| | | | | | | | | | | NI/ | | - 6. | IT/INI\/I | -ст | | | | | | | | | | |
|--|---|-------------------------|----------|-------------------|-------|----------|-----|--------|----------------------|---------|----------------|--------|----------------------|--------------|--|----------------------|-------------------------------|----------|-----------------|--------------------------|--------------|----------------------|---------------------------|--|
| | Agency Name | | | | | | | | INCIDENT/INVEST | | | | | | IGATION | | | | Case# 19-003421 | | | | | |
| I N C I D E N T D A T A | Durham Police Department | | | | | | | _ | REPORT | | | | | | | D | Date / Time Reported 01/26/20 | | | | 16.52 Sat | | | |
| | ORI NC 0320100 | | | | | | | | | | | | | | | | | | | wn Se | | | | |
| | Location of Incident | | | | | | | | Gang Relat Premise | | | | | | | | N/A/Beat | | | 01/22/2019 1 At Found | | | | |
| | 100-BLK Cobble Glen Ct, Durham NC 27713 Crime Incident(s) | | | | | | | | NO | | | | | Home Of | | | 322 | | | 01/2 | 9 <i>1</i> | 7:00 Thu Activity | | |
| | #1 | #1 Fraud-identity Theft | | | | | | | | \perp | Entry | | | Exit | | | | | | Security | | | | |
| | FRDIDENT Crime Incident | | | | | | | | | | Weapon / Tools | | | | | | | | Beeu | | | _ | Activity | |
| | #2 | 2 | | | | | | | | Entry | | | | | Exit | | | | Lean | | | | | |
| | | C | | () Weapon / | | | | T1- | | LAIL | | | | Security | | | | Activity | | | | | | |
| | #3 | 3 Crime Incident | | | | | | | | \perp | | n / | 10018 | Exit | | | | Security | | | | | | |
| | | | | | | | | | | Entry | | | | EAR | | | | Security | | | | | | |
| MO | | | | | | | | | | | | | | | | | | | | | | | | |
| V I C T I M | # of Victims 1 Type: INDIVIDUAL | | | | | | | | | | Injury: | | | | | | | | Domestic: N | | | | | |
| | Victim/Business Name (Last, First, Middle) | | | | | | | | | | | | Victim of Crime # | DOB | | Race | Sex | | onship Resider | | | tus | Military Branch/Status | |
| | V1 MORGAN, KAREN ELIZABETH | | | | | | | | | | | | 1 | Age 42 | | W | F | 10 01 | iendei | $R\epsilon$ | esident | | Dianch/Status | |
| | Home Address | | | | | | | | | | | | | Email | | | | • | | | H | Home Phone | | |
| | Employer Name/Address | | | | | | | | | | | | | | | Business Phone | | | | Mobile Phone | | | | |
| | VYR Make Model Style Color | | | | | | | | | | | | | | | 1 | | | | | | | | |
| | | | | | | | | | | | | Lic | c/Lis | | | VI | N | | | | | | | |
| O T H E R S | CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim) | | | | | | | | | | | | | | | | | | | | | | | |
| | Cod | pe: | ame (La | st, First, Middl | e) | | | | | | | \neg | Injury Victim of | | OOB Race Sex Relationship Resident Status Military | | | | | | | | | |
| | Code / | | | | | | | | | | | | | | | | To C | | Offender | | | | Branch/Status | |
| | Home Address | | | | | | | | | | | | | Age Email | | | | | | | H | ome | Phone | |
| | | | | | | | | | | | | | | | sines | s Phone | hone | | | | Mobile Phone | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| V | Cod | 1 27 | ame (La | st. First. Middle | e) | | | | | | | _ | Injury Victim of | | DOB | Race | Sex | Relati | onship | Resi | dent Sta | tus | Military | |
| O L V E D | Code Name (Last, First, Middle) | | | | | | | | | | | | | | | | | | Γo Offender | | | | Branch/Status | |
| | Home Address | | | | | | | | | | | | | Age Email | | | | | | Home Ph | | | Phone | |
| | Employer Name/Address | | | | | | | | | | | | | | Business Pl | | | | one M | | | obile | e Phone | |
| | | | | | | | | | | | | | | | | | | | | | | | 1 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 # Code Frm/Tq Value OJ QTY | | | | | | | | Property Description | | | | | | Make/Mode | | | | 1 | | | Serial Number | | |
| P R O P E R T Y | 1 64 7 \$0.00 1 CREDIT/DE | | | | | | | IT/DEE | DEBIT CARDS | | | | | | | | | | N/A | | | | | |
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| | | | <u>L</u> | | | | | | | | | _ | | | | | | | | ightharpoons | | | | |
| | Off | icer/I | D# | HEMBRIC | K, M. | T. (63 | 42) | | | | | | | | | | | | | | | | | |
| | | est ID | | MILLER, M | 1. N. | (9484) | | | | | | | | | <u> </u> | Supervisor FIGUEROA, | | | | | A. L. (1 | . L. (18594) | | |
| Status | Complainant Signature Case St Inactive | | | | | | | | | | | | | | Case Disposition: Pag | | | | | | | | Page 1 | |