

INCIDENT/INVESTIGATION REPORT

Agency Name
Southern Pines Police Department

ORI
NC0630400

Incident Number
202500663

Date / Time Reported S M T W T F S
 Month Day Yr Time
 04 01 2025 09:47 Hrs.

INCIDENT DATA

#1	Crime Incident 220 - BREAKING AND ENTERING - BUILDIN	<input type="checkbox"/> Attempt <input checked="" type="checkbox"/> Complete	At Found Month Day Yr Time 04 01 2025 9:30 Hrs.	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" 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 03 23 2025 12:00 Hrs.	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" 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"/> Attempt <input type="checkbox"/> Complete	Location of Incident 200 MURRAY HILL RD SOUTHERN PINES , NC 28		Offense Tract Z3	
#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 BREAKING OPEN DOOR

Method Of Entry
 Force
 No Force

Weapons / 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 Unconsciousness Other Major

Drug/Alcohol Use:
 Yes Unknown
 No

V1 **Victim/Business Name (Last, First, Middle)**
MASHBURN, SHAY LEE

Victim of Crime # 1 **DOB / Age** REDACTED / 44 **Race** W **Sex** M

Relationship To Offender / **Resident Status**
 Resident
 Non-Resident
 Unknown

Home Address
4140 MURDOCKSVILLE RD WEST END , NC 27376

Home Phone
REDACTED

Employer Name/Address

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
V1	35	4	400.00	O	2	WINDOW		
V1	35	4	1500.00	O	1	DOOR FRAME		
V1		1		O	1			
				O				
				O				
				O				
				O				
				O				
				O				
				O				
				O				
				O				
				O				
				O				
				O				
				O				

Number of Vehicles Stolen _____ Number of Vehicles Recovered _____

ID	Officer Name Patrol Officer Michael J. Leisenbe	ID# 0094	Officer Signature	Supervisor Signature
STATUS	Complainant Signature		Case Status <input checked="" type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Closed By Arrest <input 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