

I N C I D E N T  D A T A	Agency Name <b>WAKE FOREST POLICE</b>		INCIDENT/INVESTIGATION REPORT				OCA <b>14-001609</b>			
	ORI <b>NC 0920700</b>						Date / Time Reported Month Day Yr Time <b>06   29   2014   22:00 Hrs.</b>			
	#1	Crime Incident(s) <b>Larceny - Misdemeanor</b>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time <b>06   29   2014   22:00 Hrs.</b>		Last Known Secure Month Day Yr Time <b>06   29   2014   21:30 Hrs.</b>				
	#2	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident <b>1839 S Main St, Wake Forest NC 27587</b>			Offense Tract <b>Z3</b>			
#3	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Premise Type <b>OTHER NON-RESIDENTIAL</b>			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 <b>Not Applicable/none</b>		
V I C T I M	# of Victims <b>1</b>	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			Injury <input checked="" 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) <b>MEDLEY, DION MARKUS</b>			Victim of Crime # <b>1,</b>	DOB / Age <b>18</b>	Race <b>B</b>	Sex <b>M</b>	Relationship To Offender <b>ST</b>	Resident Status <input type="checkbox"/> Resident <input checked="" type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown
	Home Address <b>561 HESWALL CT, Rolesville, NC 27571-9587</b>						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	
	1	65	S			1	PURSES/HANDBAGS/WALLETS			
	1	61	S			1	MONEY (CASH)			
	1	99	S			2	DRIVER LICENSE			
Number of Vehicles Stolen 0 Number Vehicles Recovered 0										
ID	Officer <b>KEETER, W. A. (954)</b>			ID#		Officer Signature		Supervisor Signature <b>PUCKETT, A. (707)</b>		
Status	Complainant Signature				Case Status <input checked="" type="checkbox"/> Further Investigation <input 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			