										INI				ГСТ		'ICATION -							
	Agency Name								INCIDENT/INVEST						IGATION				Case# 19-000169				
I N C I D E N T D A T A	Durham Police Department							REPORT							D	Date / Time Reported 01/02/2019 05:25 W							
	ORI NC 0320100																		Last Known Secure				
	Location of Incident							Gang Relat Premise				mise Type Convenien	a a C4		N/A/Beat 214		A	01/02/2019 05:2 At Found					
	#1 Crime Incident(s) Larceny - Shoplifting						(Att) Weapon / Entry			_		ore		214		01/02/		019	05:24 Wed Activity				
													Exit			Security							
	LARSHO U. Crime Incident								()	Weapon / Tools				Exit				Security			Activity	
	#2	#4							Entry														
		Crime Incident							() Weapon / T				Tools		1							Activity	
	#3						Entry					Exit				Secu	rity						
140																							
МО																							
V I C T I M	# of Victims 1 Type: BUSINESS Victim/Business Name (Last, First, Middle)										Injury:						Dalatio	elationship Resident S			Military		
	V1 BP											Crime #			Race			fender			Branch/Status		
	Home Address												1,	Age Email							Home	Phone	
	Employer Name/Address														-	l D	Business Phone			Mak			
	Employer Name/Address															Bu	Business Phone				Mobile Phone		
	VY	/R	Make	Model Style					Color Lic				ic/Lis			VI	VIN						
O T H E R S I N O L V E D	CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)																						
		1 27	INDIVI	DUAL st, First, Middle	2)								Injury Victim of		DOB	Race	Cev	Relatio	nehin	Resident	Statue	Military	
	Code Name (Last, First, Middle) BEST, ARTHUR LEE												Crime #					To Off				Branch/Status	
	Home Address													Age 62 Email		В	M			Resid		Phone	
															s Phone			Mobi	le Phone				
	Employer Name/Address Business Phone Mobile Phone																						
	Cod	pe: le N	ame (La	st, First, Middle	e)								Injury Victim of		OOB Race Sex Relationship Resident Status Military						Military		
	Code (,,date)												Crime #	Age					fender		Branch		
	Home Address									L				Email							Home Phone		
	Employer Name/Address														Business P				none M			le Phone	
	Employer Name/Address Business Phone Mobile Phone 1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown																						
				I	("OJ"	= Reco	vered fo	or Oth	ner Jur	isdic	tion)		3 – 11000	·crca	T Seize		- 510		- Olikii	1			
	VI # Code Frm/Tc Value OJ QTY 1 11 OTHR \$24.00 2 BEER							Property Description						Make/Mod			1odel	<u>1</u>			Serial Number		
	1 11 OTHR																						
P R O P E R T Y																							
	Off	icer/I	D#	MASNIK, E	. I. C	22849))																
		est ID		BRIGANTE			06)								_ ^	Supervisor REAVES, L					(3942	2)	
Status	Cor	Complainant Signature Case Status Inactive 01/14/201										2019	Case Disposition: Page 1										