

**North Carolina Security Breach Reporting Form**  
**Pursuant to the Identity Theft Protection Act of 2005**

MAR 12 2007

Name of Business Owning or Licensing Information Affected by the Breach: N.C. Dept. of Correction  
Address: 831 W. Morgan  
Raleigh, NC  
Telephone: (919) 838-4000  
Fax: (919) 733-8272  
Email: \_\_\_\_\_

**PLEASE SUBMIT FORM TO:**  
Consumer Protection Division  
NC Attorney General's Office  
9001 Mail Service Center  
Raleigh, NC 27699-9001  
Telephone: (919) 716-6000  
Toll Free in NC: (877) 566-7226  
FAX: (919) 716-6050

Date Security Breach Reporting Form submitted: March 7, 2007  
Date the Security Breach was discovered: March 5, 2007  
Estimated number of affected individuals: 16  
Estimated number of NC residents affected: 16

Name of business maintaining or possessing information that was the subject of the Security Breach, if the business that experienced the Security Breach is not the same entity as the business reporting the Security Breach (pursuant to N.C.G.S. § 75-65(b)): Same

Describe the circumstances surrounding the Security Breach and state whether the information breached was in electronic or paper format: in paper format - thrown into trash  
and allegedly removed by inmate janitor

Regarding electronic information breached, state whether the information breached or potentially breached was password protected or encrypted in some manner. \_\_\_\_\_ If so, please describe the security measures protecting the information: \_\_\_\_\_

Describe any measures taken to prevent a similar Security Breach from occurring in the future: purchase of shredding devices

Date affected NC residents were/will be notified: March 7, 2007 letters to be delivered  
If there has been any delay in notifying affected NC residents, describe the circumstances surrounding the delay pursuant to N.C.G.S. § 75-65(a) and (c): by March 15, 2007

If the delay was pursuant to a request from law enforcement pursuant to N.C.G.S. § 75-65(c), please include the written request or the contemporaneous memorandum.

How NC residents were/will be notified?  
(pursuant to N.C.G.S. § 75-65(e))

- written notice  
 electronic notice (email)  
 telephone notice  
 substitute notice

Please attach copy of the notice if in written form or a copy of any scripted notice if in telephonic form.

Signature: Pat Chavis Date: 3-7-07

Contact Person, Title: Pat Chavis, Region Director

Address: P.O. Box 1870 Raeford, NC 28376

(if different from above) \_\_\_\_\_

Telephone: (910) 944-2359 Fax: (910) 944-7034 Email: cp104@doc.state.nc.us