

INCIDENT/INVESTIGATION REPORT

I N C I D E N T D A T A	Agency Name ASHEVILLE POLICE DEPARTMENT		INCIDENT/INVESTIGATION REPORT		OCA 12-026618				
	ORI NC 0110100				Date / Time Reported Month Day Yr Time 09 20 2012 08:21 Hrs.				
D A T A	#1	Crime Incident(s) Homicide	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time 09 20 2012 08:21 Hrs.	Last Known Secure Month Day Yr Time 09 20 2012 08:21 Hrs.				
	#2	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident 86 Logan Ave, Asheville NC 28806		Offense Tract APD			
	#3	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Premise Type HOME OF VICTIM - SINGLE	Victim Residence Type <input checked="" type="checkbox"/> Single Family <input type="checkbox"/> Multi Family				
MO	How Attacked or Committed			Forcible <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input checked="" type="checkbox"/> No	Weapon / Tools Unknown/not Stated				
V I C T I M	# of Victims 1	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 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 checked="" type="checkbox"/> Other Major		Drug/Alcohol Use: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> N/A				
	V1	Victim/Business Name (Last, First, Middle) WILLINGHAM, MICHAEL DAVID	Victim of Crime # 1	DOB / Age 04/18/1958	Race W	Sex M			
	Home Address 86 LOGAN AVE, Asheville, NC 28806		Home Phone 828-275-9856		Relationship To Offender OK				
	Employer Name/Address NYPRO SWANNANOVA, NC 28778		Business Phone		Mobile Phone 828-275-9856				
	VYR 1999	Make NISS	Model FRONTIER	Style TK	Color RED	Lic/Lis ZPE6225, NC	Vin 1N6DD26S3XC303452		
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			
P R O P E R T Y	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)								
P R O P E R T Y	Victim #	DCI	Status	Value	OJ	QTY	Property Description	Make/Model	Serial Number
	1	PTR	LASS	\$0.00		1	1999 RED, ZPE6225 NC	NISS Frontier	1N6DD26S3XC303452
Number of Vehicles Stolen		0		Number Vehicles Recovered		0			
ID	Officer KIRNOS, D. (PATR) (A2395)			Officer Signature		Supervisor Signature PETERSON, J. A. (PATR, AWST) (A2609)			
Status	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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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	Offender Used		Offender 1			Offender 2			Offender 3			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 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 type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Offender 4			Offender 5			Offender 6			
			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							

WIT NESS	Name (Last, First, Middle)				D.O.B.	Age	Race	Sex	Mobile Phone
	Home Address				Home Phone		Employer		

Suspect Hate / Bias Motivated: Yes No *Unknown (Offender's motivation not known)*

N A R R A T I V E	House fire reported.
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