

INCIDENT DATA

## INCIDENT/INVESTIGATION REPORT

Agency Name  
**ASHEVILLE POLICE DEPARTMENT**

ORI  
**NC 0110100**

OCA **08-031237**

Date / Time Reported  
 Month **10** Day **03** Yr **2008** Time **14:13** Hrs.  
S M T W T F S

#1	Crime Incident(s) <b>Drug Offense - Felony</b>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month <b>10</b> Day <b>03</b> Yr <b>2008</b> Time <b>14:13</b> Hrs.	<small>S M T W T F S</small>	Last Known Secure Month <b>10</b> Day <b>03</b> Yr <b>2008</b> Time <b>14:13</b> Hrs.	<small>S M T W T F S</small>
#2	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident <b>100 Atkinson St, Asheville NC 28801</b>			Offense Tract <b>APD</b>
#3	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Premise Type <b>HIGHWAY/ROAD/STREET, ETC.</b>		Victim Residence Type <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family	

MO How Attacked or Committed

Forcible  Yes  N/A  No

Weapon / Tools  
**Personal Weapons (hands, Feet,**

VICTIM

# of Victims <b>1</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				
V1	Victim/Business Name (Last, First, Middle) <b>STATE OF NC</b>	Victim of Crime # <b>1,</b>	DOB / Age	Race	Sex	Relationship To Offender <b>ST</b>	Resident Status <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown
Home Address <b>100 COURT PLAZA, Asheville, NC 28801</b>						Home Phone <b>828-259-5870</b>	
Employer Name/Address				Business Phone		Mobile Phone	
VYR	Make	Model	Style	Color	Lic/Lis	Vin	

OTHERS

INVOLED

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)

Victim #	DCI	Status	Value	OJ	QTY	Property Description	Make/Model	Serial Number

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

ID Officer **MORGAN, B. (PATR, DSU) (A2263)** ID# **(A2263)** Officer Signature \_\_\_\_\_ Supervisor Signature **MAXWELL, L. (PATR, PATR) (A2606)**

Status Complainant Signature \_\_\_\_\_ Case Status:  Further Investigation  Inactive  Closed/Cleared  Closed/Leads Exhausted

Case Disposition:  Unfounded  Located  Extradition Declined  Cleared by Arrest  Refuse to Cooperate  Cleared by Arrest by Another Agency  Death of Offender  Prosecution Declined

**Incident / Investigation - Case #: 08-031237**

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Officers conducted a controlled buy in Hillcrest Apartments using audio and video equipment.

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Agency Name  
**ASHEVILLE POLICE DEPARTMENT**

# INCIDENT/INVESTIGATION REPORT

OCA **08-032119**

ORI  
**NC 0110100**

Date / Time Reported  M  T  W  T  F  S  
Month Day Yr Time  
**10 | 12 | 2008 | 01:32** Hrs.

#1	Crime Incident(s) <b>Drug Offense - Felony</b>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time <b>10   12   2008   01:32</b> Hrs	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S	Last Known Secure Month Day Yr Time <b>10   12   2008   01:31</b> Hrs	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S
#2	Crime Incident <b>Resist, Delay, Obstruct Officer</b>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	Location of Incident <b>275 Deaverview Rd, Asheville NC 28806</b>	Offense Tract <b>APD</b>		
#3	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Premise Type <b>PARKING LOT/AREA</b>	Victim Residence Type <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family		

MO How Attacked or Committed  Forcible  Yes  No  N/A Weapon / Tools **Not Applicable/none**

VICTIM # of Victims **I** Type  Person  Business  Society  Government  Financial Institute  Religious  L.E. Officer Line of Duty  Other/Unknown Injury  None  Minor  Loss of Teeth  Broken Bones  Severe Lacerations  Internal  Unconscious  Other Major Drug/Alcohol Use:  Yes  Unknown  No  N/A

V1 Victim/Business Name (Last, First, Middle) **State Of North Carolina** Victim of Crime # **1,2** DOB / Age Race Sex Relationship To Offender Resident Status  Resident  Non-Resident  Unknown

Home Address Home Phone

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:  Person  Business  Society  Government  Financial Institute  Religious  L.E. Officer Line of Duty  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

INVOLED Type:  Person  Business  Society  Government  Financial Institute  Religious  L.E. Officer Line of Duty  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)

Victim #	DCI	Status	Value	OJ	QTY	Property Description	Make/Model	Serial Number
	62	Z	\$230.00		0	NEGOTIABLE INSTRUMETS		

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

ID Officer **RICE, M. (PATR, DSU) (A2180)** ID# Officer Signature Supervisor Signature **HENSLEY, M. (PATR, PATR) (A2008)**

Status Complainant Signature Case Status  Further Investigation  Inactive  Closed/Cleared  Closed/Leads Exhausted Case Disposition:  Unfounded  Located  Extradition Declined  Cleared by Arrest  Refuse to Cooperate  Cleared by Arrest by Another Agency  Death of Offender  Prosecution Declined

**Incident / Investigation - Case #: 08-032119**

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On offense date/time at offense location the offender was found to be in possession of crack cocaine. After a brief foot chase the offender was charged with possessing crack cocaine with the intention to sell/deliver it.

INCIDENT DATA

# INCIDENT/INVESTIGATION REPORT

Agency Name  
**ASHEVILLE POLICE DEPARTMENT**  
 OCA  
**08-033732**

Date / Time Reported  S  M  T  W  T  F  S  
 Month Day Yr Time  
 10 | 27 | 2008 | 17:08 Hrs.

#1	Crime Incident(s) <b>Breaking Or Entering - Felony - Residence - No</b>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time 10   27   2008   17:08 Hrs.	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S	Last Known Secure Month Day Yr Time 10   27   2008   15:00 Hrs.
#2	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident <b>332 Livingston St - A, Asheville NC 28801</b>		Offense Tract <b>APD</b>
#3	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Premise Type <b>HOME OF VICTIM - OTHER</b>	Victim Residence Type <input type="checkbox"/> Single Family <input checked="" type="checkbox"/> Multi Family	

MO

How Attacked or Committed  Yes  No  N/A  
 Weapon / Tools  
**Personal Weapons (hands, Feet,**

VICTIM

# of Victims <b>1</b>	Type <input checked="" 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	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 <b>PICKENS, TIFFANY TICHELLE</b>	Victim of Crime # <b>1,</b>	DOB / Age <b>20</b>	Race Sex Relationship To Offender Resident Status <b>B F ST</b> <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown
Home Address <b>332 LIVINGSTON ST - A, Asheville, NC 28801</b>		Home Phone <b>828-582-8018</b>	
Employer Name/Address <b>ASHEVILLE HIGH SCHOOL</b>		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 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

INVOLVED

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)

PROPERTY

Victim #	DCI	Status	Value	OJ	QTY	Property Description	Make/Model	Serial Number
1	31	S,R	\$100.00		1	DIGITAL CAMERA		
1	31	R	\$100.00		1	DIGITAL CAMERA		

Number of Vehicles Stolen **0** Number Vehicles Recovered **0** Total Stolen Value: \$100.00, Total Recovered Value: \$100.00

ID

Officer ID# **ROLLINS, J. A. (CID, CID) (A2290)** Officer Signature  
 Supervisor Signature **BIGELOW, L. (PATR, PATR) (A2615)**

Status

Complainant Signature  
 Case Status  
 Further Investigation  
 Inactive  
 Closed/Cleared  
 Closed/Leads Exhausted  
 Case Disposition:  
 Unfounded  Located  Extradition Declined  
 Cleared by Arrest  Refuse to Cooperate  
 Cleared by Arrest by Another Agency  
 Death of Offender  Prosecution Declined

**Incident / Investigation - Case #: 08-033732**

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Ms. Pickens arrived home to find her bedroom messed up, drawers gone through, and a digital camera stolen. The back door was unlocked and there is a window on the second floor which is not secure. Forensics arrived for prints.

INCIDENT DATA

## INCIDENT/INVESTIGATION REPORT

OCA		08-034213	
Date / Time Reported		S M T W T F S	
Month	Day	Yr	Time
10	31	2008	20:33 Hrs.
Last Known Secure		S M T W T F S	
Month	Day	Yr	Time
10	31	2008	19:45 Hrs.

Agency Name	ASHEVILLE POLICE DEPARTMENT
ORI	NC 0110100

#1	Crime Incident(s)	<input type="checkbox"/> Att	At Found	S M T W T F S	Last Known Secure	S M T W T F S
	Assault W/deadly Weapon	<input checked="" type="checkbox"/> Com	Month Day Yr Time	10 31 2008 19:46 Hrs.		Month Day Yr Time
#2	Crime Incident	<input type="checkbox"/> Att	Location of Incident			Offense Tract
	Damage To Real Property	<input checked="" type="checkbox"/> Com	50 Wilbar Ave, Asheville NC 28801			APD
#3	Crime Incident	<input type="checkbox"/> Att	Premise Type		Victim Residence Type	
	Discharge Firearm Into Occupied Property	<input checked="" type="checkbox"/> Com	OTHER RESIDENCE - OTHER		<input type="checkbox"/> Single Family <input checked="" type="checkbox"/> Multi Family	

MO	How Attacked or Committed	Forcible	Weapon / Tools
	Firearm Feature/Unknown, Weapon/Other Gun	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Undetermined Firearm

V I C T I M	# of Victims	Type	Injury	Drug/Alcohol Use:
	2	<input checked="" 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	<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	<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)		Victim of Crime #	DOB / Age
	FIELDS, KIMANI MIKHAIL		1,3	22
	Home Address	Home Phone	Race	Sex
	4 SYRLIN ST - 45, Asheville, NC 28801	828-216-5994	B	M
	Employer Name/Address	Business Phone	Relationship To Offender	Resident Status
	INGLES WAREHOUSE SWANNANOVA NC		UN	<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown
	YVR	Make	Model	Style
				Color
				Lic/Lis
				Vin

O T H E R S	CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)				
	Type:	<input checked="" 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
	VI 2	SHIVERS, DESHAWNNA LOUISE	1,2,3	36	B F
	Home Address	87 Klondyke Ave - Apb Asheville, NC 28801			Home Phone
				828-280-0912	
I N V O L V E D	Employer Name/Address	Business Phone	Mobile Phone		
	The Laurels Of Greentree Ridge, Sweeten Creek Rd, asheville,nc	828-274-7646			
	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)

Victim #	DCI	Status	Value	OJ	QTY	Property Description	Make/Model	Serial Number
2	PC	D	\$500.00		1	1995 BLU, XXT2792 NC	BMW	WBAGJ6329SDH96822

Number of Vehicles Stolen <b>0</b> Number Vehicles Recovered <b>0</b>			
ID	Officer ID#	Officer Signature	Supervisor Signature
	LATCHAM, G. (PATR, PATR) (A2320)		LANCE, R. (PATR, PATR) (A2589)
Status	Complainant Signature	Case Status	Case Disposition:
		<input type="checkbox"/> Further Investigation <input type="checkbox"/> Inactive <input checked="" type="checkbox"/> Closed/Cleared <input type="checkbox"/> Closed/Leads Exhausted	<input type="checkbox"/> Unfounded <input type="checkbox"/> Located <input type="checkbox"/> Extradition Declined <input type="checkbox"/> Cleared by Arrest <input checked="" 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

**Incident / Investigation - Case #: 08-034213**

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Victims 1 and 2 were driving through the listed apartment complex in victim 2's vehicle. As victims 1 and 2 entered the back side of the complex near the 7 building, they were approached by a large group of individuals standing in the roadway. Eventually the large group of individuals moved out of the way and victims 1 and 2 were able to pass by. After victims 1 and 2 passed by an unknown suspect fired 4 guns shots into victim 2's vehicle. The victims drove off without and injuries.