

CATOOSA COUNTY S. O. INCIDENT REPORT

FAMILY VIOLENCE  
PUBLIC COPY  
ORIGINAL REPORT

CASE NUMBER  
150200306

AGENCY ID  
GA0230000

Statute	INCIDENT TYPE	CNT	GOC	UCR CODE	UCR DESCRIPTION
16-5-23	SIMPLE BATTERY -/MISD/-FVA	1		1313	ASSAULT/BATTERY:SIMPLE ASSAULT/SIMPLE BATTERY
16-7-21	CRIMINAL TRESPASS -/MISD/FVA	2		5707	INVASION OF PRIVACY:CRIMINAL TRESPASS
16-5-20	SIMPLE ASSAULT -/MISD/FVA	1		1313	ASSAULT/BATTERY:SIMPLE ASSAULT/SIMPLE BATTERY

EVENT	LOCATION DESCRIPTION AND ADDRESS				ZONE		PREMISE TYPE	
	6 94 ERIN WAY RINGGOLD, GA 30736 -				DAVID DAVID		HIGHWAY CONVENIENCE STORE COMMERCIAL SVC STATION BANK RESIDENCE X SCHOOL/CAMPUS ALL OTHERS	
	INCIDENT DATE	TIME	DATE	TIME	DISCOVERED BY			WEAPON TYPE
	02/18/2015	1920	TO 02/18/2015	2100	<input type="checkbox"/> Officer On Patrol	<input type="checkbox"/> Reporting Party	<input type="checkbox"/> Private Security	GUN KNIFE HANDS/FISTS, ETC. X OTHER UNKNOWN
DAY OF THE WEEK (INCIDENT)				STRANGER TO STRANGER		WEATHER CONDITIONS		
SUN MON TUE WED THU FRI SAT UNK				YES NO X UNK				

PROPERTY TOTALS	01 - VEHICLES		02 - CURRENCY, NOTES, ETC.		03 - JEWELRY, PREC. METALS		04 - FURS		THEFT / RECV.		GOVT PROP. 1=COUNTY 2=NOT IN A CITY 3=STATE 4=OUT OF STATE 5=UNKNOWN
	STOLEN								<input type="checkbox"/>	<input type="checkbox"/>	
	RECOVERED										
	05 - CLOTHING		06 - OFFICE EQUIP.		07 - TV, RADIO, ETC.		08 - HOUSEHOLD GOODS		TOTALS		
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? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DID INVESTIGATION INDICATE THAT INCIDENT WAS GANG RELATED?				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	DRUG 1	DRUG 2	DRUG 3	DRUG 4	DRUG 5	NAME OF GANG:						
	Synthetic Narcotic											
	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 checked="" type="checkbox"/>	2	EX CLEARED <input type="checkbox"/>	3	UNFOUNDED <input type="checkbox"/>	4	INACTIVE <input type="checkbox"/>

ADMINISTRATION	ARREST AT OR NEAR OFFENSE SCENE		TOTAL NUMBER ARRESTED		DATE OF REPORT		ADULT		JUVENILE		
	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		1		02/18/2015		X				
	EVIDENCE COLLECTED?	N	PHOTOS TAKEN?		FOLLOW UP - PATROL?	N	CLEARANCE DATE	02/18/2015			
	PRINTS TAKEN?	N	COMPLAINT UNFOUNDED?	N	FOLLOW UP - DETECTIVES	U	CASE STATUS	CLEARED BY ARREST			
	BIO./DNA EVIDENCE?	N	WILLING TO PROSECUTE?	Y	RESPONSE CODE		REVIEWED BY	504 MICHAEL FANN			
	REPORTING OFFICER	539	JAMES ROGERS		REVIEWED DATE	02/19/2015	DIVISION ASSIGNED				
	APPROVING OFFICER	588	CHRIS FAULK		ASSIGNED DATE		INVESTIGATOR ASSIGNED				
	APPROVED DATE	02/19/2015				ASSIGNED DATE					

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DOMESTIC QUESTIONS

WERE CHILDREN INVOLVED?  WAS ACT COMMITTED WITH CHILDREN PRESENT?

PRIOR COURT ORDERS  VICTIM ADVISED  NUMBER OF PREVIOUS COMPLAINTS AS ADVISED BY VICTIM

**TYPE AND EXTENT OF ALLEGED ABUSE**

FATAL INJURY	<input type="checkbox"/>	PERMANENT DISABILITY	<input type="checkbox"/>	TEMP. DISABILITY	<input type="checkbox"/>	BROKEN BONES	<input type="checkbox"/>
GUN / KNIFE WOUNDS	<input type="checkbox"/>	SUPERFICIAL INJURY	<input checked="" type="checkbox"/>	PROP. DAMAGE / THEFT	<input checked="" type="checkbox"/>	THREATS	<input type="checkbox"/>
ABUSIVE LANGUAGE	<input checked="" type="checkbox"/>	SEXUAL	<input type="checkbox"/>	OTHER ABUSE	<input type="checkbox"/>		

**POLICE ACTION TAKEN**

ARREST	<input checked="" type="checkbox"/>	SEPARATION	<input type="checkbox"/>	OTHER ACTION	<input type="checkbox"/>
CITATION	<input type="checkbox"/>	MEDIATION	<input type="checkbox"/>	NO ACTION	<input type="checkbox"/>

**IF NO ARREST MADE, WHY NOT**

JUVENILE	<input type="checkbox"/>	AGGRESSOR MISSING	<input type="checkbox"/>	INSUFFICIENT PROBABLE CAUS	<input type="checkbox"/>	OTHER REASON	<input type="checkbox"/>
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**HOW WAS PRIMARY AGGRESSOR IDENTIFIED**

PHYSICAL EVIDENCE	<input checked="" type="checkbox"/>	TESTIMONIAL EVIDENCE	<input checked="" type="checkbox"/>	OTHER MEANS	<input type="checkbox"/>
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**SUBSTANCE ABUSE**

DID INVESTIGATION INDICATE THAT A SUBSTANCE WAS INVOLVED?	<input type="text" value="YES"/>	<b>AGGRESSOR</b>		<b>VICTIM</b>	
		DRUGS	<input checked="" type="checkbox"/>	ALCOHOL	<input checked="" type="checkbox"/>
		DRUGS	<input type="checkbox"/>	ALCOHOL	<input type="checkbox"/>

**RELATIONSHIP OF PRIMARY AGGRESSOR TO VICTIM(S)**

PRESENT SPOUSE	<input checked="" type="checkbox"/>	FOSTER PARENT	<input type="checkbox"/>	STEPPARENT	<input type="checkbox"/>	NONE OF ABOVE, LIVES IN SAME HOUSE	
CHILD	<input type="checkbox"/>	FORMER SPOUSE	<input type="checkbox"/>	FOSTER CHILD	<input type="checkbox"/>		STEPCHILD

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<b>PROPERTY</b>	CATEGORY <b>HOUSEHOLD GOOD</b>	QTY	BRAND	MODEL	ITEM SIZE	COLOR	VALUE	
	DESCRIPTION <b>MISCELLANEOUS FURNISHINGS</b>						SERIAL NO.	
	<input type="checkbox"/> STOLEN	<input type="checkbox"/> RECOVERED	<input type="checkbox"/> EVIDENCE	<input type="checkbox"/> SEIZED	DATE STOLEN	RECEIPT NO.	DISPOSITION	RECOVER VALUED
<input type="checkbox"/> LOST	<input type="checkbox"/> FOUND	<input checked="" type="checkbox"/> DAMAGED		DATE RECOVERED	ITEM NO.			

<b>PROPERTY</b>	CATEGORY <b>OTHER</b>	QTY	BRAND <b>CLONAZELPAM</b>	MODEL	ITEM SIZE	COLOR	VALUE	
	DESCRIPTION <b>1 MG APPROX 40 PILLS</b>						SERIAL NO.	
	<input type="checkbox"/> STOLEN	<input type="checkbox"/> RECOVERED	<input type="checkbox"/> EVIDENCE	<input type="checkbox"/> SEIZED	DATE STOLEN	RECEIPT NO.	DISPOSITION	RECOVER VALUED
<input type="checkbox"/> LOST	<input type="checkbox"/> FOUND	<input checked="" type="checkbox"/> DAMAGED		DATE RECOVERED	ITEM NO.			

<b>PERSONS</b>	<input checked="" type="checkbox"/> COMPLAINANT	<input checked="" type="checkbox"/> VICTIM	<input type="checkbox"/> WITNESS	<input checked="" type="checkbox"/> OFFENDER	<input type="checkbox"/> PRIMARY AGGRESSOR	<input type="checkbox"/> JUVENILE	<input type="checkbox"/> RAPE VICTIM	
	NAME <b>TOLASSI, JANE BATCHELDER</b>						TYPE	
	ADDRESS <b>94 ERIN WAY</b>						EMP.	
	CITY <b>RINGGOLD</b>			ST <b>GA</b>	ZIP <b>30736</b>	SCHOOL		
	EMAIL						YEAR OF BIRTH <b>1956</b>	
	SSN	RACE <b>W</b>	HEIGHT <b>506</b>	HAIR <b>BRO</b>	PHONE <b>706-217-9229</b>	CELL		
	DOB	AGE	SEX <b>F</b>	WEIGHT <b>180</b>	EYES <b>BRO</b>	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

<b>PERSONS</b>	<input type="checkbox"/> COMPLAINANT	<input type="checkbox"/> VICTIM	<input checked="" type="checkbox"/> WITNESS	<input type="checkbox"/> OFFENDER	<input type="checkbox"/> PRIMARY AGGRESSOR	<input type="checkbox"/> JUVENILE	<input type="checkbox"/> RAPE VICTIM	
	NAME <b>WOOTEN, GEORGE</b>						TYPE	
	ADDRESS <b>***INFO. WITHHELD***</b>						EMP.	
	CITY <b>***INFO. WITHHELD***</b>			ST	ZIP	SCHOOL		
	EMAIL						YEAR OF BIRTH	
	SSN	RACE <b>W</b>	HEIGHT	HAIR	PHONE	CELL		
	DOB	AGE	SEX <b>M</b>	WEIGHT	EYES	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.		

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PERSONS

COMPLAINANT  
  VICTIM  
  WITNESS  
  OFFENDER  
  PRIMARY AGGRESSOR  
  JUVENILE  
  RAPE VICTIM

NAME: TOLASSI, DAVID JOSEPH      TYPE: \_\_\_\_\_  
 ADDRESS: 94 ERIN WAY      EMP.: \_\_\_\_\_  
 CITY: RINGGOLD      ST: GA      ZIP: 30736      SCHOOL: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_      YEAR OF BIRTH: 1949  
 SSN: \_\_\_\_\_      RACE: W      HEIGHT: 510      HAIR: GRY      PHONE: 802-461-6904  
 DOB: \_\_\_\_\_      AGE: \_\_\_\_\_      SEX: M      WEIGHT: 175      EYES: BRO      CELL: \_\_\_\_\_  
 MISSING:       DEAD/UNIDENTIFIED:       UNKNOWN:       RETURNED:       WANTED:       SUSPECT:       WARRANT:       ARRESTED:

OFF. DATE/TIME: 02/18/2015      1947      ARR. AGENCY: CCSO CATOOSA COUNTY S. O.      ORI: 0230000  
 ARREST DATE: 02/18/2015      ARREST TIME: 2009      ARREST / AT NEAR: Y      OFFENDER TRACK NO.: \_\_\_\_\_      GCIC CLASS. NO.: \_\_\_\_\_

CHARGES				
STATUTE	INCIDENT TYPE	CNT	UCR CODE	UCR DESCRIPTION
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16-5-20	SIMPLE ASSAULT -/MISD/FVA	1	1313	ASSAULT/BATTERY:SIMPLE ASSAULT/SIMPLE BATTERY
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ARREST SUPPLEMENT

HANDCUFFED BEHIND BACK  
  HANDCUFF CHECKED FOR FIT  
  VEHICLE SEARCHED PRIOR TO TRANSPORT  
  TRANSPORT INTERRUPTED  
 HANDCUFFED DOUBLE LOCK  
  DETAINEE SEARCHED  
  VEHICLE SEARCHED AFTER TRANSPORT  
  OTHER RESTRAINTS USED

## NARRATIVE

Seq. No. 1

Narrative Type	Reporting Officer	Statement Date	Time
NARRATIVE	539 JAMES ROGERS	02/18/2015	2208

DEPUTY ROGERS RESPONDED TO 94 ERIN WAY FOR A DOMESTIC DISPUTE. UPON ARRIVAL DEPUTY ROGERS MET WITH THE COMPLAINANT, MRS. TOLASSI. MRS. TOLASSI ADVISED HER AND HER HUSBAND, MR. TOLASSI GOT INTO A VERBAL ALTERCATION OVER MR. TOLASSI'S SUBSTANCE ABUSE. MRS. TOLASSI STATED HE GETS HIS MEDICATION FILLED, AND TAKES ALL OF THEM WITHIN A FEW DAYS. MRS. TOLASSI ALSO STATED THAT MR. TOLASSI DRINKS ALCOHOL ON TOP OF HIS MEDICATION. ON THIS DATE, MRS. TOLASSI ADVISED THAT HER HUSBAND TOOK 5-10 PILLS OF CLONZEPAM, AND DRANK ALCOHOL AS WELL. MRS. TOLASSI ADVISED SHE RETURNED HOME FROM WORK AND MR. TOLASSI APPEARED TO BE IN A DIFFERENT STATE OF MIND, AND TALKING FUNNY. MRS. TOLASSI ADVISED THAT AFTER ARGUING OVER THE SUBSTANCE ABUSE, MR. TOLASSI STATED HE WOULD NOT TAKE THEM ANYMORE. MRS. TOLASSI STATED SHE THEN WENT TO THE BATHROOM, AND DUMPED HIS MEDICATION IN THE TOILET. MRS. TOLASSI STATED THE PRESCRIPTION WAS FILLED ON FEBRUARY 16TH, AND MR. TOLASSI IS SUPPOSE TO TAKE 1-2 TABLETS A DAY. MRS. TOLASSI ADVISED SHE BELIEVES THERE WAS APPROXIMATELY 30-40 TABLETS THAT WERE LEFT.

MRS. TOLASSI THEN STATED AFTER DUMPING THE PILLS IN THE TOILET, MR. TOLASSI STARTED ASKING ABOUT HIS MEDICATION, BECOMING AGITATED. MRS. TOLASSI ADVISED HE BEGAN TO THROW TOILETRIES IN THE BATHROOM, AND STOMPED ON THEM. HE ALSO PUT VARIOUS ITEMS IN THE BATHROOM SINK AND TOILET. MRS TOLASSI THEN STATED MR. TOLASSI BROKE A PLATE IN THE KITCHEN, ATTEMPTED TO THROW THE NIGHT STAND IN THE BEDROOM, THREW THE TELEPHONE, TORE THE BLINDS OFF THE WINDOW IN THE BEDROOM, AND KNOCKED A BOX FAN AND LAMP OVER. THE BLINDS IN THE BEDROOM ENDED UP IN THE KITCHEN FLOOR. MRS. TOLASSI ALSO ADVISED MR. TOLASSI HIT HER WITH A CLOSED FIST IN THE BACK 20-30 TIMES. DEPUTY WOOTEN DID NOT OBSERVE ANY RED MARKS ON MRS. TOLASSI'S BACK. MRS. TOLASSI STATED HER HUSBAND COULD NOT HIT VERY HARD DUE TO HIS LEVEL OF INTOXICATION. MRS. TOLASSI STATED SHE THEN BECAME SCARED, AND CALLED 911. MRS. TOLASSI WAS GIVEN A VICTIM BILL OF RIGHTS, A DOMESTIC VIOLENCE INFORMATION SHEET, AND ADVISED OF PROPER PROCEDURES. MRS. TOLASSI ALSO COMPLETED A VICTIM/WITNESS STATEMENT, AND STATED THIS WAS NOT THE FIRST DOMESTIC INCIDENT, BUT WAS THE FIRST TIME LAW ENFORCEMENT WAS CONTACTED.

DEPUTY ROGERS THEN SPOKE WITH MR. TOLASSI. MR. TOLASSI APPEARED TO BE UNDER THE INFLUENCE, AND HAD A SMELL OF ALCOHOL COMING ABOUT HIS PERSON. MR. TOLASSI GRABBED HIS PAJAMA PANTS, AND TRIED TO PUT HIS ARM THROUGH THE PANTS LEG AS IF THE PANTS WERE A SHIRT. DEPUTY ROGERS THEN ASKED MR. TOLASSI IF HE DID ALL THE DAMAGE IN THE HOUSE, AND HE STATED THAT HE DID. MR. TOLASSI DENIED PLACING HIS HANDS ON MRS. TOLASSI.

DEPUTY ROGERS THEN PLACED MR. TOLASSI UNDER ARREST FOR CRIMINAL TRESPASS FVA, SIMPLE BATTERY FVA, AND SIMPLE ASSAULT FVA BASED ON THE VICTIM/WITNESS STATEMENT, AND ALL THE EVIDENCE AT THE SCENE. DEPUTY ROGERS HANDCUFFED MR. TOLASSI BEHIND THE BACK. THE CUFFS WERE DOUBLE LOCKED, AND CHECKED FOR PROPER FIT. DEPUTY ROGERS SEARCHED MR. TOLASSI FOR WEAPONS AND CONTRABAND, WITH NONE FOUND. MR. TOLASSI WAS PLACED IN THE RIGHT REAR OF DEPUTY ROGERS PATROL CAR, AND TRANSPORTED TO DETENTION WITHOUT INCIDENT. THE REAR PASSENGER COMPARTMENT OF DEPUTY ROGERS PATROL CAR WAS SEARCHED PRIOR TO, AND AFTER TRANSPORT FOR CONTRABAND, WITH NONE FOUND. UPON ARRIVAL AT

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NARRATIVE	539 JAMES ROGERS	02/18/2015	2208

DETENTION DEPUTY ROGERS ADVISED MR. TOLASSI OF PROPER PROCEDURES REGARDING HIS PILLS THAT WERE DESTROYED BY HIS WIFE, AND HE WAS ADVISED OF WARRANT PROCEDURES. MR. TOLASSI WAS GIVEN A VICTIM BILL OF RIGHTS, AND A DOMESTIC VIOLENCE INFORMATION SHEET. MR. TOLASSI WAS TURNED OVER TO DETENTION STAFF WITHOUT INCIDENT. DEPUTY ROGERS ALSO TOOK PHOTOS OF THE DAMAGE IN THE HOUSE. ALP