

### Incident Report

|                                  |           |
|----------------------------------|-----------|
| Incident No.<br><b>2019-0376</b> | Res. Code |
|----------------------------------|-----------|

|   |                          |                              |                              |                                  |                      |   |                                     |                                   |
|---|--------------------------|------------------------------|------------------------------|----------------------------------|----------------------|---|-------------------------------------|-----------------------------------|
| Incident Type<br><b>PERSON SICK</b>             |                          |                              |                              | Seq. No.<br><b>1</b>             | Counts<br><b>28</b>  | Code<br><b>S-76</b>                       | Attempt<br><input type="checkbox"/> |                                   |
| Primary Location:<br><b>5400 Campbellton Rd</b> |                          |                              | Secondary Location:          |                                  |                      | Business<br><b>Sandtown Middle School</b> |                                     |                                   |
| City<br><b>ATLANTA</b>                          | State<br><b>GA</b>       | Zip<br><b>30331</b>          | County<br><b>FULTON</b>      |                                  |                      |   |                                     |                                   |
| Zone<br><b>South</b>                            | Sub Zone<br><b>South</b> |                              | Sub Location<br><b>South</b> |                                  |                      |   |                                     |                                   |
| Incident Date<br><b>02/14/2019</b>              | Time<br><b>12:00</b>     | Date<br><b>To 02/14/2019</b> | Time<br><b>16:40</b>         | Report Date<br><b>02/14/2019</b> | Time<br><b>17:08</b> | Stranger<br><b>Unk</b>                    | Weapon Type<br><b></b>              | Premise<br><b>SCHOOL / CAMPUS</b> |
| Case Type<br><b>DRUGS</b>                       |                          |                              | Case Status<br><b>ACTIVE</b> |                                  |                      |   |                                     |                                   |

#### Complainant

|  |  |               |                 |            |            |                                    |     |
|--|--|---------------|-----------------|------------|------------|------------------------------------|-----|
| Seq. No.<br><b>1</b>                                       | Name: (Last, First, Middle)<br><b>ADAMS DONALD (OFFICER)</b> |               |                 | Home Phone | Work Phone | Other Phone<br><b>470-254-0599</b> |     |
| Address<br><b>6201 POWERS FERRY ROAD ATLANTA, GA 30339</b> |  |               |                 |            |            |                                    |     |
| Permanent / Other Address<br><b>0</b>                      |  |               |                 |            |            |                                    |     |
| Race<br><b>BLACK</b>                                       | Sex<br><b>M</b>  | Date of Birth | Age<br><b>0</b> | Employer   | School     |                                    |     |
| Height<br><b>0</b>   | Weight   | Hair          | Eyes            | DLN        | DL State   | ID Number                          | SSN |

#### Victim

|                                       |   |               |      |            |            |             |     |
|---------------------------------------|---|---------------|------|------------|------------|-------------|-----|
| Seq. No.<br><b>1</b>                  | Name: (Last, First, Middle) <b>(Juvenile)</b> |               |      | Home Phone | Work Phone | Other Phone |     |
| Address                               |   |               |      |            |            |             |     |
| Permanent / Other Address<br><b>0</b> |   |               |      |            |            |             |     |
| Race                                  | Sex   | Date of Birth | Age  | Employer   | School     |             |     |
| Height                                | Weight  | Hair          | Eyes | DLN        | DL State   | ID Number   | SSN |

|  |                     |                     |  |
|--|---------------------|---------------------|--|
| Reporting Officer<br><b>Officer Donald E Adams</b>         | Badge<br><b>084</b> | Suffix              | Signature<br><i>D. Adams</i>             |
| Approving Officer<br><b>LIEUTENANT Angela D Washington</b> | Badge<br><b>005</b> | Suffix<br><b>02</b> | Signature<br><i>Angela D. Washington</i> |

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|                                       |   |               |            |             |
|---------------------------------------|---|---------------|------------|-------------|
| Seq. No.<br><b>2</b>                  | Name: (Last, First, Middle) <b>(Juvenile)</b> | Home Phone    | Work Phone | Other Phone |
| Address                               |   |               |            |             |
| Permanent / Other Address<br><b>0</b> |   |               |            |             |
| Race                                  | Sex   | Date of Birth | Age        | Employer    |
|                                       |   |               |            | School      |
| Height                                | Weight  | Hair          | Eyes       | DLN         |
| <b>0</b>                              |   |               |            | DL State    |
|                                       |   | ID Number     | SSN        |             |

#### Offender/Suspect/Subject

|                           |   |   |            |             |
|---------------------------|---|---|------------|-------------|
| Seq. No.<br><b>1</b>      | Name: (Last, First, Middle)<br><b>Unknown</b> | Home Phone  | Work Phone | Other Phone |
| Address                   |   |   |            |             |
| Permanent / Other Address |   |   |            |             |
| Race                      | Sex   | Date of Birth   | Age        | Employer    |
|                           |   |   |            | School      |
| Height                    | Weight  | Hair  | Eyes       | DLN         |
|                           |   |   |            | DL State    |
|                           |   | ID Number   | SSN        |             |
| Court Name                |   | <input type="checkbox"/> <b>Suspect</b> <input type="checkbox"/> <b>Juvenile</b> <input type="checkbox"/> <b>War. App.</b> <input type="checkbox"/> <b>Arrest</b> Arrest Date<br><input type="checkbox"/> <b>Primary Aggressor</b> <input type="checkbox"/> <b>Warrant</b> <input type="checkbox"/> <b>Juv. Arrest</b><br><input type="checkbox"/> <b>Subject</b> |            |             |

#### Property

|   |  |  |            |                           |
|---|--|--|------------|---------------------------|
| Quantity<br><b>1</b>                                | Make<br><b>Assorted</b>                        | Model<br><b>Lollipops</b>                      | Serial No. | Record No.                |
| Description:  |  |  |            |                           |
| UCR Category  | Description                                    | Property Type                                  | Court Type |                           |
| <b>CONSUMABLE GOOD</b>                              |  | <b>EVIDENCE</b>                                |            |                           |
| <input type="checkbox"/> <b>Stolen</b>              | Value<br><b>\$0.00</b>                         | Jurd.  | Date       | Location                  |
| <input type="checkbox"/> <b>Recovered</b>           | Value<br><b>\$0.00</b>                         | Jurd.  | Date       | Location                  |
| <input type="checkbox"/> <b>Other</b>               | Value<br><b>\$0.00</b>                         | Other Description                              |            |                           |
| <input checked="" type="checkbox"/> <b>Evidence</b> | Locker Location<br><b>Not in property room</b> | Locker Location<br><b>South Learning Cente</b> |            | Item No.<br><b>1 of 2</b> |
| Disposition   |  | Voucher No.                                    |            |                           |
| Location Seized <b>5400 Campbellton Rd</b>          |  |  |            |                           |

|  |                     |                     |  |
|--|---------------------|---------------------|--|
| Reporting Officer<br><b>Officer Donald E Adams</b>         | Badge<br><b>084</b> | Suffix              | Signature<br><i>D. Adams</i>             |
| Approving Officer<br><b>LIEUTENANT Angela D Washington</b> | Badge<br><b>005</b> | Suffix<br><b>02</b> | Signature<br><i>Angela D. Washington</i> |

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|   |                             |  |                           |
|---|-----------------------------|--|---------------------------|
| <b>ATLANTA</b>                                      |                             | <b>GA</b>                                      | <b>30331</b>              |
| Seizing Officer<br><b>005 Angela D Washington</b>   |                             |  | Date/Time                 |
| Owner<br><b>Unknown</b>                             |                             | Address  |                           |
| Quantity<br><b>1</b>                                | Make<br><b>Assorted</b>     | Model<br><b>Rice Krispy Treats</b>             | Serial No.<br>Record No.  |
| Description:  |                             |  |                           |
| UCR Category Description<br><b>CONSUMABLE GOOD</b>  |                             | Property Type<br><b>DRUG</b>                   | Court Type                |
| <input type="checkbox"/> <b>Stolen</b>              | Value<br><b>\$0.00</b>      | Jurd. Date                                     | Location                  |
| <input type="checkbox"/> <b>Recovered</b>           | Value<br><b>\$0.00</b>      | Jurd. Date                                     | Location                  |
| <input type="checkbox"/> <b>Other</b>               | Value<br><b>\$0.00</b>      | Other Description                              |                           |
| <input checked="" type="checkbox"/> <b>Evidence</b> | <b>Not in property room</b> | Locker Location<br><b>South Learning Cente</b> | Item No.<br><b>2 of 2</b> |
| Disposition   |                             | Voucher No.                                    |                           |
| Location Seized <b>5400</b>                         |                             | <b>Campbellton Rd</b>                          |                           |
|   |                             | <b>ATLANTA</b>                                 | <b>GA 30331</b>           |

|   |                       |                                       |                                |
|---|-----------------------|---------------------------------------|--------------------------------|
| Seizing Officer<br><b>005 Angela D Washington</b> |                       |                                       | Date/Time                      |
| Owner<br><b>Unknown</b>                           |                       | Address<br><b>5400 Campbellton Rd</b> |                                |
|   |                       | <b>ATLANTA</b>                        | <b>GA 30331</b>                |
| Drug Type   | Drug Measurement Type | Drug Packaged Weight<br><b>0</b>      | Drug Actual Weight<br><b>0</b> |

**GCIC Entry**  Requested  Warrant  Missing Person  Vehicle  Article  Boat  Gun  Securities  
**Additional**  A & B  Supplemental  Citation  Accident  Victim Bill of Rights  Vehicle Impound  Inv. Rpt  Evidence Form  
**Clearance** Clearance Date:

**Narrative**

Incident Location: Sandtown Middle School  
 5400 Campbellton Rd  
 Atlanta, Ga 30331

Incident Time: 1200 hours

On 2/14/19, I was asked to respond to the school nurse's office in reference to students complaining of a headache and upset stomach. When I arrived at the nurse's office I was advised by Nurse Colton that \_\_\_\_\_ stated \_\_\_\_\_ had ingested a heart shaped lollipop and \_\_\_\_\_ had ingested a rice crispy treat, given to them by another student. As I attempted to speak to \_\_\_\_\_ they couldn't tell me who gave them the items that made them sick. They appeared to be disoriented, hallucinating, with watery red eyes and frantically crying off and on. They couldn't tell me where they were at the time nor could they explain what had happened to them. After displaying the abnormal behavior and not knowing what caused the behavior, Administrators were

|  |                     |                     |  |
|--|---------------------|---------------------|--|
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| Approving Officer<br><b>LIEUTENANT Angela D Washington</b> | Badge<br><b>005</b> | Suffix<br><b>02</b> | Signature<br><i>Angela D. Washington</i> |

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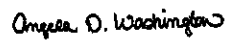
notified, and Grady EMS and South Fulton Fire Rescue were requested and dispatched to the location to evaluate the conditions of the students.

After several minutes had passed, several more students begin to fill the nurse's office all with the same symptoms which were also caused by ingesting the heart shaped lollipops and/or the rice crispy treats. A total of 28 students were transported to Hughes Spalding Children's Hospital, Egleston Hospital and Grady Memorial Hospital for treatment. The parents and guardians of all the involved students were notified in reference to the incident.

Fulton County Schools' Police Department was able to retrieve some of the suspected lollipops and rice crispy treats that a handful of students still had in their possession before ingesting. The food was taken as evidence and placed in the evidence locker located at the South Learning Center by Lt. Washington.

Please refer to supplemental report for the list of additional victims.

This case will be forwarded to the Criminal Investigation Division.

|  |                     |                     |  |
|--|---------------------|---------------------|--|
| Reporting Officer<br><b>Officer Donald E Adams</b>         | Badge<br><b>084</b> | Suffix              | Signature<br> |
| Approving Officer<br><b>LIEUTENANT Angela D Washington</b> | Badge<br><b>005</b> | Suffix<br><b>02</b> | Signature<br> |

### INCIDENT SUPPLEMENTAL

Incident No.  
**2019-0376**

**INCIDENT SUPPLEMENTAL**

Report Date: 02/19/2019    Report Time: 08:42

The following students were transported to the hospital for evaluation:

|   |                     |                     |  |
|---|---------------------|---------------------|--|
| Supplemental Officer<br><b>Officer Donald E Adams</b>                   | Badge<br><b>084</b> | Suffix              | Signature<br><i>D. Adams</i>             |
| Supplemental Approving Officer<br><b>LIEUTENANT Angela D Washington</b> | Badge<br><b>005</b> | Suffix<br><b>02</b> | Signature<br><i>Angela D. Washington</i> |

### INCIDENT SUPPLEMENTAL

Incident No.  
**2019-0376**

**INCIDENT SUPPLEMENTAL**

Report Date: 02/19/2019 Report Time: 09:58

On February 14, 2019 I responded to \_\_\_\_\_ for the purpose of conducting interviews with students from Sandtown Middle School who had exhibited illness as a result of possible ingesting candy.

2019-0376  
Interview with victims at

Victim 1: \_\_\_\_\_ DOB: \_\_\_\_\_  
Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Grade: \_\_\_\_\_  
Parent: \_\_\_\_\_ Contact \_\_\_\_\_  
Parent: \_\_\_\_\_ Contact \_\_\_\_\_  
Ingested: Heart Shaped Lollipop (Pink), Gummy Bears from \_\_\_\_\_ and Starburst from \_\_\_\_\_  
Candy Provided by: Mother \_\_\_\_\_ (Purchased from Walmart Fayetteville on Tuesday February 12, 2019) (Mother advised the lollipops came in packs of 5 to 6 suckers, she purchased 5 packs) ( Mother advised that she can provide the receipt of purchase)  
Homeroom- \_\_\_\_\_ (Teacher): \_\_\_\_\_ gave \_\_\_\_\_ Lollipop (Heart Shaped), \_\_\_\_\_ gave \_\_\_\_\_ Starburst  
1st Period \_\_\_\_\_ Ate Starburst (total of 4)  
3rd Period \_\_\_\_\_ Ate Starburst and Lollipop (Pink) (Mother Purchased Walmart), Purchased Sour Gummies Bears \_\_\_\_\_ (purchased during 3 period)  
4th period \_\_\_\_\_ gave chips to \_\_\_\_\_ ate sour patch gummies that were purchased during 3rd period from \_\_\_\_\_  
Lunch Break: Began to feel pain in Stomach (Sharp Pains in Stomach), Headache (Temples), Dizziness (blurry vision), Administrators confiscated bag of candy that \_\_\_\_\_ had in \_\_\_\_\_ possession.

Victim 2: \_\_\_\_\_ DOB: \_\_\_\_\_  
Sex \_\_\_\_\_ Race \_\_\_\_\_ Grade: \_\_\_\_\_  
Parent: \_\_\_\_\_ Contact: \_\_\_\_\_  
Ingested- Blow Pop (Cherry with gum inside), Heart Shaped Lollipop (Yellow), Airheads Candy  
Candy Provided by: \_\_\_\_\_  
Homeroom and 1st period \_\_\_\_\_ received from \_\_\_\_\_ blue airheads.  
2nd Period \_\_\_\_\_ passed out Airheads, Blow Pops and heart Shaped Candy. \_\_\_\_\_ ate 1 blow pop, 2 Airheads, 2 lollipop (yellow). \_\_\_\_\_ gave a orange heart shaped lollipop to the Officer.. Blow pop was red it appeared to be something from a dollar store.. All candy was sealed.  
\_\_\_\_\_ Stomach (burning feeling) and head (middle) started to hurt (throbbing like some punched in head). \_\_\_\_\_ told \_\_\_\_\_ that head was hurting. Administrator came to class and asked if anyone was feeling sick. \_\_\_\_\_ also received candy from \_\_\_\_\_ and got sick..  
left school

Victim 3: \_\_\_\_\_ DOB: \_\_\_\_\_  
Sex \_\_\_\_\_ Race: \_\_\_\_\_  
Guardian: \_\_\_\_\_ Contact: \_\_\_\_\_

Supplemental Officer \_\_\_\_\_ Badge \_\_\_\_\_ Suffix \_\_\_\_\_ Signature \_\_\_\_\_  
**Detective Carlos M Dixon** 017 01 \_\_\_\_\_

Supplemental Approving Officer \_\_\_\_\_ Badge \_\_\_\_\_ Suffix \_\_\_\_\_ Signature \_\_\_\_\_  
**LIEUTENANT Angela D Washington** 005 02 \_\_\_\_\_

### INCIDENT SUPPLEMENTAL

Incident No.  
**2019-0376**

#### INCIDENT SUPPLEMENTAL

Ingested- Rice Krispy Treats (appeared to be homemade)  
 Rice Krispy Provided by: Unknown  
 Homeroom \_\_\_\_\_ gave \_\_\_\_\_ to \_\_\_\_\_ did consume hot Pringles in homeroom class.  
 2nd Period \_\_\_\_\_ ate rice krispy treat from a clear container. \_\_\_\_\_ states that \_\_\_\_\_ did not know who the rice krispy treats belonged to. \_\_\_\_\_ states that they (some students) were inside the office in \_\_\_\_\_ class. Someone \_\_\_\_\_ could/would not tell me who) brought a lunch box that contained Krispy Treats. \_\_\_\_\_ (opened the lunch box that contained rice treats) and \_\_\_\_\_ ate some of the rice krispy treats.. \_\_\_\_\_ stated that \_\_\_\_\_ possibly ate some of the rice krispy treats also.  
 \_\_\_\_\_ began to feel hot, red eyes, head aches, blurry vision, eyes heavy dizzy. \_\_\_\_\_ told \_\_\_\_\_ went to clinic with symptoms. All the students that \_\_\_\_\_ identified as eating the Rice Krispy Treats went to the clinic with symptoms. I only interviewed \_\_\_\_\_ who the hospital stated

Victim 4: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Race: \_\_\_\_\_ Sex \_\_\_\_\_ Grade: \_\_\_\_\_  
 Parent: \_\_\_\_\_ Contact \_\_\_\_\_  
 Ingested: French Toast Sticks/ Orange Juice (School Cafeteria), 1 Jar of M&Ms (from \_\_\_\_\_ appeared store purchased) 1 Airheads (From \_\_\_\_\_ packaged seal tight), Starburst (from \_\_\_\_\_ Did not consume Heart shaped lollipop or rice krispy treats.  
 Homeroom \_\_\_\_\_ stated \_\_\_\_\_ ate M&M from \_\_\_\_\_ and Airheads from \_\_\_\_\_ Did not consume anything else.  
 2nd Period \_\_\_\_\_ ate the rest of the M&Ms. Towards the end of the period began to feel a little something in \_\_\_\_\_ stomach..  
 3rd Block \_\_\_\_\_ Did not receive any candy during 3rd block.  
 4th Block : Ate Starburst from \_\_\_\_\_ .. Later in the class an announcement from administrator for students not to ate any candy from other students was made. Request for student who felt stomach pain to come to the clinic. \_\_\_\_\_ went to clinic.

Victim 5: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Race: \_\_\_\_\_ Sex \_\_\_\_\_ Grade: \_\_\_\_\_  
 Parent: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Ingested: Chocolate Cupcake provided by friend \_\_\_\_\_ Starburst from \_\_\_\_\_ 2 Red Heart shaped lollipop from \_\_\_\_\_  
 Symptoms: Stomach pains, Growling stomach...

Victim 6: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Parent: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Ingested: 1 heart shaped candy lollipop from \_\_\_\_\_  
 Symptoms: Stomach pains

|   |                     |                     |                                    |
|---|---------------------|---------------------|------------------------------------|
| Supplemental Officer<br><b>Detective Carlos M Dixon</b> | Badge<br><b>017</b> | Suffix<br><b>01</b> | Signature<br><i>Carlos M Dixon</i> |
|---|---------------------|---------------------|------------------------------------|

|   |                     |                     |  |
|---|---------------------|---------------------|--|
| Supplemental Approving Officer<br><b>LIEUTENANT Angela D Washington</b> | Badge<br><b>005</b> | Suffix<br><b>02</b> | Signature<br><i>Angela D. Washington</i> |
|---|---------------------|---------------------|--|

**INCIDENT SUPPLEMENTAL**

Incident No.  
**2019-0376**

**INCIDENT SUPPLEMENTAL**

stated that during lunch States that when was in lunch room  
 gave a orange lollipop which ate. States later started to feel stomach pain and was  
 called to the office.

Victim 7: DOB:  
 Race Sex: Grade:  
 Parent: Contact:  
 Parent: Contact:  
 Ingested: Heart Shape Candy (yellow) received from ?  
 Symptoms: Manifested in 5th period.. Stomach ache...

Victim 8: DOB:  
 Race Sex: Grade:  
 Parents: Contact  
 Parent: Contact:  
 Ingested: Red Blow Pop Candy From  
 Symptoms: Stomach Pains Light headedness Manifested in 3rd period

Victim 9: DOB:  
 Race Sex: Grade:  
 Parent: Contact:  
 Parent: Contact:  
 Ingested: Rice Krispy Treat from Not like other rice crispy threat.. Store purchased in sealed wrapper.  
 Manifested: During 4th period  
 \*On February 19, 2019 I spoke with via phone. stated that after I completed the interview  
 with continued to ask questions about the statements made regarding ingesting Rice  
 Krispy Treat from disclosed to me that told that the Rice Krispy  
 Treats ate were purchased from the school cafeteria and that lied about getting sick from the Rice Krispy  
 Treats. said that did not get Rice Krispy Treats from

Victim 10: DOB:  
 Race Sex: Grade:  
 Parent: Contact:  
 Ingested: Rice Krispy Treat from in Homeroom class.  
 Manifested Symptoms: Threw up during 5th period after lock down.

Victim 11: DOB:  
 Race Sex: Grade:  
 Parent: Contact:  
 Ingested: Heart Shaped Lollipop provided to by during 4th period.  
 Manifested Symptoms: Headache....

|                          |       |        |                       |
|--------------------------|-------|--------|-----------------------|
| Supplemental Officer     | Badge | Suffix | Signature             |
| Detective Carlos M Dixon | 017   | 01     | <i>Carlos M Dixon</i> |

|                                |       |        |                             |
|--------------------------------|-------|--------|-----------------------------|
| Supplemental Approving Officer | Badge | Suffix | Signature                   |
| LIEUTENANT Angela D Washington | 005   | 02     | <i>Angela D. Washington</i> |



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**INCIDENT SUPPLEMENTAL**

|   |               |                              |                                    |             |
|---|---------------|------------------------------|------------------------------------|-------------|
| Victim 12:                                  |               |                              |                                    | DOB:        |
| Race:                                       | Sex:          |                              | Grade:                             |             |
| Parent:                                     |               | Contact:                     |                                    |             |
| Parent:                                     |               | Contact:                     |                                    |             |
| Ingested: Heart Shaped Lollipop provided to | by            |                              | ate two of the lollipops.          |             |
| Manifested Symptoms: Stomach pains.         |               |                              |                                    |             |
| Victim 13:                                  |               |                              |                                    | DOB:        |
| Race:                                       | Sex:          |                              | Grade:                             |             |
| Parent:                                     |               | Contact:                     |                                    |             |
| Ingested: Unknown                           |               |                              |                                    |             |
| questions about the details of how          | became sick.. | Follow up interview needed.. | was not coherent when I arrived in | room to ask |

|                                 |            |           |                       |
|---------------------------------|------------|-----------|-----------------------|
| Supplemental Officer            | Badge      | Suffix    | Signature             |
| <b>Detective Carlos M Dixon</b> | <b>017</b> | <b>01</b> | <i>Carlos M Dixon</i> |

|                                       |            |           |                             |
|---------------------------------------|------------|-----------|-----------------------------|
| Supplemental Approving Officer        | Badge      | Suffix    | Signature                   |
| <b>LIEUTENANT Angela D Washington</b> | <b>005</b> | <b>02</b> | <i>Angela D. Washington</i> |