

INCIDENT/INVESTIGATION REPORT

Agency Name
RUTHERFORD COUNTY SHERIFF OFFICE

ORI
NC0810000

OCA
2011-000620

Date / Time Reported
Month Day Yr Time
2/4/2011 2:00:00 PM Hrs.

INCIDENT DATA

#1	Crime / Incident(s) 2090 All Other Offenses Against Family	<input type="checkbox"/> Attempt <input checked="" type="checkbox"/> Complete	At Found Month Day Yr Time 8/21/2010 12:01:00 AM Hrs.	Last Known Secure Month Day Yr Time 5/28/2010 12:01:00 AM Hrs.	
#2	Crime / Incident	<input type="checkbox"/> Attempt <input type="checkbox"/> Complete	Location of Incident 249 SHADY WOODS Lane RUTHERFORDTON NC		Offense Tract C1
#3	Crime / Incident	<input type="checkbox"/> Attempt <input type="checkbox"/> Complete	Premise Type OTHER RESIDENCE - SINGLE FAMILY DWELLING	Residence Type <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family	

MO

How Attacked or Committed
BY NOT GIVING VICTIM MEDICATION AND ALSO REFUSING ACCESS TO CREDIT CARD

Forcible
 Yes No N/A

Weapon / Tools
UNKNOWN/NOT STATED

Additional Weapons
 Yes No

VICTIM

of Victims 1

Type: Person Business Society Government Financial Institute Religious L.E. Officer Line of Duty Other/Unk

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)
KOLARI CAROLE JANET

Victim of Crime # 1

DOB / Age 4/17/1957

Sex M F

Race W

Ethnicity Hispanic Non Hispanic Unknown

Relationship To Offender OK

Resident Status Resident Non-Resident Unknown

Home Address ***** NC 28139-

Home Phone

Employer Name / Address Business Phone

OTHERS INVOLVED

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

R1
Name (Last, First, Middle)
NICOSIA ANTHONY S

Victim of Crime #

DOB / Age 5/1/1935 75

Sex M F

Race W

Ethnicity Hispanic Non Hispanic Unknown

Home Address ***** 28139-

Home Phone *****

Employer Phone

Type: Person Business Society Government Financial Institute Religious L.E. Officer Line of Duty Other/Unknown

Name (Last, First, Middle)

Victim of Crime #

DOB / Age

Sex M F

Race

Ethnicity Hispanic Non Hispanic Unknown

Home Address

Home Phone

Employer 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)

PROPERTY

Victim Number	DCI	Status	Value	OJ	Property Description (include quantity)	Make/Model	Serial Number
				<input type="checkbox"/>			
				<input type="checkbox"/>			
				<input type="checkbox"/>			
				<input type="checkbox"/>			

DRUGS

DCI	Status	Quantity	Type Measure	Suspected Type	Check up to 3 types of activity for each					
					Possess	Buy	Sale	Mfg.	Importing	Operating
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VEH

Suspect? Victim?

Number Stolen 0 Number Recovered 0

VYR Make Model Style Color Lic/Lis Vin

OFFENDER

Offender 1
Offense Used: Alcohol/Drugs Computer Unknown
Age: Sex: Race: Ethnicity: Hispanic Unknown Non Hispanic

Offender 2
Age: Sex: Race: Ethnicity: Hispanic Unknown Non Hispanic

Offender 3
Age: Sex: Race: Ethnicity: Hispanic Unknown Non Hispanic

Offender 4
Age: Sex: Race: Ethnicity: Hispanic Unknown Non Hispanic

STATUS

Officer Name MCKINNEY, RICKY L ID# M0336

Officer Signature Supervisor Signature

Complainant Signature

Case Status: Further Investigation Inactive Closed/Cleared Closed/Leads Exhausted

Case Disposition: Unfounded Cleared by Arrest Cleared by Arrest by Another Agency Death of Offender Juvenile/No Custody Refuse to Cooperate Extradition Declined Prosecution Declined

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JRI
NC0810000

INCIDENT REPORT ADDITIONAL SUSPECTS

OCA
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Name (Last, First, Middle)				Alias or Nickname				Home Address			
Occupation			Code	Business Address							
DOB	Age	Race	Sex	Height	Weight	Build	Hair Color	Hair Style	Hair Length	Eye Color	Glasses

cars, Marks, Tattoos, or other distinguishing features (i.e. limp, foreign accent, voice characteristics) Suspect Arrested

Hat	Jacket	Shirt/Blouse		Tie/Scarf		Coat/Suit		Pants/Dress/Skirt		Socks	Shoes
Was Suspect Armed?	Type of Weapon					Code	Direction of Travel		Mode of Travel		
VYR	Make	Model	Style	Color	Lic/Lis		VIN				

Name (Last, First, Middle)				Alias or Nickname				Home Address			
Occupation			Code	Business Address							
DOB	Age	Race	Sex	Height	Weight	Build	Hair Color	Hair Style	Hair Length	Eye Color	Glasses

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Name (Last, First, Middle)				Alias or Nickname				Home Address			
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