|                                      | Agency Name  Durham Police Department                               |   |                      |                   |         |            |           |            | INCIDENT/INVEST         |   |      |                      |  |                                   | IGATION [      |                 |  |                                 | Case#          |              |                           |  |
|--------------------------------------|---|---|----------------------|-------------------|---------|------------|-----------|------------|-------------------------|---|------|----------------------|--|-----------------------------------|----------------|-----------------|--|---------------------------------|----------------|--------------|---------------------------|--|
|                                      |   |   |                      |                   |         |            |           |            | REPORT                  |   |      |                      |  |                                   |                |                 |  | 19-001039                       |                |              |                           |  |
| I<br>N<br>C                          | ORI NC 0320100  |   |                      |                   |         |            |           |            | <u>.</u> . •            |   |      |                      |  |                                   |                |                 | Date / Time Reported 01/08/2019 14:41 7  Last Known Secure |                                 |                |              |                           |  |
|                                      | Location of Incident  |   |                      |                   |         |            |           |            | Gang Relat Premise Type |   |      |                      |  | N/A/Beat                          |                |                 |  | 01/02/2019 15:00 V              |                |              |                           |  |
| I<br>D<br>E                          | 700-BLK N Mangum St, Durham NC 27701 Crime Incident(s)              |   |                      |                   |         |            |           | 01         | UNK Constructi          |   |      |                      |  |                                   |                |                 | At   | At Found 01/08/2019 14:30 Activ |                |              |                           |  |
| N<br>T<br>D<br>A<br>T<br>A           | #1  |   | ine meic<br>erceny - | (Cor              | m /     | e nanowi   |           |            |                         |   |      |                      |  |                                   |                |                 |  |                                 |                |              |                           |  |
|                                      |   | LAROTH                                  |                      |                   |         |            |           |            |                         | Entry                                   |      |                      |  | Exit                              |                |                 |  | Security                        |                |              |                           |  |
|                                      | #2  | Cri                                     | me Incid             | dent              |         |            |           | (          | )                       | Weapon / Tools                          |      |                      |  |                                   |                |                 |  |                                 |                |              | Activity                  |  |
|                                      |   |   |                      |                   |         |            |           |            | Entry                   |   |      |                      |  | Exit                              |                |                 |  | Security                        |                |              |                           |  |
| А                                    |   | Crime Incident (                        |                      |                   |         |            |           |            |                         | Weap                                    | on / | Tools                |  |                                   |                |                 |  |                                 |                |              | Activity                  |  |
|                                      | πЭ  |   |                      |                   | l       | Entry      |           |            | Exit                    |   |      |                      |  |                                   | Security       |                 |  |                                 |                |              |                           |  |
| МО                                   |   |   |                      |                   |         |            |           |            |                         |   |      |                      |  | -                                 |                |                 |  |                                 |                |              |                           |  |
| V<br>I<br>C<br>T<br>I<br>M           | # of Victims I Type: BUSINESS                                       |   |                      |                   |         |            |           |            |                         | Injury:                                 |      |                      |  |                                   |                |                 |  | Domestic: N                     |                |              |                           |  |
|                                      | Victim/Business Name (Last, First, Middle) V1 WILKERSON CONTRACTING |   |                      |                   |         |            |           |            |                         |   |      | Victim of<br>Crime # | ]  | DOB                               | Race           | Sex             | Relationship<br>To Offender                                |                                 | Resident Statu |              | Military<br>Branch/Status |  |
|                                      | V1 WILKERSON CONTRACTING  |   |                      |                   |         |            |           |            |                         |   |      | 1,                   | Ag   | e                                 |                |                 |  |                                 |                |              | Branen States             |  |
|                                      | Home Address  |   |                      |                   |         |            |           |            |                         |   |      |                      | Email  |                                   |                |                 |  |                                 |                | Home         | e Phone                   |  |
|                                      | En  | nploye                                  | er Name/             | /Address          |         |            |           |            |                         |   |      | 1                    |  | Bu                                | Business Phone |                 |  | Mobile                          |                | le Phone     |                           |  |
|                                      | VY  | Ϋ́R                                     | Make                 | Make Model Style  |         |            |           | Color      | Color Lic               |   |      | /Lis                 |  |                                   | VII            | N               |  |                                 |                |              |                           |  |
|                                      | CC  | DES:                                    | V- Vio               | ctim (Denote V    | 2, V3)  | O = 0      | Owner (if | other that | n vic                   | tim)                                    | R=   | Reporting            | Persor   | if other                          | than v         | ictin           | 1)   |                                 |                |              |                           |  |
| O<br>T<br>H<br>E<br>R<br>S           | Ту  |   | INDIVI               |                   |         |            |           |            |                         |   |      | Injury               |  |                                   |                |                 |  |                                 |                |              |                           |  |
|                                      | Coc   | " I G                                   |                      | st, First, Middle |         |            |           |            |                         |   |      | Victim of Crime #    | Ι  | OOB                               | Race           | Sex             | Relation<br>To Offe  |                                 | Resident       | Status       | Military<br>Branch/Status |  |
|                                      | IO GRANNUM, MICHAEL   |   |                      |                   |         |            |           |            |                         |   |      |                      |  |                                   | В              | $B \mid M \mid$ |  |                                 |                |              |                           |  |
|                                      |   |   |                      |                   |         |            |           |            |                         |   |      | Em                   |  | ail                               |                |                 |  | Hon                             |                | e Phone      |                           |  |
|                                      | Employer Name/Address   |   |                      |                   |         |            |           |            |                         |   |      |                      |  | Business Phone                    |                |                 |  |                                 |                | Mobile Phone |                           |  |
|                                      | Ту  | pe:                                     | INDIVI               | IDUAL             |         |            |           |            |                         |   |      | Injury               | :  |                                   |                |                 |  |                                 |                |              |                           |  |
|                                      | Code Name (Last, First, Middle)                                     |   |                      |                   |         |            |           |            | ,                       |   |      |                      |  |                                   | Race           | Race Sex Relat  |  |                                 |                | Status       |                           |  |
| L                                    | RP JUAREZ, RODRIGUEZ VICTOR   |   |                      |                   |         |            |           |            |                         |   |      | Crime #              | Age  | 26                                |                |                 | To Offe  | ender                           | Resident       |              | Branch/Status             |  |
| V<br>E<br>D                          | Но  | me A                                    | ddress               |                   |         |            |           |            |                         |   |      |                      | Emai   |                                   | 1/1            |                 |  |                                 |                | e Phone      |                           |  |
|                                      | En  | nploye                                  | er Name/             | /Address          |         |            |           |            |                         |   |      |                      | Business   |                                   |                | s Phone         | none N   |                                 |                | le Phone     |                           |  |
|                                      | 1 =   | None                                    | e 2 = B              | Burned $3 = Cc$   | ounterf | feit / For | ged 4 =   | = Damage   | ed / V                  | Vandal                                  | ized | 5 = Recov            | vered  | 6 = Seiz                          | ed 7           | = Sto           | olen 8 =   | Unkn                            | own            |              |                           |  |
| P<br>R<br>O<br>P<br>E<br>R<br>T<br>Y | ("OJ" = Recovered for Oth   |   |                      |                   |         |            |           |            |                         | her Jurisdiction)  Property Description |      |                      |  | Make/Model                        |                |                 |  | l Serial Number                 |                |              |                           |  |
|                                      | 1   |   |                      |                   |         |            |           | JACK TAMP  |                         |   |      |                      | MIKASA/Mtx-60hd  |                                   |                | roder           | C2619  |                                 |                |              |                           |  |
|                                      |   |   |                      |                   |         |            |           |            |                         |   |      |                      |  |                                   |                |                 |  |                                 |                |              |                           |  |
|                                      |   |   |                      |                   |         |            |           |            |                         |   |      |                      |  |                                   |                |                 |  |                                 |                |              |                           |  |
|                                      |   |   |                      |                   |         |            |           |            |                         |   |      |                      |  |                                   |                |                 |  |                                 |                |              |                           |  |
|                                      |   |   |                      |                   |         |            |           |            |                         |   |      |                      |  |                                   |                |                 |  |                                 |                |              |                           |  |
|                                      |   |   |                      |                   |         |            |           |            |                         |   |      |                      |  |                                   |                |                 |  |                                 |                |              |                           |  |
|                                      |   |   |                      |                   |         |            |           |            |                         |   |      |                      |  |                                   |                |                 |  |                                 |                |              |                           |  |
|                                      |   | + |                      |                   |         |            |           |            |                         |   |      |                      |  |                                   |                |                 |  |                                 |                |              |                           |  |
|                                      |   |   |                      |                   |         |            |           |            |                         |   |      |                      |  |                                   |                |                 |  |                                 |                |              |                           |  |
|                                      |   |   |                      |                   |         |            |           |            |                         |   |      |                      |  |                                   |                |                 |  |                                 |                |              |                           |  |
|                                      | Officer/ID# WHISNANT, T. G. (21393)                                 |   |                      |                   |         |            |           |            |                         |   |      |                      | Outstanding Stolen Val [Total Stolen]: \$2,300.00 [\$2,300.00] |                                   |                |                 |  |                                 |                |              |                           |  |
|                                      | Invest ID# JUNKER, A. E. (12620)                                    |   |                      |                   |         |            |           |            |                         |   |      |                      |  | Supervisor FRANCIS, B. T. (10063) |                |                 |  |                                 |                |              |                           |  |
| Status                               | Cor   | Complainant Signature Case Status       |                      |                   |         |            |           |            |                         |   |      |                      | Case Disposition: Page 1                                       |                                   |                |                 |  |                                 |                |              |                           |  |