|   | Agency Name   |                                   |          |               |        |                |           |            | INCIDENT/INVEST                            |                |       |                      |                          | IGAT              |                                   | Cas            | Case#                           |                               |                               |  |                           |  |
|---|---|-----------------------------------|----------|---------------|--------|----------------|-----------|------------|--|----------------|-------|----------------------|--------------------------|-------------------|-----------------------------------|----------------|---------------------------------|-------------------------------|-------------------------------|--|---------------------------|--|
|   | Durham Police Department  |                                   |          |               |        |                |           |            | REPORT                                     |                |       |                      |                          |                   |                                   |                | 19-003333  Date / Time Reported |                               |                               |  |                           |  |
| I<br>N<br>C<br>I<br>D<br>E<br>N<br>T<br>D<br>A<br>T | ORI NC 0320100  |                                   |          |               |        |                |           |            | ii. Li Gii.                                |                |       |                      |                          |                   |                                   |                |                                 |                               | me Reporte 01/25/2 own Secure | 019                                    | 20:54 Fri                 |  |
|   | Location of Incident 2700-BLK Pickett Rd, Durham NC 27705   |                                   |          |               |        |                |           |            | Gang Relat Premise Type NO Other Residence |                |       |                      |                          | N/A/Beat          |                                   |                |                                 | 01/25/2019 18:00 Fri          |                               |  |                           |  |
|   |   |                                   |          |               |        |                |           | )5         |  |                |       |                      | ence-multi 321           |                   |                                   |                | At                              | At Found 01/25/2019 20:50 Fri |                               |  |                           |  |
|   | #1  | Crime Incident(s)                 |          |               |        |                |           |            | Com )                                      | Weapon / Tools |       |                      |                          |                   |                                   |                |                                 |                               |                               | Activity<br>I                          |                           |  |
|   | "-  | Larceny - From Building LARBLD    |          |               |        |                |           |            |  | Entry          | Entry |                      |                          | Exit              |                                   |                | Security                        |                               |                               | ty                                     |                           |  |
|   | #2  | Cri                               | me Incic | (             | )      | Weapon / Tools |           |            |  |                |       |                      |                          |                   |                                   |                | Activity                        |                               |                               |  |                           |  |
|   |   | 2                                 |          |               |        |                |           |            | Entry                                      |                |       |                      |                          | Exit              |                                   |                | Т                               | Secui                         | rity                          |  |                           |  |
|   |   |                                   |          |               |        |                |           |            |  |                |       |                      |                          | LAII              |                                   |                |                                 | Security                      |                               |  | Activity                  |  |
|   |   | Crime Incident                    |          |               |        |                |           |            | ( ) Weapor                                 |                |       | Tools                |                          | T = .             |                                   |                |                                 |                               |                               |  | Activity                  |  |
|   |   |                                   |          |               |        | Entry          |           |            |  | Exit           |       |                      |                          | Secui             | rity                              |                |                                 |                               |                               |  |                           |  |
| МО  |   |                                   |          |               |        |                |           |            |  | •              |       |                      |                          | •                 |                                   |                | •                               |                               |                               |  |                           |  |
| V<br>I  | # of Victims 1 Type: INDIVIDUAL   |                                   |          |               |        |                |           |            |  |                |       |                      |                          | : None            |                                   |                |                                 |                               |                               | Oomestic: N Resident Status   Military |                           |  |
|   | Victim/Business Name (Last, First, Middle) V1 BAKER, FLORENCE MARILYN   |                                   |          |               |        |                |           |            |  |                |       | Victim of<br>Crime # |                          | DOR               | Race                              | Sex            | To Offende                      |                               | resident statu                |  | Military<br>Branch/Status |  |
|   | <u>'</u>  |                                   |          |               |        |                |           |            |  |                |       | 1,                   | Ag                       | e 88              | W                                 | F              | 1RU                             |                               | Reside                        |  |                           |  |
| C<br>T  | Home Address  |                                   |          |               |        |                |           |            |  |                |       |                      | Emai                     | 1                 |                                   |                |                                 |                               |                               | Home                                   | e Phone                   |  |
| I<br>M  | Employer Name/Address   |                                   |          |               |        |                |           |            |  |                |       |                      |                          |                   | Bu                                | Business Phone |                                 |                               |                               | Mobile Phone                           |                           |  |
|   | VYR Make Model Style C  |                                   |          |               |        |                | Col       | Color Lic/ |  |                | c/Lis |                      |                          | VI                | VIN                               |                |                                 |                               |                               |  |                           |  |
|   | CC  | DES                               | V- Vio   | tim (Denote V | 2, V3) | ) O = (        | Owner (if | fother     | than vi                                    | ctim)          | R=    | Reporting            | Person                   | if other          | r than v                          | ictin          | n)                              |                               |                               |  |                           |  |
| O<br>T<br>H<br>E<br>R<br>S                          | Ту  | pe:                               |          |               |        |                |           |            |  |                |       | Injury               |                          |                   |                                   |                |                                 |                               |                               |  |                           |  |
|   |   |                                   |          |               |        |                |           |            |  |                |       | Victim of<br>Crime # | Ι                        | OOB               | Race                              | Sex            | Relation<br>To Offe             |                               | Resident                      | ent Status Mili<br>Branch              |                           |  |
|   |   |                                   |          |               |        |                |           |            |  |                |       |                      | Age                      |                   |                                   |                |                                 |                               |                               |  |                           |  |
|   | Home Address  |                                   |          |               |        |                |           |            |  |                |       |                      | Email                    |                   |                                   |                |                                 |                               |                               | Home                                   | e Phone                   |  |
|   | Employer Name/Address   |                                   |          |               |        |                |           |            |  |                |       |                      |                          | Business Phone Mo |                                   |                |                                 |                               |                               | Mobi                                   | le Phone                  |  |
|   | Ту  | pe:                               |          |               |        |                |           |            |  |                |       | Injury               | :                        |                   |                                   |                |                                 |                               |                               |  |                           |  |
|   | Code Name (Last, First, Middle)   |                                   |          |               |        |                |           |            |  |                |       | Victim of            | DOB I                    |                   | Race                              | Sex            | Relationship                    |                               | Resident                      | Status                                 |                           |  |
| O<br>L  |   |                                   |          |               |        |                |           |            |  |                |       | Crime #              |                          |                   |                                   | To Ot          |                                 | fender                        |                               | Branch/Status                          |                           |  |
| V<br>E<br>D   | Но  | me A                              | ddress   |               |        |                |           |            |  |                |       |                      | Age<br>Email             |                   |                                   |                |                                 |                               |                               | Home Pho                               |                           |  |
|   |   |                                   |          |               |        |                |           |            |  |                |       |                      |                          |                   |                                   |                |                                 |                               |                               |  |                           |  |
|   | En  | ıploye                            | er Name/ | Address       |        |                |           |            |  |                |       |                      |                          |                   | Business Phone Mobile Phone       |                |                                 |                               |                               |  | le Phone                  |  |
|   | 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 Walue OJ QTY   |                                   |          |               |        |                |           |            | Property Description                       |                |       |                      |                          |                   | М                                 | ake/N          | Model                           | del                           |                               |  | ıl Number                 |  |
| P<br>R<br>O<br>P<br>E<br>R<br>T<br>Y                | 1   | 1 61 7 \$37.00 1 US CURREI        |          |               |        |                |           | RRENCY     | NCY  |                |       |                      |                          |                   |                                   |                |                                 |                               |                               |  |                           |  |
|   |   |                                   |          |               |        |                |           |            |  |                |       |                      |                          |                   |                                   |                |                                 |                               |                               |  |                           |  |
|   |   |                                   |          |               |        |                |           |            |  |                |       |                      |                          |                   |                                   |                |                                 |                               |                               |  |                           |  |
|   |   |                                   |          |               |        |                |           |            |  |                |       |                      |                          |                   |                                   |                |                                 |                               |                               |  |                           |  |
|   |   |                                   |          |               |        |                |           |            |  |                |       |                      |                          |                   |                                   |                |                                 |                               |                               |  |                           |  |
|   |   |                                   |          |               |        |                |           |            |  |                |       |                      |                          |                   |                                   |                |                                 |                               |                               |  |                           |  |
|   |   |                                   |          |               |        |                |           |            |  |                |       |                      |                          |                   |                                   |                |                                 |                               |                               |  |                           |  |
|   |   |                                   |          |               |        |                |           |            |  |                |       |                      |                          |                   |                                   |                |                                 |                               |                               |  |                           |  |
|   |   |                                   |          |               |        |                |           |            |  |                |       |                      |                          |                   |                                   |                |                                 |                               |                               |  |                           |  |
|   |   |                                   |          |               |        |                |           |            |  |                |       |                      |                          |                   |                                   |                |                                 |                               |                               |  |                           |  |
|   | Off   | icer/I                            | D#       | SLAUGHTI      | ER $A$ | . (23          | 319)      |            |  |                |       |                      |                          |                   |                                   | Ou             | itstanding l                    | Stolen                        | Val [Total S                  | tolen]:                                | \$37.00 [\$37.00]         |  |
|   | Inv   | est ID                            |          |               |        |                |           |            |  |                |       |                      |                          | Superv            | Supervisor VERNOLA, R. J. (14638) |                |                                 |                               |                               |  |                           |  |
| Status  | Cor   | Complainant Signature Case Status |          |               |        |                |           |            |  |                |       |                      | Case Disposition: Page 1 |                   |                                   |                |                                 |                               |                               |  |                           |  |