

I N C I D E N T D A T A	Agency Name <i>Cary Police Department</i>		INCIDENT/INVESTIGATION REPORT				OCA <i>15-006077</i>					
	ORI <i>NC 0920300</i>						Date / Time Reported Month Day Yr Time <i>07 17 2015 11:19 Hrs.</i>					
	#1	Crime Incident(s) <i>Larceny - Shoplifting</i>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time <i>07 17 2015 11:15 Hrs.</i>		Last Known Secure Month Day Yr Time <i>07 17 2015 11:10 Hrs.</i>						
	#2	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident <i>419 Crossroads Blvd, Cary NC 27518</i>			Offense Tract <i>P120</i>					
#3	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Premise Type <i>APPLIANCE/ ELECTRONICS</i>			Victim Residence Type <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family						
MO	How Attacked or Committed					Forcible <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input checked="" type="checkbox"/> No		Weapon / Tools <i>Not Applicable/none</i>				
V I C T I M	# of Victims <i>1</i>	Type <input type="checkbox"/> Person <input checked="" type="checkbox"/> Business <input type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Financial Institute <input type="checkbox"/> Religious <input type="checkbox"/> L.E. Officer Line of Duty <input type="checkbox"/> Other/Unknown			Injury <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Loss of Teeth <input type="checkbox"/> Broken Bones <input type="checkbox"/> Severe Lacerations <input type="checkbox"/> Internal <input type="checkbox"/> Unconscious <input type="checkbox"/> Other Major		Drug/Alcohol Use: <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A					
	V1	Victim/Business Name (Last, First, Middle) <i>RADIO SHACK #012339</i>			Victim of Crime # <i>1,</i>	DOB / Age	Race	Sex	Relationship To Offender <i>UN</i>	Resident Status <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown		
	Home Address <i>419 CROSSROADS BLVD , Cary, NC 27511</i>								Home Phone			
	Employer Name/Address					Business Phone		Mobile Phone				
	VYR	Make	Model	Style	Color	Lic/Lis	Vin					
O T H E R I N V O L V E D	CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)											
	Type: <input checked="" type="checkbox"/> Person <input type="checkbox"/> Business <input type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Financial Institute <input type="checkbox"/> Religious <input type="checkbox"/> L.E. Officer Line of Duty <input type="checkbox"/> Other/Unknown											
	Code	Name (Last, First, Middle) <i>BOWMAN, RICK DARYLE</i>					Victim of Crime #	DOB / Age <i>63</i>	Race <i>W</i>	Sex <i>M</i>		
	Home Address <i>419 Crossroads Blvd Cary, NC 27511</i>								Home Phone			
	Employer Name/Address					Business Phone		Mobile Phone				
	Type: <input type="checkbox"/> Person <input type="checkbox"/> Business <input type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Financial Institute <input type="checkbox"/> Religious <input type="checkbox"/> L.E. Officer Line of Duty <input type="checkbox"/> Other/Unknown											
	Code	Name (Last, First, Middle)					Victim of Crime #	DOB / Age	Race	Sex		
Home Address								Home Phone				
Employer Name/Address					Business Phone		Mobile Phone					
Status Codes	L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found (Check "OJ" column if recovered for other jurisdiction)											
P R O P E R T Y	Victim #	DCI	Status	Value	OJ	QTY	Property Description	Make/Model	Serial Number			
Number of Vehicles Stolen <i>0</i> Number Vehicles Recovered <i>0</i> Total Stolen Value: \$15.00												
ID	Officer <i>MOON, A. J. (5724)</i>			ID#			Officer Signature			Supervisor Signature <i>MOON, A. J. (5724)</i>		
Status	Complainant Signature					Case Status <input type="checkbox"/> Further Investigation <input checked="" type="checkbox"/> Inactive <input type="checkbox"/> Closed/Cleared <input type="checkbox"/> Closed/Leads Exhausted		Case Disposition: <input type="checkbox"/> Unfounded <input type="checkbox"/> Located <input type="checkbox"/> Extradition Declined <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Refuse to Cooperate <input type="checkbox"/> Cleared by Arrest by Another Agency <input type="checkbox"/> Death of Offender <input type="checkbox"/> Prosecution Declined			Page 1	