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Codes

Agency Name ASHEVILLE POLICE DEPARTMENT	ORI NC 0110100
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INCIDENT/INVESTIGATION REPORT

OCA 17-010367
Date / Time Reported Month Day Yr Time 04 29 2017 17:33 Hrs.
Supervisor Signature LOVELACE, L. L. (PATR, AWST) (A2829)

#1	Crime Incident(s) Assault - Simple	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time 04 29 2017 17:33 Hrs.	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S	Last Known Secure Month Day Yr Time 04 29 2017 17:33 Hrs.	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S	
#2	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident 199 Aurora Dr, Asheville NC 28805				
#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 checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No	Weapon / Tools Personal Weapons (hands, Feet,
V	# 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 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				
I	Victim/Business Name (Last, First, Middle) V1 SMITH, JAMES LAWRENCE	Victim of Crime # 1	DOB / Age 72	Race W	Sex M	Relationship To Offender ST	Resident Status <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown	
C	Home Address 199 AURORA DR , Asheville, NC 28805						Home Phone 828-582-2828	
T	Employer Name/Address RETIRED						Business Phone 828- -	Mobile Phone 828-582-2828
I	VYR	Make	Model	Style	Color	Lic/Lis	VIN	

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									
O	Code	Name (Last, First, Middle) IO GRIST, MARTHA ELIZABETH						Victim of Crime #	
T	Code	Name (Last, First, Middle) GRIST, MARTHA ELIZABETH						DOB / Age 68	
H	Home Address 200 Aurora Dr Asheville, NC 28805						DOB / Age 04/01/1949	Race W	Sex F
E	Employer Name/Address Governor Morland School						Home Phone 828-301-2292	Mobile Phone 828-301-2292	
R	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								
S	Code	Name (Last, First, Middle)						Victim of Crime #	DOB / Age
I	Home Address						Race	Sex	
N	Employer Name/Address						Mobile Phone 828-301-2292		
V	Code	Name (Last, First, Middle)						DOB / Age	
O	Home Address						Race	Sex	
L	Employer Name/Address						Mobile Phone 828-301-2292		
V	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								
E	Code	Name (Last, First, Middle)						Victim of Crime #	DOB / Age
D	Home Address						Race	Sex	

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

Number of Vehicles Stolen 0		Number Vehicles Recovered 0	
ID	Officer ID# SHOPE, R. B. (PATR, ANC) (A2845)	Officer Signature	
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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OCA

17-010367

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 N D R	Offender Used		Offender 1		Offender 2		Offender 3		Primary Offender Resident Status <input checked="" 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 type="checkbox"/> N/A	Age: 54	Race: W Sex: M	Age:	Race:	Sex:							
	Computer	<input type="checkbox"/> Yes <input type="checkbox"/> Unk <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Age:	Race:	Sex:	Age:	Race:	Sex:						
	Offender 4		Offender 5		Offender 6									
	Name (Last, First, Middle) KISIOH, JOHN ALEXANDER		Also Known As KISIAH, JOHN				Home Address 10 Woodbury Rd, Asheville NC 28804							
	Occupation UNKNOWN		Business Address BALD MOUNTAIN HOMES, UN 828-545-6416											
	DOB. / Age	Race	Sex	Hgt	Wgt	Build	Hair Color	Hair Style	Hair Length	Eye Color	Glasses			
	09/13/1962 / 54	W	M	511			BRO			BRO				
	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							
WITNESS	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 None														
N A R R A T I V E	On 04/29/2017 at approximately 1733 hh officers responded to an assault at 199 Aurora Dr.													

Incident Report Additional Suspect List

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Additional Suspect List

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S U S P E C T	Name (Last, First, Middle) <i>Kisioh, John Alexander</i>			Also Known As <i>KISIAH, JOHN A</i>			Home Address <i>10 WOODBURY RD ASHEVILLE, NC 28804</i>	
	Empl/Occu <i>BALD MOUNTAIN HOMES 828-545-6416, UNKNOWN, UN</i>				Business Address <i>UN</i>			
	DOB. / Age <i>09/13/1962</i>	Race	Sex	Eth	Hgt	Wgt	Physical Char	
	Scars, Marks, Tattoos, or other distinguishing features							
	Type of Weapon							
	Dir of Travel		Mode of Travel					
	VehYr/Make/Model		Style	Color	Lic/Lis		Vin	