

I N C I D E N T D A T A	Agency Name WAKE FOREST POLICE		INCIDENT/INVESTIGATION REPORT				OCA 14-001603					
	ORI NC 0920700						Date / Time Reported Month Day Yr Time 06 29 2014 11:01 Hrs.					
	#1	Crime Incident(s) Possession Sch Vi Cs-misdemeanor		<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time 06 29 2014 11:01 Hrs.		Last Known Secure Month Day Yr Time 06 29 2014 11:01 Hrs.					
#2	Crime Incident Drug Paraphernalia Possess		<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	Location of Incident 700 N Taylor St - BLK, Wake Forest NC 27587			Offense Tract Z2					
#3	Crime Incident		<input type="checkbox"/> Att <input type="checkbox"/> Com	Premise Type HIGHWAY/ROAD/STREET/ETC			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, 2		DOB / Age	Race	Sex			
	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	2010 ONG, CEA3480 NC	CHEV Camaro Ss				
Number of Vehicles Stolen 0 Number Vehicles Recovered 0												
ID	Officer ORINGER, A. A. (950)			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			Page 1	