

I N C I D E N T D A T A	Agency Name WAKE FOREST POLICE		INCIDENT/INVESTIGATION REPORT				OCA 14-001605		
	ORI NC 0920700						Date / Time Reported Month Day Yr Time 06 29 2014 13:54 Hrs.		
	#1	Crime Incident(s) Cruelty To Animals		<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time 06 29 2014 13:54 Hrs.		Last Known Secure Month Day Yr Time 06 29 2014 13:54 Hrs.		
#2	Crime Incident		<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident 2114 S Main St, Wake Forest NC 27587				Offense Tract Z3	
#3	Crime Incident		<input type="checkbox"/> Att <input type="checkbox"/> Com	Premise Type GROCERY/SUPERMARKET		Victim Residence Type <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family			
MO	How Attacked or Committed					Forcible <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No	Weapon / Tools Not Applicable/none		
V I C T I M	# of Victims 1	Type <input type="checkbox"/> Person <input type="checkbox"/> Business <input checked="" 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) State Of North Carolina			Victim of Crime # 1,	DOB / Age	Race Sex Relationship To Offender Resident Status <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown		
	Home Address					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 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			
	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
		82	OTHR			1	1997 BLU , X42EBANJ	LINC Town Car	
Number of Vehicles Stolen 0 Number Vehicles Recovered 0									
ID	Officer CARLSON, A. T. (596)			ID#		Officer Signature		Supervisor Signature MAY, R. B. (327)	
Status	Complainant Signature				Case Status <input type="checkbox"/> Further Investigation <input type="checkbox"/> Inactive <input checked="" 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 checked="" 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		

Incident Report Additional Name List

Wake Forest Police Department

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Additional Name List

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NameCode/#	Name (Last, First, Middle)	Victim of Crime #	DOB	Age	Race	Sex
1) WI I	REYNOLDS, CALVIN				B	M
	Address 2114 S Main St , Wake Forest, NC 27587		H:			
	Empl/Addr		B:			
			Mobile #:			