

# INCIDENT/INVESTIGATION REPORT

I N C I D E N T  D A T A	Agency Name <b>BUNCOMBE COUNTY SHERIFF'S</b>	OCA <b>2012-008300</b>		
	ORI <b>NC 0110000</b>	Date / Time Reported Month Day Yr   S M T W T F S <b>09   21   2012   17:17 Hrs.</b>		
#1  #2  #3	Crime Incident(s) <b>Fraud</b>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr   S M T W T F S <b>09   19   2012   19:00 Hrs</b>	Last Known Secure Month Day Yr   S M T W T F S <b>09   19   2012   19:00 Hrs.</b>
	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident <b>202 Haywood St, Asheville NC 28801</b>	
	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

How Attacked or Committed <b>Presence Of Victim/Unknown</b>	Forcible <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input checked="" type="checkbox"/> No	Weapon / Tools <b>Not Applicable/none</b>
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V I C T I M	# 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	Victim/Business Name (Last, First, Middle) <b>MOFFITT, TIMOTHY DOUGLAS</b>	Victim of Crime # <b>1,</b>	DOB / Age <b>09/25/1964</b>			
		Home Address <b>3182 SWEETEN CREEK RD , Asheville, NC 28803</b>	Race <b>W</b>	Sex <b>M</b>	Relationship To Offender <b>UN</b>		
		Employer Name/Address <b>MOFFITT INT. 3182 SWEETEN CREEK ROAD, ASHEVILLE, NC 28806</b>	Resident Status <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown	Home Phone <b>828-651-8550</b>	Business Phone <b>828-777-4554</b>		
		VYR	Make	Model	Style	Color	Lic/Lis

O T H E R S  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 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							

**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**

Officer <b>JONES, W. H. (SPAT, SBSQ) (B0791)</b>	Officer Signature	Supervisor Signature <b>ALLISON, D. D. (SSUP, SINF) (B0174)</b>
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"/> Located <input type="checkbox"/> Extradition 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

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Buncombe County Sheriff's Office

OCA 2012-008300
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D R U G S	DCI	Status	Quantity	Type Measure	Suspected Type				Check up to 3 types of activity for each						
									Possess	Buy	Sale	Mfg	Importing	Operating	
O F F E N D E R	<b>Offender Used</b>			<b>Offender 1</b>			<b>Offender 2</b>			<b>Offender 3</b>			Primary Offender Resident Status <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown		
	Alcohol/Drugs <input type="checkbox"/> Yes <input type="checkbox"/> Unk <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> N/A			Age:    Race:    Sex:			Age:    Race:    Sex:			Age:    Race:    Sex:					
	Computer <input type="checkbox"/> Yes <input type="checkbox"/> Unk <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> N/A			<b>Offender 4</b>			<b>Offender 5</b>			<b>Offender 6</b>					
				Age:    Race:    Sex:			Age:    Race:    Sex:			Age:    Race:    Sex:					
S U S P E C T	Name (Last, First, Middle)				Also Known As				Home Address						
	Occupation				Business Address										
	DOB. / Age		Race	Sex	Hgt	Wgt	Build	Hair Color	Hair Style	Hair Length	Eye Color	Glasses			
	Scars, Marks, Tattoos, or other distinguishing features (i.e. limp, foreign accent, voice characteristics)														
	Hat		Jacket		Shirt/Blouse		Tie/Scarf		Coat/Suit		Pants/Dress/Skirt		Socks	Shoes	
	Was Suspect Armed?		Type of Weapon				Direction of Travel				Mode of Travel				
	VYR	Make	Model	Style	Color	Lic/Lis			Vin						
	Name (Last, First, Middle)					D.O.B.	Age	Race	Sex	Mobile Phone					
Home Address					Home Phone		Employer			Phone					
Suspect Hate / Bias Motivated: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>None</i>															
N A R R A T I V E	Un known person has hacked into the compl Twitter account.														