checkbox"/> RAPE VICTIM												
	NAME BURKART, JAMES SWIFT						TYPE						
	ADDRESS 2724 JOHNNYS LN						EMP.						
	CITY ATLANTA				ST GA		ZIP 30360		SCHOOL				
	EMAIL						YEAR OF BIRTH 1954						
	SSN			RACE W		HEIGHT 602		HAIR			PHONE		
	DOB		AGE		SEX M		WEIGHT 200		EYES BRO		CELL		
	MISSING <input type="checkbox"/> DEAD/UNIDENTIFIED <input type="checkbox"/> UNKNOWN <input type="checkbox"/> RETURNED <input type="checkbox"/> WANTED <input type="checkbox"/> SUSPECT <input type="checkbox"/> WARRANT <input type="checkbox"/> ARRESTED <input type="checkbox"/>												
	OFF. DATE/TIME			ARR. AGENCY			ORI						
	ARREST DATE			ARREST TIME		ARREST / AT NEAR		OFFENDER TRACK NO.		GCIC CLASS. NO.			
CHARGES													
STATUTE				INCIDENT TYPE				CNT		UCR CODE		UCR DESCRIPTION	

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NARRATIVE

Seq. No. 1

Narrative Type	Reporting Officer	Statement Date	Time
NARRATIVE	1108 J. HUDGINS	01/31/2013	1113

On January 30, 2013 at 3:30 P.M. I made contact with Mr. James Burkart in the lobby of the police department at 3750 Park Avenue in reference to intermittent issues that he has had with Mr. Owens going back to 2002.

Mr. Burkart said that Mr. Owens has repeatedly harassed him over the past 10 years. The forms of harassment have ranged from Mr. Owens jogging by his home in the morning giving him the middle finger and yelling, "fucking fagot" to showing up at his place of employment.

Mr. Burkart described the specific incident relating to today as Mr. Owens showing up at his place of employment located at 4343 Tilly Mill road and taking photographs of him and his supervisor Mike Leifer. Mr. Burkart said that around 9:00 A.M. while he was on an aisle working he saw Mr. Owens taking pictures of him. Mr. Burkart then called his supervisor over to his aisle from an adjacent aisle and Mr. Owens continued taking photographs. Mr. Owens then walked up to a cashier, Clairibell Fierro and had a brief conversation before exiting the store.

When Mr. Owens left the location Mr. Burkart and Mr. Leifer approached the cashier and asked what was said. Ms. Fierro told them that Mr. Owens said Mr. Burkart had attempted to kill him several years ago and he was going to forward the photographs to Home Depot corporate in an attempt to get Mr. Burkart fired.

Mr. Burkart stated that Mr. Owens returned around 11:00 A.M. and was peering around the corner of the aisle that he and a fellow employee were working on, but Mr. Owens did not initiate any additional contact and exited the store.

Mr. Burkart provided a paper labeled associate statement detailing this incident as well as several previous encounters over the past few years.

Mr. Burkart was advised of further possible remedies that he could seek through the Dekalb county magistrate court.