

I N C I D E N T D A T A	Agency Name UNC POLICE		INCIDENT/INVESTIGATION REPORT				OCA 2014-002684		
	ORI NC 0680400						Date / Time Reported Month Day Yr Time 08 08 2014 14:17 Hrs.		
	#1 Crime Incident(s) Clery- Allegation Of Aggravated Assault		<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time 08 04 2014 23:59 Hrs.		Last Known Secure Month Day Yr Time 08 04 2014 17:00 Hrs.			
	#2 Crime Incident		<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident 1001 South Hamilton Road, Chapel Hill NC		Offense Tract 5			
#3 Crime Incident		<input type="checkbox"/> Att <input type="checkbox"/> Com	Premise Type HOTEL/MOTEL		Victim Residence Type <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family				
MO	How Attacked or Committed Clery Compliance, Allegation Of Aggravated Assault.				Forcible <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Weapon / Tools Personal Weapons (hands, Feet,			
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 checked="" 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) RESTRICTED		Victim of Crime # 1,	DOB / Age //	Race Sex Relationship To Offender Resident Status <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown			
	Home Address					Home Phone			
	Employer Name/Address				Business Phone	Mobile Phone			
	VYR	Make	Model	Style	Color	Lic/Lis	Vin		
O T H E R 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 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) OT RESTRICTED			Victim of Crime #	DOB / Age	Race Sex		
	Home Address					Home Phone			
	Employer Name/Address				Business Phone	Mobile Phone			
I N V O L V E D	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) OT RESTRICTED			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 "O" 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
Number of Vehicles Stolen 0 Number Vehicles Recovered 0									
ID	Officer GOODWIN, M. H. (INV, INV) (720222948)				Officer Signature		Supervisor Signature (0)		
Status	Complainant Signature				Case Status <input type="checkbox"/> Further Investigation <input checked="" 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		

Incident Report Additional Name List

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Additional Name List

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**** Contains Restricted Names ****

NameCode/#	Name (Last, First, Middle)	Victim of Crime #	DOB	Age	Race	Sex
1) OT 3	RESTRICTED			18		
Restricted	Address		H:			
	Empl/Addr		B:			
			Mobile #:			
2) OT 4	RESTRICTED			21		
Restricted	Address		H:			
	Empl/Addr		B:			
			Mobile #:			
3) OT 5	RESTRICTED			18		
Restricted	Address		H:			
	Empl/Addr		B:			
			Mobile #:			

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** Contains Restricted Names **

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Status Codes	L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found													
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	Offender Used		<input type="checkbox"/> Yes <input type="checkbox"/> Unk <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		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				Age: Race: Sex:			Age: Race: Sex:			Age: Race: Sex:			
	Computer				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			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	I received a complaint in regard to an assault that occurred at an off campus location involving student-athletes of UNC-Chapel Hill.													
	The incident occurred with-in the jurisdiction of The Town of Chapel Hill, but may also fall under the Clery Act, compelling required reporting by the UNC Department of Public Safety.													