											$\sim$	JT/IAI\/I	-ст									
	Agency Name								INCIDENT/INVEST						IGATION				Case# 19-000277			
I N C I D E N T D A T	Durham Police Department							-	REPORT							Da	Date / Time Reported 01/02/2019 21:35 V					
	ORI NC 0320100															La	Last Known Secure					
	Location of Incident 300-BLK Greenwood Dr, Durham NC 27704							- 1	Gang Relat Pren NO			mise Type <i>Cybers</i>	расе	N/A/Beat 213			At	O1/02/2019 At Found 01/02/2019				
	#1	#1 Crime Incident(s) Fraud - Credit Card/atm							t )	F				Exit			•	Security			Activity N	
	Fraua - Creatt Cara/atm FRDCRC							Entry			7											
	#2	Crime Incident								Weapon / Tools											Activity	
									Entry					Exit				Security				
А	#3	Crime Incident							( ) Weapon /			Tools									Activity	
										Entry								Security				
МО		•												•			,					
V I C T I M	# of Victims 1 Type: INDIVIDUAL									Injury: N				None				Domestic: N				
	Victim/Business Name (Last, First, Middle)  V1 HAWKINS, DEBRA ANN											Victim of Crime #	DOB		Race Se		Relatio To Offe				Military Branch/Status	
				vo, DEDKA					1,	Age 51		W	F	1RU		Reside						
	Ho	me A	ddress									Email								e Phone		
	En	nploye	r Name/	Address										Bus	sines	s Phone			le Phone			
	VYR Make Model Style C							Color	Color Lic/Lis				Lis		VIN							
	CC	DDES:	V- Vio	etim (Denote V	/2, V3	) O = O	wner (if o	other tha	ın vic	ctim)	R =	= Reporting	Persor	ı (if other	than v	ictim	n)					
O T H E R S I N V O L V E D	CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)  Type: Injury:																					
	Code Name (Last, First, Middle) Victim of Crime #													OOB							Military Branch/Status	
	Home Address												Age Email							Home	Phone	
															l n		DI					
	Employer Name/Address Business Phone																Mobi	le Phone				
		pe:	omo (Lo	ot First Middl	la)							Injury Victim of		ООВ	Race	Cov	Relatio	nchin	Resident	Ctotus	Military	
	Code Name (Last, First, Middle)											Crime #			Race	эсл	To Off		Resident Status		Branch/Status	
	Но	me A	ddress										Age							Phone		
	Employer Name/Address													Business P				none Mc			le Phone	
								_												141001	ie i none	
	1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown  ("OJ" = Recovered for Other Jurisdiction)																					
	VI #	VI Code Frm/To Value OJ QTY							Property Description					Make/Mod			Model	<u>sl</u> 5			l Number	
P R O P E R T Y																						
	Off	ficer/I	<u> </u> D#	WALLED	D C	(22000	)															
		est ID		WALLER, I FRAUD NO				(19)						Supervi	sor		WH	EELF	ER, K. F.	(17]	08)	
Status	Complainant Signature Case Statu									02/05/2014				Cose Dispositions						Page 1		
	Inactive 02/05/2019										Page I											