|                            | Agency Name  Durham Police Department   |  |           |                  |       |                |         |    | INCIDENT/INVEST         |                |             |                      |                          |                                      | IGATION           |                |   |   |                |                                  |               |  |
|----------------------------|---|--|-----------|------------------|-------|----------------|---------|----|-------------------------|----------------|-------------|----------------------|--------------------------|--------------------------------------|-------------------|----------------|---|---|----------------|----------------------------------|---------------|--|
|                            |   |  |           |                  |       |                |         |    | REPORT                  |                |             |                      |                          |                                      |                   |                |   | Case# 19-001579                                     |                |                                  |               |  |
| I<br>N                     | ORI NC 0320100  |  |           |                  |       |                |         |    |                         |                |             |                      |                          |                                      |                   |                | Date / Time Reported 01/12/2019 07:58 S Last Known Secure |   |                |                                  |               |  |
| C I D E N T D A T A        | Location of Incident  |  |           |                  |       |                |         |    | Gang Relat Premise Type |                |             |                      |                          | N/A/Beat                             |                   |                |   | 01/11/2019 21:00                                    |                |                                  |               |  |
|                            | 5700-BLK Windlestraw Dr, Durham NC 2771   |  |           |                  |       |                |         |    |                         |                |             |                      | tim-n                    |                                      |                   |                |   | At Found 01/12/2019 07:58 Sat                       |                |                                  |               |  |
|                            | #1  | #1 Crime Incident(s) (Com ) Weapon / Tools |           |                  |       |                |         |    |                         |                |             |                      |                          |                                      |                   |                |   |   |                |                                  | Activity      |  |
|                            | 11 -  | Larceny - From Motor Vehicle LARFMV        |           |                  |       |                |         |    |                         | Entry          |             |                      | Exit                     |                                      |                   | Security       |   |   | rity           | y                                |               |  |
|                            |   | Cr   | me Incid  | (                | )     | Weapon / Tools |         |    |                         |                |             |                      |                          |                                      |                   |                | Activity  |   |                |                                  |               |  |
|                            | #2  | 2  |           |                  |       |                |         |    |                         | Entry          |             |                      | Exit                     |                                      |                   |                |   |   | Security       |                                  |               |  |
|                            |   |  |           |                  |       |                |         |    |                         |                |             |                      |                          | LAIL                                 |                   |                |   | Becurity  |                |                                  | Activity      |  |
|                            | #3  | 3 Crime Incident                           |           |                  |       |                |         |    | )                       | Weapon / Tools |             |                      |                          |                                      |                   |                |   |   |                |                                  | Activity      |  |
|                            |   |  |           |                  |       |                |         |    |                         | Entry          |             |                      | Exit                     |                                      |                   |                |   |   | Security       |                                  |               |  |
| МО                         |   |  |           |                  |       |                |         |    |                         |                |             |                      |                          |                                      |                   |                |   |   |                |                                  |               |  |
| V                          | # 01  | f Vict                                     | ms 1      | Type:            | IND   | IVIDII         | ΔΙ      |    |                         |                |             | Injury:              |                          |                                      |                   |                | Domestic: N   |   |                |                                  |               |  |
|                            | # of Victims I Type: INDIVIDUAL   Victim/Business Name (Last, First, Middle)  |  |           |                  |       |                |         |    |                         |                |             | Victim of            | DOB                      |                                      | Race              | Sex            |   |   | Resident Statu |                                  | Military      |  |
|                            | V1 KING, NATALIE ANN  |  |           |                  |       |                |         |    |                         |                |             | Crime #              | ۸ -                      | - 40                                 |                   | _              | To Offe   | ender   | D 11           | Branch/St                        |               |  |
| I<br>C                     | Home Address  |  |           |                  |       |                |         |    |                         |                |             |                      | Emai                     | e 42                                 | 42   W   I        |                | 1RU   | IRU   |                | Sident   Home Phone              |               |  |
| T                          |   |  |           |                  |       |                |         |    |                         |                |             | Eman                 |                          |                                      |                   |                |   |   | Thone          |                                  |               |  |
| I<br>M                     | Employer Name/Address   |  |           |                  |       |                |         |    |                         |                |             |                      |                          |                                      | Bu                | Business Phone |   |   |                | Mobile Phone                     |               |  |
|                            | VYR Make Model Style  |  |           |                  |       |                |         |    | lor                     |                | Lie         | c/Lis                |                          |                                      | VII               | VIN            |   |   |                |                                  |               |  |
|                            | 2019 HOND CIVIC 4S BLK  |  |           |                  |       |                |         |    |                         |                | FKF7153, NC |                      |                          |                                      | 2HGFC2F8XKH503464 |                |   |   |                |                                  |               |  |
| O<br>T<br>H<br>E<br>R<br>S | CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim)  R = Reporting Person (if other than victim)  Type:  Injury:                                  |  |           |                  |       |                |         |    |                         |                |             |                      |                          |                                      |                   |                |   |   |                |                                  |               |  |
|                            | Coc   | 1.5  | ame (Las  | st, First, Middl | e)    |                |         |    |                         |                |             | Victim of            |                          | OOB                                  | Race              | Sex            | Relation  | nship   | Resident       | Status                           | Military      |  |
|                            |   |  |           |                  |       |                |         |    |                         |                |             | Crime #              |                          | .                                    |                   |                | To Offe   |   |                |                                  | Branch/Status |  |
|                            | Home Address  |  |           |                  |       |                |         |    |                         |                |             |                      | Age<br>Email             |                                      |                   |                |   |   | T              | Home                             | Phone         |  |
|                            | Employer Name/Address   |  |           |                  |       |                |         |    |                         |                |             |                      |                          |                                      | Business Pl       |                | 751   |   |                |                                  |               |  |
|                            | En  | nploye                                     | er Name/. | Address          |       |                |         |    |                         |                |             |                      |                          |                                      | Bu                | sines          | s Phone   |   |                | Mobile Phone                     |               |  |
| N                          | Ту  | pe:  |           |                  |       |                |         |    |                         |                |             | Injury               | :                        |                                      |                   |                |   |   |                |                                  |               |  |
| V<br>O                     | Code Name (Last, First, Middle)   |  |           |                  |       |                |         |    |                         |                |             | Victim of<br>Crime # | DOB 1                    |                                      | Race              | Sex            | Relationship<br>To Offender                               |   | Resident       | Status Military<br>Branch/Status |               |  |
| L                          |   |  |           |                  |       |                |         |    |                         |                |             | Crime #              | Age                      |                                      |                   |                |   | lidei   |                |                                  | Dranen/Status |  |
| V<br>E                     | Но  | me A                                       | ddress    |                  |       |                |         |    |                         | Em             |             |                      | Emai                     | nail                                 |                   |                |   | Home Ph   |                |                                  | Phone         |  |
| D                          | En  | nnlove                                     | er Name/  | Address          |       |                |         |    |                         |                |             |                      |                          |                                      | l Bu              | sines          | s Phone   |   |                | Mobi                             | le Phone      |  |
|                            |   |  |           |                  |       |                |         |    |                         |                |             |                      |                          |                                      |                   |                |   |   |                |                                  |               |  |
| P<br>R<br>O                | 1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown ("OJ" = Recovered for Other Jurisdiction) |  |           |                  |       |                |         |    |                         |                |             |                      |                          |                                      |                   |                |   |   |                |                                  |               |  |
|                            | VI Code Status Value OJ QTY   |  |           |                  |       |                |         |    | Property Description    |                |             |                      |                          | Make/Mode                            |                   |                |   | Serial Number                                       |                |                                  | ıl Number     |  |
|                            | 1   | 62 7 \$200.00 2 CONCERT TICKETS            |           |                  |       |                |         |    |                         |                |             | D-PAC/Rock Of Ages   |                          |                                      |                   |                |   |   |                |                                  |               |  |
|                            | 1   | 82   | OTHR      | \$0.00           |       | 1              | 2019 BL | К, | FKF715                  | 53 NC          |             |                      | HOND Civic Sport         |                                      |                   |                | 2HGFC2F8XKI   |   |                | KH503464                         |               |  |
|                            |   |  |           |                  |       |                |         |    |                         |                |             |                      |                          |                                      |                   |                |   |   |                |                                  |               |  |
|                            |   |  |           |                  |       |                |         |    |                         |                |             |                      |                          |                                      |                   |                |   |   |                |                                  |               |  |
| P<br>E                     |   |  |           |                  |       |                |         |    |                         |                |             |                      |                          |                                      |                   |                |   |   |                |                                  |               |  |
| R                          |   |  |           |                  |       |                |         |    |                         |                |             |                      |                          |                                      |                   |                |   |   |                |                                  |               |  |
| T<br>Y                     |   |  |           |                  |       |                |         |    |                         |                |             |                      |                          |                                      |                   |                |   |   |                |                                  |               |  |
|                            |   |  |           |                  |       |                |         |    |                         |                |             |                      |                          |                                      |                   |                |   |   |                |                                  |               |  |
|                            |   |  |           |                  |       |                |         |    |                         |                |             |                      |                          |                                      |                   |                |   |   |                |                                  |               |  |
|                            |   |  |           |                  |       |                |         |    |                         |                |             |                      |                          |                                      |                   |                |   |   |                |                                  |               |  |
|                            | Off   | icer/I                                     | D#        | GREEN, R.        | L. (3 | 3014)          |         |    |                         |                |             |                      |                          |                                      |                   | Outst          | anding Sto  | ling Stolen Val [Total Stolen]: \$200.00 [\$200.00] |                |                                  |               |  |
|                            | Inv   | est ID                                     |           | WALKER,          |       |                |         |    |                         |                |             |                      |                          | Supervisor <i>GOSS, C. Q. (3068)</i> |                   |                |   |   |                |                                  |               |  |
| Status                     | Cor   | Complainant Signature Case Status          |           |                  |       |                |         |    |                         |                |             |                      | Case Disposition: Page 1 |                                      |                   |                |   |   |                |                                  |               |  |