

I N C I D E N T D A T A	Agency Name CCSO		<h1>Incident/Investigation Report</h1>										OCA 201507671													
	ORI NC		Date/Time Reported: Thursday																							
			Month					Day			Yr		Time		Hrs											
			9					10			2015		23:46:33		2346											
D E T A I L S	# 1	Crime/Incident(s) 0660 - LARCENY FROM CONSTRUCTION SITE			<input type="checkbox"/> Attempt <input checked="" type="checkbox"/> Complete		At Found: Thursday					Last Known Secure: Thursday														
							Month 9		Day 10		Yr 2015		Time 23:45:33		Hrs 2345		Month 9		Day 10		Yr 2015		Time 23:44:33		Hrs 2344	
	# 2	Crime/Incident(s)			<input type="checkbox"/> Attempt <input type="checkbox"/> Complete		Location of Incident MAGNIFICENT AVE FAYETTEVILLE, NC 28306										Offense Tract SO7									
# 3	Crime/Incident(s)			<input type="checkbox"/> Attempt <input type="checkbox"/> Complete		Premise Type CONSTRUCTION SITE										Victim Residence Type <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family										
M O T I V E	How attacked or committed						Forcible <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input checked="" type="checkbox"/> No					Weapon/Tools PERSONAL WEAPONS (HANDS, FEET,														
V I C T I M	# of Victims 1	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 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) DR HORTON			Victom of Crime # 1		DOB/Age		Race		Sex		Relationship to Offender OTHERWISE KNOWN		Resident Status <input type="checkbox"/> Resident <input checked="" type="checkbox"/> Non-Resident <input checked="" type="checkbox"/> Unknown											
	Home Address						Home Phone																			
	Employer Name/Address						Business Phone																			
VYR		Make		Model		Style		Color		Lic/Lis		VIN														
S T A T U S C O D E S	STATUS 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	74		\$310.00		24.00	STRUCTURE: DRY WALL					AMERICAN GYPSUM														
	1	74	R	\$310.00		24.00	DRY WALL					AMERICAN GYPSUM														
Number of Vehicles Stolen: 0											Number of Vehicles Recovered: 0															
I D	Officer Name/ID# 10939				Officer Signature				Supervisor Signature																	
S T A T U S	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"/> Juvenile/No Custody <input type="checkbox"/> Extradiction 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																	

DCI-600F

Rev. 3/92

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