

I N C I D E N T D A T A	Agency Name CHAPEL HILL POLICE		INCIDENT/INVESTIGATION REPORT				OCA 1506322		
	ORI NC 0680100						Date / Time Reported Month Day Yr Time 05 19 2015 00:54 Hrs.		
	#1	Crime Incident(s) Larceny Of Cone	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time 05 19 2015 00:54 Hrs.		Last Known Secure Month Day Yr Time 05 19 2015 00:53 Hrs.			
	#2	Crime Incident Trespassing	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	Location of Incident 143 W Franklin St, Chapel Hill NC 27516			Offense Tract		
#3	Crime Incident Open Container	<input type="checkbox"/> Att <input checked="" 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 Being In Possession Of Open Container Of Alcohol On Property Where Suspect Has Been					Forcible <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input checked="" type="checkbox"/> No		Weapon / Tools Not Applicable/none	
V I C T I M	# of Victims 3	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			
	V1	Victim/Business Name (Last, First, Middle) 140 WEST FRANKLIN		Victim of Crime # 1,		DOB / Age		Race	Sex
	Home Address 140 W FRANKLIN ST , Chapel Hill, NC 27516		Home Phone		Relationship To Offender NA		Resident Status <input type="checkbox"/> Resident <input checked="" type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown		
	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 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								
	Code	Name (Last, First, Middle) V2 STATE OF NORTH CAROLINA					Victim of Crime # 3,	DOB / Age	Race Sex
	Home Address					Home Phone			
	Employer Name/Address				Business Phone		Mobile Phone		
	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) V3 UNIVERSITY SQUARE,					Victim of Crime # 2	DOB / Age	Race Sex
Home Address 143 West Franklin Street Chapel Hill, NC 27514					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
	I	99	S	\$20.00		I	CONE		
Number of Vehicles Stolen 0 Number Vehicles Recovered 0 Total Stolen Value: \$20.00									
ID	Officer KUHNS, C. E. (8623)			ID#			Officer Signature OPPEGARD, P. D. (6147)		
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	
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Incident Report Additional Name List

Chapel Hill Police Department

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Additional Name List

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NameCode/#	Name (Last, First, Middle)	Victim of Crime #	Age	Race	Sex
1) RP 1	BOSHER, TOMMY		53		M
Address	411 East Naomi Street , Randleman, NC 27317	H:			
Empl/Addr		B:			
		Mobile #:			