	Agency Name							_	INCIDENT/INVEST					IGATION			Co	co#				
	Durham Police Department													. • ,					Case# 19-003797			
I N	ORI  NC 0320100							REPORT								Date / Time Reported 01/29/2019 21:19 Tue Last Known Secure						
C I D E N T D A T A	Location of Incident							Gang Relat Premise Type					N/A/Beat				01/29/2019 21:09 Tue					
	3300-BLK Dearborn Dr, Durham NC 27704						04	1 ~ 1			Home	214		At	At Found 01/29/2019 21:			21:19 Tue				
	#1	Crime Incident(s)					((	om )	) Weapon / Tools						-	, , , , , , , , , , , , , , , , , , , ,			Activity N			
	" -								Entry			Exit					Security					
		Crime Incident							)	Weapon / Tools											Activity	
	#2									Entry				Exit				Security			•	
		Cri	Crime Incident						( ) Weapo			Tools								Activity		
	#3								,	Entry			Exit				Security					
										Elitry								Security				
МО																						
V I	# of Victims 1 Type: INDIVIDUAL								Injury:									Domestic: N				
	Victim/Business Name (Last, First, Middle)											Victim of Crime #	DOB		Race			elationship R o Offender		Status	Military Branch/Status	
	V1 MITCHELL, GEORGE ELLIS											1,	Age 69		B	M	10 One	I .		ent	Dianch/Status	
C	Home Address											1,	Email			1/1	1011		resta		Phone	
T I M	Employer Name/Address												l p			cinec	. Phone			Mobile Phone		
	Employer Name/Address														Du	Business Phone			141		ic i none	
	VYR Make Model Style							Colo	or		Lic	c/Lis			VI	VIN						
O T H E R S	CC	DES	V- Vic	tim (Denote V	V2, V3	) O = 0	Owner (if	other t	han vi	ctim)	R=	Reporting	Person	n (if othe	r than v	ictim	1)					
		pe:										Injury									Military	
	Code Name (Last, First, Middle)											Victim of Crime #	Age Email		Race	Sex	Relation To Offe		Resident	esident Status   Brai		
	Home Address																		H		Phone	
	Employer Name/Address												Business			s Phone	hone			le Phone		
	Tv	pe:										Injury										
	Code Name (Last, First, Middle)											Victim of			Race	Sex			Resident	Status		
O L												Crime #				To		o Offender			Branch/Status	
V E D	Home Address													Email						Home	Phone	
	Employed Nome / Add													Rusiness P				one I ?			la Dhona	
	Employer Name/Address Business Phone Mobile Phone															ie i none						
P R O P E	1 =	None	2 = B	urned $3 = C$	ounter! ("OJ"	feit / For = Reco	ged 4 = vered for	= Dama Other J	aged / Jurisdi	Vandal ction)	lized	5 = Recov	vered	6 = Seiz	zed 7	= Sto	olen 8 =	Unkn	own			
	VI Code Frm/Tq Value OJ QTY							F	Property Description					Make/Mode				Ser			ıl Number	
	1	1 63 7 \$0.00 1 CHECK BO							<u> </u>													
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T Y																						
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	_	icer/I		FRAZIER,	T. (2	2260)																
		est ID		NO INVES	TIGA	TOR (							Supervisor FIGUEROA, V. I					OA, V. N	1. (58	85)		
Status	Cor	Complainant Signature Case Status											Case Disposition: Page 1									