

INCIDENT DATA

# INCIDENT/INVESTIGATION REPORT

OCA		2016-037708	
Date / Time Reported		S M T W T F S	
Month	Day	Yr	Time
11	18	2016	23:41 Hrs.
Last Known Secure		S M T W T F S	
Month	Day	Yr	Time
11	18	2016	23:35 Hrs.

Agency Name <b>WILMINGTON POLICE</b>
ORI <b>NC 0650200</b>

#1	Crime Incident(s) <i>B&amp;e Misd/ Non-force</i>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time <i>11   18   2016   23:40 Hrs.</i>	S M T W T F S	Last Known Secure Month Day Yr Time <i>11   18   2016   23:35 Hrs.</i>	S M T W T F S
#2	Crime Incident <i>Trespass-first Degree</i>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	Location of Incident <i>1015 Nutt St, Wilmington NC 28401</i>			Offense Tract <i>102</i>
			Premise Type <i>CONSTRUCTION SITE</i>			Victim Residence Type <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family
#3	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com				

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How Attacked or Committed <i>Accomplice/One, Alarm/Tripped, Method of Entry/No Force, Presence of Victim/At work</i>	Forcible <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input checked="" type="checkbox"/> No	Weapon / Tools <i>Not Applicable/none</i>
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VICTIM

# of Victims <b>2</b>	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 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			
			Victim/Business Name (Last, First, Middle) <b>V1 EAST COAST CONTRACTING</b>			Victim of Crime # <b>2</b>
Home Address <i>4525 TECHNOLOGY DR, Wilmington, NC 28405</i>				Home Phone <i>910-343-6445</i>		
Employer Name/Address			Business Phone	Mobile Phone		
VYR	Make	Model	Style	Color	Lic/Lis	Vin

OTHERS

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 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						
Code	Name (Last, First, Middle) <i>V1 2 SAWMILL POINT APARTMENTS,</i>	Victim of Crime # <i>1,</i>	DOB / Age	Race	Sex	
Home Address <i>1015 Nutt St Wilmington, NC 28401</i>					Home Phone <i>910-899-0895</i>	
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		

INVENTORY

**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)

Victim #	DCI	Status	Value	OJ	QTY	Property Description	Make/Model	Serial Number
	P	VHIV	\$0.00		1	1994 EDRI860 NC	BMW 325is	WBABF3322REF46014

Number of Vehicles Stolen *0* Number Vehicles Recovered *0*

Officer ID# <b>MARTIN, H. (CPN, DTF) (PM6432)</b>	Officer Signature	Supervisor Signature <b>ALMASY, J. (CP, DTF) (PA0755)</b>
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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