I N	Agency UN			TY SHERIFI	7`S ()	FFIC						OCA 2010-01587						
C I	ORI						REPORT					Date / Time Reported S M T W T F S Month Day Yr						
D			090000										03 07 2010 21					
E N	#1 C	rime Ir	cident(s)		_		$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$					T F S ime	Month Day Yr Ti			<u>S</u> MT Time		
Т		rimo I.	aidant	Burglary-1st	t Degi	ree		Com) 21	:28 Hrs	· 03	02				
D A	#2 Crime Incident □ Att □ Com Location of Incident 3000-BLK Dataw Ln, Indian Trail NC 28110 Offense Tract T9															t		
T A	#3 ^C	rime Iı	ncident				□ Att Premise Type □ Com HOME OF VICTIM						Victim Residence Type ☐Single Family ☐Multi Fami					milv
	How A	l or Com	mitted	11/1	Forcible		Wea	pon / Tools										
MO	$\begin{array}{c c} \square \operatorname{Yes} & \boxtimes \operatorname{N/A} \\ \square \operatorname{No} & \end{array}$																	
V I															Loss of Teeth Drug/Alcohol Use			
															re Lacerations ☐ Yes ☐Unkr ☐Other Major ☑No ☐N/A			
	V	victim/		Name (Last, First						Victim of		/ Age	Race Sex Relationship Resident				ent Sta	
C T	V1 CUCCIA, GEORGE LEO Crime # 3.											38			To Offender		esident on-Res	
I M										1,			W	M			nknow	
	Home	Addre	88											Home	e Phone			
	Emplo	yer Na	me/Addro	ess								Business Phone Mobile Phone						
	VYR	M	ake	Model	Sty	le	Color	Color Lic/Lis				Vin						
	CODE	S. V	Victim (Denote V2, V3)	0-0	wner (if	other than victi	m) P -	- Peporting	Person (if ot	hor the	n victim)						
O T H E R			· · · · · ·	Business □Soci				,	1 0	ligious $\Box L$,	f Duty		Other/Unkno	wn		
	Code			First, Middle)						<u> </u>			Vio	ctim of ime #			Race	Sex
	ΙΟ	CL	ICCIA,	KRISTEN DO	NA									nne #			W	F
	Home Address Home Phone															<u> </u>		
S	Employer Name/Address Business Phone Mobile Phone																	
Ι																		
N V				Business Socie	ty □C	Governm	ient Financ	ial Institut	te 🗆 Reli	gious □L.l	E. Off	icer Line of					ISex	
0	Code Name (Last, First, Middle) Victim of Crime # DOB / Age Race															Joen 1		
L V	Home	Addres	38												Home Pho	one		
E D																		
	Emplo	yer Na	me/Addro	ess							E	Business Pho	Phone Mobile Phone					
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)																	
Codes	Victim				ΓŤΤ	Í												
P R O P E R T Y	# 1	DCI Status Value OJ QTY Property Description 02 7,5 \$1.00 1 BOTTLE OF MILLER GENUINE DRAFT										Mal	ke/Mod	iel Se	erial Nu	mber		
	1	02	5	\$1.00			BOTTLE OF MI											
	1	02	7,5	\$2.00			CAN OF HEINE											
	1	02	5	\$2.00			CAN OF HEINE											
	1	02 02	7,5 5	\$1.00 \$1.00			BOTTLE OF SAM											
	1	02	7,5	\$1.00			BOTTLE OF SAM											
	1	02	5	\$1.00			CAN OF BUDW											
	Numb	er of V	ehicles Si	tolen 0	Nurr	ber Veh	icles Recovered	d 0										
	Officer			I	D#		Officer Sig	-				Supervisor						
ID			K. M. (Signature	(OPS, PATL) (KB21	93)	Case Status	ĤIGH					, P. A. (OPS, PATL) (PH0131)					
Status												rest	ated	e to Co	DExt Deperate	radition	Decli	ned
							⊠Closed/	Cleared	hausted	Cleared	by Ar	rest by Ano	ther Ag	gency	г	Pa	ige 1	