

# DEKALB COUNTY POLICE DEPARTMENT

## GA0440200

### INCIDENT REPORT

Case #: 19-036018

EVENT	Incident Type: 16-9-5 (2502) Counterfeit or false proof of insurance document	Counts: 1	Incident Code: 2502	Offense Jurisdiction: COUNTY	Arrest Jurisdiction:
	Premise Type: RESIDENCE	Weapon Type:	Forcible: N	Stranger To Stranger: Y	Hate Motivated: <input type="checkbox"/>
Date Report: 4/19/2019 4:45:00 PM		Incident Start: 12/12/2017 12:00:12 PM	Incident End: 12/16/2018 12:00:00 PM	Incident Location: 6841 Cavalier Ct N/a Stone Mountain GA 30087	

VICTIM	Name (Last, First Middle): Boyd, Selita	Moniker:	DOB: [REDACTED]-1965	Age: 53	Sex: F	Race: B	Ethnicity:			
	Address: 6841 Cavalier Ct N/a Stone Mountain GA 30087-	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	Victim Type: PERSON/INDIVIDUAL (NOT Student) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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								
SMTs:										
Relationship To Offenders:	(1) STRANGER	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Offenses Involved:	(1) 2502	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)

OFFENDER	Name: Unknown, Unknown	Moniker:	DOB:	Age: 00	Sex: U	Race: U	Ethnicity:				
	Address:	Home Phone:	Work Phone:	Cell Phone:	Email:						
SSN:		Resident Status:	HGT:	WGT:	Hair Color:	Hair Style:	Hair Length:	Eye Color:	OLN #:	State:	
Occupation:		Employer:	Address:			Employer Phone:					
SMTs:											

OFFENDER	(1) 16-9-5 (2502) Counterfeit or false proof of insurance	Offenses Involved:	2502	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
	WANTED: <input type="checkbox"/> WARRANT: <input type="checkbox"/> ARREST: <input type="checkbox"/> SUSPECT ARMED: <input type="checkbox"/> WEAPON: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>											
TOTAL NUMBER ARRESTED: 0		ARREST AT OR NEAR OFFENSE SCENE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer								

PROPERTY	VEHICLES		CURRENCY, NOTES, ETC		JEWELRY, PREC. METALS		FURS		
	STOLEN \$0.00	RECOVERED \$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
CLOTHING		OFFICE EQUIP.		TV, RADIO, ETC		HOUSEHOLD GOODS			
STOLEN \$0.00	RECOVERED \$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
FIREARMS		CONSUMABLE GOODS		LIVESTOCK		OTHER		TOTAL	
STOLEN \$0.00	RECOVERED \$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$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 <input type="checkbox"/>
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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 checked="" 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 type="checkbox"/>	CLEARED BY ARREST <input type="checkbox"/>	EXCEPTIONALLY CLEARED <input type="checkbox"/>	UNFOUNDED <input type="checkbox"/>	DATE OF CLEARANCE	<input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE
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REPORTING OFFICER Webb g r	NUMBER 6562	APPROVING OFFICER Moffitt k a	NUMBER 2198
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DEKALB COUNTY POLICE DEPARTMENT  
GA0440200  
ADDITIONAL VICTIMS

Case #:  
19-036018

Name (Last, First Middle): **Boyd, Eloise** Moniker: \_\_\_\_\_ DOB: **1947** Age: **72** Sex: **F** Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
Address: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_  
**6841 CAVALIER CT STONE MOUNTAIN GA**  
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  If Yes, Name of Victim's School: \_\_\_\_\_ LEOKA Activity Type: \_\_\_\_\_ LEOKA Assignment Type: \_\_\_\_\_  
Injuries:  None  Minor  Internal  Teeth  Unconscious  Lacerations  Bones  Other \_\_\_\_\_ Used:  Drugs  Alcohol  Computer

SMTs:  
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) \_\_\_\_\_

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  If Yes, Name of Victim's School: \_\_\_\_\_ LEOKA Activity Type: \_\_\_\_\_ LEOKA Assignment Type: \_\_\_\_\_  
Injuries:  None  Minor  Internal  Teeth  Unconscious  Lacerations  Bones  Other \_\_\_\_\_ Used:  Drugs  Alcohol  Computer

SMTs:  
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) \_\_\_\_\_

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  If Yes, Name of Victim's School: \_\_\_\_\_ LEOKA Activity Type: \_\_\_\_\_ LEOKA Assignment Type: \_\_\_\_\_  
Injuries:  None  Minor  Internal  Teeth  Unconscious  Lacerations  Bones  Other \_\_\_\_\_ Used:  Drugs  Alcohol  Computer

SMTs:  
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) \_\_\_\_\_

**DEKALB COUNTY POLICE DEPARTMENT****GA0440200****NARRATIVE**Case #:  
19-036018Officer ID/Name:  
6562

Webb g r

Date:

4/19/2019 6:42:07 PM

Approving Officer ID/Name:

2198

Moffitt k a

Date:

4/19/2019 8:36:43 PM

Title: INITIAL REPORT

On 04/19/2019 the complainant Ms. Boyd contacted East Screening in reference to Counterfeit Insurance forms. Ms. Boyd advised on 12/12/2017 submitted a signed Authorization of Release form to CCMSI/Frontier Adjusters(Servpro of Stone Mountain) for a insurance claim. And on 02/16/2018 she received a call from a George Niezgoda a contractor with Water Medx to verify if she gave to CCMSI and Frontier Adjuster authorization to release insurance documents Water Medx in reference to her claim . The victim stated she only gave CCMSI/Frontier Adjuster authorization to get information from Liberty Mutual in reference to her claim. The victim stated when requested a copy of the document she discovered the authorization form had been altered by CCMSI/Frontier.

**DEKALB COUNTY POLICE DEPARTMENT**

**GA0440200**

**NARRATIVE**

Case #:  
19-036018

Officer ID/Name:

3038

HUNTER, C L

Date:

7/30/2019 2:24:37 PM

Approving Officer ID/Name:

Date:

Title:

ADDITIONAL NARRATIVE

On 7/24/2019 at 6:42pm the complainant, Ms. Selita, advised that she wanted to make changes to the police report regarding the information the reporting officer documented. Ms. Selita stated that the incident started on 2/12/2015, which she advised is the first day someone came to the home and alleged to be working on behalf Servpro, and ended on 7/28/2019 which she advised is the last known statements presented by an adverse party. Ms. Selita also stated that the owner of the home is Eloise Boyd who is an elderly subject so Ms. Selita is reporting the incident on Ms. Boyd's behalf.

**DEKALB COUNTY POLICE DEPARTMENT**  
**GA0440200**  
**INCIDENT REPORT**

Case #:  
19-036018

EVENT

Incident Type: 16-9-5 (2502) Counterfeit or false proof of insurance document    Counts: 1    Incident Code: 2502    Offense Jurisdiction: COUNTY    Arrest Jurisdiction: COUNTY

Premise Type: RESIDENCE    Weapon Type:    Forcible: N    Stranger To Stranger: Y    Hate Motivated:     Loc Code: 420

Date Report: 4/19/2019 4:45:00 PM    Incident Start: 12/12/2017 12:00:12 PM    Incident End: 12/16/2018 12:00:00 PM    Incident Location: 6841 Cavalier Ct N/a Stone Mountain GA 30087

VICTIM

Name (Last, First Middle): Boyd, Selita    Moniker:    DOB: [REDACTED]-1965    Age: 53    Sex: F    Race: B    Ethnicity:    Address: 6841 Cavalier Ct N/a Stone Mountain GA 30087-    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: PERSON/INDIVIDUAL (NOT Student  Yes  No  If Yes, Name of Victim's School:    LEOKA Activity Type:    LEOKA Assignment Type:

Injuries:  None  Minor  Internal  Teeth  Unconscious  Lacerations  Bones  Other  Used:

SMTs:

Relationship To Offenders: (1) STRANGER (2) (3) (4) (5) (6) (7) (8) (9)

Offenses Involved: (1) 2502 (2) (3) (4) (5) (6) (7) (8) (9)

OFFENDER

Name: Unknown, Unknown    Moniker:    DOB:    Age: 00    Address:    Home Phone:    Work Phone:    Cell Phone:    SSN:    Resident Status:    HGT:    WGT:    Hair Color:    Hair Style:    Hair Length:    Eye Color:    Occupation:    Employer:    Address:    SMTs:

Offenses Involved:

(1) 16-9-5 (2502) Counterfeit or false proof of insurance 2502 (2) (3) (4) (5) (6) (7) (8) (9) (10)

WANTED:     WARRANT:     ARREST:     SUSPECT ARMED:    WEAPON:    Used:  Drugs  Alcohol  Computer

TOTAL NUMBER ARRESTED: 0    ARREST AT OR NEAR OFFENSE SCENE: Yes:  No:

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			
\$0.00			\$0.00

ADM.

GCIC ENTRY     WARRANT     MISSING PERSONS     VEHICLE     ARTICLE     BOAT     GUN     SECURITIES

DRUG

DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER  YES  NO

1 - Amphetamine     2 - Barbiturate     3 - Cocaine     4 - Hallucinogen     5 - Heroin  
 6 - Marijuana     7 - Methamphetamine     8 - Opium     9 - Synthetic Narcotic     U - Unknown

CLEAR

REQUIRED DATA FIELDS FOR CLEARANCE REPORT     CLEARED BY ARREST     EXCEPTIONALLY CLEARED     UNFOUNDED     DATE OF CLEARANCE     ADULT  JUVENILE

DEKALB POLICE RECORDS  
 1960 W. EXCHANGE PL  
 TUCKER, GA 30084  
 \*\*\*\*\*  
 PH: (770) 724-7740  
 Reg. 1  
 DATE 08/08/2019 THU TIME 15:45  
 CASE# 19036018  
 4X @ 0.25  
 INCIDENT REPORT \$1.00  
 TOTAL \$1.00  
 CASH \$1.00  
 \*\*\*\*\*  
 THANK YOU FOR YOUR BUSINESS,  
 PLEASE COME AGAIN!  
 J.DAVIS No.008765 00000