

|   |   | INCIDENT/INVESTIGATION<br>REPORT   |                          |                 |  |                |   |  |                        |                 |   | Case#<br>19-001901                 |                        |
|---|---|--|--------------------------|-----------------|--|----------------|---|--|------------------------|-----------------|---|------------------------------------|------------------------|
| I<br>N<br>C<br>I<br>D<br>E<br>N<br>T<br><br>D<br>A<br>T<br>A      | Agency Name<br><i>Durham Police Department</i>  |  | ORI<br><i>NC 0320100</i> |                 | Location of Incident<br><i>2100-BLK Hillsborough Rd, Durham NC 27705</i> |                | Gang Relat<br><i>NO</i>   | Premise Type<br><i>Grocery/supermarket</i> | N/A/Beat<br><i>511</i> |                 | Date / Time Reported<br><i>01/15/2019 05:16 Tue</i> |                                    |                        |
|   |   |  |                          |                 |  |                |   |  |                        |                 | Last Known Secure<br><i>01/15/2019 05:00 Tue</i>    |                                    |                        |
|   |   |  |                          |                 |  |                |   |  |                        |                 | At Found<br><i>01/15/2019 05:16 Tue</i>             |                                    |                        |
|   |   |  |                          |                 |  |                |   |  |                        |                 |   |                                    |                        |
| M<br>O  | #1  | Crime Incident(s)<br><i>Larceny - Shoplifting</i><br><i>LARSHO</i>   |                          |                 |  |                | (Com )  |  | Weapon / Tools         |                 |   | Activity                           |                        |
|   |   |  |                          |                 |  |                |   |  | Entry                  |                 |   | Exit                               |                        |
|   |   |  |                          |                 |  |                |   |  | Security               |                 |   |                                    |                        |
|   | #2  | Crime Incident   |                          |                 |  |                | ( )   |  | Weapon / Tools         |                 |   | Activity                           |                        |
|   |   |  |                          |                 |  |                |   |  | Entry                  |                 |   | Exit                               |                        |
|   |   |  |                          |                 |  |                |   |  | Security               |                 |   |                                    |                        |
| V<br>I<br>C<br>T<br>I<br>M  | #3  | Crime Incident   |                          |                 |  |                | ( )   |  | Weapon / Tools         |                 |   | Activity                           |                        |
|   |   |  |                          |                 |  |                |   |  | Entry                  |                 |   | Exit                               |                        |
|   |   |  |                          |                 |  |                |   |  | Security               |                 |   |                                    |                        |
|   | # of Victims <i>1</i>   |  | Type: <i>BUSINESS</i>    |                 | Injury:  |                | Domestic: <i>N</i>  |  |                        |                 |   |                                    |                        |
|   | V1  | Victim/Business Name (Last, First, Middle)<br><i>HARRIS TEETER</i>   |                          |                 |  |                | Victim of Crime #<br><i>1,</i>  | DOB<br><i>Age</i>                          | Race                   | Sex             | Relationship To Offender                            | Resident Status                    | Military Branch/Status |
|   | Home Address  |  |                          |                 |  | Email          |   |  |                        |                 | Home Phone  |                                    |                        |
| Employer Name/Address   |   |  |                          |                 | Business Phone   |                |   |  |                        | Mobile Phone    |   |                                    |                        |
| VYR   |   | Make   | Model                    | Style           | Color  | Lic/Lis        |   | VIN  |                        |                 |   |                                    |                        |
| O<br>T<br>H<br>E<br>R<br><br>I<br>N<br>V<br>O<br>L<br>V<br>E<br>D | CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim) |  |                          |                 |  |                |   |  |                        |                 |   |                                    |                        |
|   | Type: <i>LAW ENFORCEMENT IN LINE OF DUTY</i> Injury:  |  |                          |                 |  |                |   |  |                        |                 |   |                                    |                        |
|   | Code<br><i>RP</i>   | Name (Last, First, Middle)<br><i>LYONS, ERIC LAMONT</i>  |                          |                 |  |                | Victim of Crime #   | DOB<br><i>Age 30</i>                       | Race<br><i>B</i>       | Sex<br><i>M</i> | Relationship To Offender                            | Resident Status<br><i>Resident</i> | Military Branch/Status |
|   | Home Address  |  |                          |                 |  | Email          |   |  |                        |                 | Home Phone  |                                    |                        |
|   | Employer Name/Address   |  |                          |                 |  | Business Phone |   |  |                        |                 | Mobile Phone  |                                    |                        |
|   | Type: Injury:   |  |                          |                 |  |                |   |  |                        |                 |   |                                    |                        |
|   | Code  | Name (Last, First, Middle)   |                          |                 |  |                | Victim of Crime #   | DOB<br><i>Age</i>                          | Race                   | Sex             | Relationship To Offender                            | Resident Status                    | Military Branch/Status |
|   | Home Address  |  |                          |                 |  | Email          |   |  |                        |                 | Home Phone  |                                    |                        |
|   | Employer Name/Address   |  |                          |                 |  | Business Phone |   |  |                        |                 | Mobile Phone  |                                    |                        |
|   | P<br>R<br>O<br>P<br>E<br>R<br>T<br>Y  | 1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown<br>("OJ" = Recovered for Other Jurisdiction) |                          |                 |  |                |   |  |                        |                 |   |                                    |                        |
| VI #  |   | Code   | Status<br>Frm/To         | Value           | OJ   | QTY            | Property Description  |  |                        | Make/Model      |   | Serial Number                      |                        |
| <i>1</i>  |   | <i>16</i>  | <i>7,5</i>               | <i>\$475.00</i> |  | <i>0</i>       | <i>CIGARETTES</i>   |  |                        | <i>NEWPORTS</i> |   |                                    |                        |
| <i>1</i>  |   | <i>16</i>  | <i>5</i>                 | <i>\$475.00</i> |  | <i>0</i>       | <i>CIGARETTES</i>   |  |                        | <i>NEWPORTS</i> |   |                                    |                        |
|   |   |  |                          |                 |  |                |   |  |                        |                 |   |                                    |                        |
|   |   |  |                          |                 |  |                |   |  |                        |                 |   |                                    |                        |
|   |   |  |                          |                 |  |                |   |  |                        |                 |   |                                    |                        |
|   |   |  |                          |                 |  |                |   |  |                        |                 |   |                                    |                        |
|   |   |  |                          |                 |  |                |   |  |                        |                 |   |                                    |                        |
|   |   |  |                          |                 |  |                |   |  |                        |                 |   |                                    |                        |
|   |   |  |                          |                 |  |                |   |  |                        |                 |   |                                    |                        |
|   |   |  |                          |                 |  |                |   |  |                        |                 |   |                                    |                        |
|   |   |  |                          |                 |  |                |   |  |                        |                 |   |                                    |                        |
| Officer/ID#   |   | <i>SMITH, K. R. (7752)</i>   |                          |                 |  |                | Outstanding Stolen Val [Total Stolen]: \$0.00 [\$475.00], Tot Rec Val: \$475.00 |  |                        |                 |   |                                    |                        |
| Invest ID#  |   | <i>SNYDER, C. B. (17113)</i>   |                          |                 |  |                | Supervisor <i>WILLIAMS, J. L. (7110)</i>  |  |                        |                 |   |                                    |                        |
| Status  | Complainant Signature   |  |                          |                 | Case Status<br><i>Cha</i>  |                | <i>01/15/2019</i>   |  | Case Disposition:      |                 |   | Page 1                             |                        |

# Incident Report Additional Name List

Durham Police Department

OCA: 19-001901

## Additional Name List

| Name Code/# |    |   | Name (Last, First, Middle) | Victim of<br>Crime # | DOB       | Age | Race | Sex |
|-------------|----|---|----------------------------|----------------------|-----------|-----|------|-----|
| 1)          | WI | 2 | RESTRICTED                 |                      |           | 31  |      |     |
| Restricted  |    |   | Address                    |                      | H:        | -   | -    |     |
|             |    |   | Empl/Addr                  |                      | B:        | -   | -    |     |
|             |    |   |                            |                      | Mobile #: | -   | -    |     |
| 2)          | WI | 1 | WHEELER, LARNA JOY         |                      |           | 61  | B    | F   |
|             |    |   | Address                    |                      | H:        | -   | -    |     |
|             |    |   | Empl/Addr                  |                      | B:        | -   | -    |     |
|             |    |   |                            |                      | Mobile #: | -   | -    |     |