

Agency Name
Carthage Police Department

ORI
NC0630500

INCIDENT/INVESTIGATION REPORT

Incident Number
17-006448

Date / Time Reported S M T W F S
Month Day Yr Time
10 | 26 | 2017 | 19:10 Hrs.

INCIDENT DATA

#1	Crime / Incident(s) 13C - TELEPHONE HARASSMENT	<input type="checkbox"/> Attempt <input checked="" type="checkbox"/> Complete	At Found Month Day Yr Time 10 26 2017 19:09 Hrs.	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input checked="" type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> S	Last Known Secure Month Day Yr Time 10 13 2017 18:00 Hrs.	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input checked="" type="checkbox"/> F <input type="checkbox"/> S
#2	Crime Incident	<input type="checkbox"/> Attempt <input type="checkbox"/> Complete	Location of Incident 503 PINEHURST AVE, Carthage, NC 28327			Offense Tract 06
#3	Crime Incident	<input type="checkbox"/> Attempt <input type="checkbox"/> Complete	Location/Premise 20 - Residence/Home		Victim Residence Type <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family	

MO

How Attacked or Committed
BY TELEPHONE HARASSMENT

Method Of Entry
 Force
 No Force

Weapon / Tools

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

V1
Victim/Business Name (Last, First, Middle)
HATCHER, DANIELLE MARIE

Victim of Crime #: 1 | DOB / Age: 05/22/1979 | 38 | Race: W | Sex: F | Relationship To Offender: RU/1 | Resident Status: Resident Non-Resident Unknown

Home Address: 503 PINEHURST AVE, Carthage, NC 28327 | Home Phone: (910) 585-2661

Employer Name/Address: UNEMPLOYED | Business Phone:

VYR | Make | Model | Style | Color | Lic/Lis | Vin

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

Code	Name (Last, First, Middle)	Victim of Crime #	DOB / Age	Race	Sex
Home Address			Home Phone		
Employer Name/Address			Business Phone		

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		

Status Codes: 1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown
(Check "OJ" column if recovered for other jurisdiction)

PROPERTY

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

ID	Officer Name Officer Cassie M. Brafford	ID# 1074	Officer Signature	Supervisor Signature
STATUS	Complainant Signature	Case Status <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Closed by Arrest <input checked="" type="checkbox"/> Unfounded <input type="checkbox"/> Closed by Exception <input type="checkbox"/> Located (Missing Person and Runaways only) <input type="checkbox"/> Closed by Other Means		Exceptional Clearance: <input type="checkbox"/> Death of Offender <input type="checkbox"/> Juvenile/No Custody <input type="checkbox"/> Prosecution Declined <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> In Custody of Other Jurisdiction <input type="checkbox"/> Victim Refuse to Cooperate

CONTINUATION PAGE

1. AGENCY Carthage Police Department	2. ORI NC0630500	3. CONTINUATION TO: <input checked="" type="checkbox"/> INVESTIGATION <input type="checkbox"/> ARREST <input type="checkbox"/> SUPPLEMENTARY INV.	4. INCIDENT FILE NO. 17-006448
Officer Name / ID Officer Cassie M. Brafford - 1074	Officer Signature		Page <u>3</u> of <u>3</u>

Crime / Incident(s)

Suspect(s)

Name (Last, First, Middle) BUKSTEIN, JAY			Alias or Nickname			Home Address 1039 BARRETT ST, ST. PAUL, MN 55108			
Occupation			Business Address						
DOB / Age	Race	Sex	Height	Weight	Build	Hair Color	Hair Style	Hair Length	Eye Color
	U	M							
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		