т [Agency Name INCIDENT/INVESTIGATION C													007							
I N	Agenc	y Ivanii		VAKE FORE	ST P	OLICE	INCIDENT/INVESTIGATION						OCA 14-001601								
C I	ORI	NC	092070	00	REPORT							Date / Time Reported S M T W T F S Month Day Yr Time 06 29 2014 00:21 Hrs.									
D E			ncident(s			☐ Att │ At Found ☐ SM TWTFS						06 29 2014 00:21 Hrs. Last Known Secure S M T W T F S Month Day Yr Time									
N T	#1		T	raffic Offense	s - Al	l Other		☐ Cor	MC	onth 06	Day Yr 29 2014	7	lime 0:20 Hrs				Tim		Hrs.		
D	#2	Crime I	ncident					Att			of Incident		•		, , ,		Offen	se Trac	ct		
A T	u a (Crime I	ncident					☐ Cor		emise T	Capital Bl	vd/di	urham Rd	To C		ctim Resid	Z: lence Ty				
A	#3 Crime includent								Com RESTAURANT						- 1	Single Family Multi Family					
МО	How A	Attacke	d or Com	mitted									Forcible Yes	¬ N/A	1	on / Tools					
							No Not Applicable/none														
	# of V	ictims	Type ☐ So	☐ Person ciety ☐ Govern		Business	Financial Instit	,				_	Iinor □ □ Severe	•	of Teeth						
V	1		☐ Rel	igious 🔲 L.E. (Officer	Line of I								Other	Major	r ⊠ No □N/A					
I C				Name (Last, Firs	st, Mid	dle)			Victim of Crime #				3 / Age	Race		elationshi o Offende		ident Si Residen			
T I	V1	SOC	IETY /	PUBLIC				1,					ST		Non-Re	siden					
М	Home	Addre	SS									Home	Phone	100	Jnknov	vn					
			orest, a	NC 27587						Business	Phone		Mobile Phone								
														255 I HORE WIODRE I HORE							
	VYR	M	ake	Model	S	tyle	Color	1	.ic/Li	S			Vin								
	CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim) Type: Person Business Society Government Financial Institute Religious L.E. Officer Line of Duty Other/Unknown																				
О	Code			Business Soc First, Middle)	iety [] Govern	ment Finan	ncial Insti	itute	□ Re	eligious 🗖 L	.E. O	fficer Line o		ctim of	ther/Unkn		Race	Sex		
T H			, ,	, ,										Cr	rime #		C				
E R	Home	Addre	ss													Home P	hone				
S	Employer Name/Address												Business Ph	Mobile I	Mobile Phone						
I	Employer Name/Address														Business I none				Modific I none		
N				Business Soci First, Middle)	ety 🗀	Governn	nent	cial Instit	ute	☐ Rel	igious 🗖 L.	E. Of	ficer Line of	e of Duty Other/Unknown Victim of DOB / Age Race Sec					I Cov		
V O	Code	INali	ie (Lasi,	riist, Middle)										Crime #				Race	Sex		
L V	Home	Addre	ss													Home P	none				
E D																					
	Emplo	oyer Na	me/Add	ress				Busine				Business Ph	one		Mobile I	Mobile Phone					
Status				R = Recovered				B = Bu	rned	C = C	ounterfeit / F	orged	F = Foun	d		<u> </u>					
P	(Chec Victim			f recovered for o	Τ	Π)														
	# DCI Status Value OJ QTY 82 OTHR 1 199.							Property Description 93 BLK/BLK CBH5160 NC							ke/Mod Osx Sx/se						
					<u> </u>																
R O																					
P E																					
R T																					
Y																					
																		_			
			ehicles S			mber Vel	nicles Recovere														
ID	Office HES		C. (927		ID#		Officer Sig	Officer Signature					Supervisor Signature PUCKETT, A. (707)								
			Signatur			Case Statu	1 1					☐ Loca				traditio	n Decl	ined			
Status								Inactive X Cleared by					rrest	Refus	e to Co				cu		
								☐ Closed/Cleared ☐ Cleared						by Arrest by Another Agency							