|   |   |   |                                 |           |                |          |       |                                   |                   | I I I | 10             |       | · N I                    | IT/ILI\/I            | -ст  |                 |               |                                      |            |                              |                   |                                    |                      |      |
|---|---|---|---------------------------------|-----------|----------------|----------|-------|-----------------------------------|-------------------|-------|----------------|-------|--------------------------|----------------------|--|-----------------|---------------|--------------------------------------|------------|------------------------------|-------------------|------------------------------------|----------------------|------|
|   | Agency Name   |   |                                 |           |                |          |       |                                   | INCIDENT/INVEST   |       |                |       |                          |                      |  | IGATION         |               |                                      |            | Case# 19-000677              |                   |                                    |                      |      |
| I<br>N<br>C<br>I<br>D<br>E<br>N<br>T<br>D<br>A<br>T | Durham Police Department  |   |                                 |           |                |          |       |                                   | REPORT            |       |                |       |                          |                      |  |                 | D             | Date / Time Reported 01/05/2019 20:3 |            |                              |                   | at.                                |                      |      |
|   | ORI NC 0320100  |   |                                 |           |                |          |       |                                   |                   |       |                |       |                          |                      |  |                 |               |                                      | L          | ast Kno                      | wn Secur          | e                                  |                      |      |
|   | Location of Incident  |   |                                 |           |                |          |       |                                   | Gang Relat Pre    |       |                |       | ren                      |                      | ,  | N/A/Beat<br>212 |               |                                      | A          | 01/05/2019 16:00<br>At Found |                   |                                    |                      |      |
|   | 1100-BLK Broad St, Durham NC 27705  Crime Incident(s)   |   |                                 |           |                |          |       | 05                                | (A1               |       | 110510111      |       |                          | rant                 |  |                 | 12            |                                      | 01/05/2019 |                              |                   |                                    | <u>at</u>            |      |
|   | #1  | Larceny - From Motor venicie                    |                                 |           |                |          |       |                                   | F                 |       |                | Entry |                          |                      | Exit   |                 |               |                                      |            |                              | rity              |                                    | N                    |      |
|   | LARFMV Crime Incident   |   |                                 |           |                |          |       |                                   |                   | )     | Weapon / Tools |       |                          |                      |  |                 |               |                                      |            |                              | 1                 | Activity                           |                      |      |
|   | #2  | 2   |                                 |           |                |          |       |                                   |                   | _     |                |       | Entry                    |                      |  | Exit            |               |                                      |            | Secu                         | rity              |                                    |                      |      |
|   |   | 3 Crime Incident                                |                                 |           |                |          |       |                                   |                   |       | Weapon / Tools |       |                          |                      |  | 2               |               |                                      |            |                              |                   | 1                                  | Activity             |      |
|   | #3  |   |                                 |           |                |          |       |                                   |                   | ,     |                | Entry |                          |                      | Exit   |                 |               | S                                    |            |                              | ecurity           |                                    |                      |      |
|   |   |   |                                 |           |                |          |       |                                   |                   |       |                |       |                          |                      |  |                 |               |                                      |            |                              |                   |                                    |                      |      |
| МО  |   |   |                                 |           |                |          |       |                                   |                   |       |                |       |                          |                      |  |                 |               |                                      |            |                              |                   |                                    |                      |      |
| V<br>I<br>C<br>T<br>I<br>M                          | # of Victims 1 Type: INDIVIDUAL   |   |                                 |           |                |          |       |                                   |                   |       |                |       |                          | Injury:              |  |                 |               |                                      |            | Domestic                     |                   |                                    |                      |      |
|   | Victim/Business Name (Last, First, Middle) V1   GARCIA RENTERIA, BAHIRO   |   |                                 |           |                |          |       |                                   |                   |       |                |       |                          | Victim of<br>Crime # | DOB  |                 | Race          | Sex                                  |            | onship<br>fender             | Residen           | t Status                           | Militar<br>Branch/St |      |
|   | Home Address  |   |                                 |           |                |          |       |                                   |                   |       |                |       |                          | 1,                   |  | ge 22           | W             | $W \mid M \mid 1RU$                  |            |                              | Non-Re            |                                    |                      |      |
|   | Но  | me A  |                                 |           |                |          |       |                                   |                   | Email |                |       |                          |                      |  |                 |               | e Phone                              |            |                              |                   |                                    |                      |      |
|   | Employer Name/Address   |   |                                 |           |                |          |       |                                   |                   |       |                |       |                          |                      |  |                 | Bu            | sines                                | s Phone    | one                          |                   |                                    | Mobile Phone         |      |
|   | VYR Make Model Style (  |   |                                 |           |                |          |       |                                   | Color L           |       |                |       | Lic                      | :/Lis                |  |                 | VIN           |                                      |            |                              |                   |                                    |                      |      |
|   |   |   |                                 |           |                |          |       |                                   |                   |       |                |       |                          |                      | D  | . (:£ -41       | 41            |                                      | `          |                              |                   |                                    |                      |      |
| O<br>T<br>H<br>E<br>R<br>S                          | CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim)  Type: INDIVIDUAL  R = Reporting Person (if other than victim)  Injury: |   |                                 |           |                |          |       |                                   |                   |       |                |       |                          |                      |  |                 |               |                                      |            |                              |                   |                                    |                      |      |
|   | Code Name (Last, First, Middle) Victim of   |   |                                 |           |                |          |       |                                   |                   |       |                |       |                          | j                    | DOB Race Sex Relationship Resident Status Militar<br>To Offender Branch/St |                 |               |                                      |            |                              |                   |                                    |                      |      |
|   | IO ECHEVARRIA, JOSE MANUEL  |   |                                 |           |                |          |       |                                   |                   |       |                |       |                          | Crime "              | 0  |                 | W             | M                                    | 10 01      |                              |                   | sideni                             | 1                    | itti |
|   | Home Address  |   |                                 |           |                |          |       |                                   |                   |       |                |       |                          |                      | Email  |                 |               |                                      |            |                              |                   | Hom                                | e Phone              |      |
|   | Employer Name/Address   |   |                                 |           |                |          |       |                                   |                   |       |                |       |                          |                      | Business Phone   |                 |               |                                      |            |                              | Mobile Phone      |                                    |                      |      |
| I<br>N  | Ту  | pe:   |                                 |           |                |          |       |                                   |                   |       |                |       |                          | Injury               | :  |                 |               |                                      |            |                              |                   |                                    |                      |      |
| V<br>O<br>L<br>V<br>E<br>D                          | Code Name (Last, First, Middle)   |   |                                 |           |                |          |       |                                   |                   |       |                |       |                          | Victim of<br>Crime # |  |                 | Race          |                                      |            | tionship Reside              |                   | nt Status Military<br>Branch/Statu |                      |      |
|   |   |   |                                 |           |                |          |       |                                   |                   |       |                |       |                          | Cline #              | Age  |                 |               |                                      | 10 01      | render                       |                   |                                    |                      | itus |
|   | Но  |   |                                 |           |                |          |       |                                   | Ema               | il    |                |       |                          |                      |  | Hom             | e Phone       |                                      |            |                              |                   |                                    |                      |      |
|   | Employer Name/Address   |   |                                 |           |                |          |       |                                   |                   |       |                |       |                          |                      |  |                 | Business Phor |                                      |            | ne                           |                   |                                    | ile Phone            |      |
|   | 1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown                     |   |                                 |           |                |          |       |                                   |                   |       |                |       |                          |                      |  |                 | _             |                                      |            |                              |                   |                                    |                      |      |
| P<br>R<br>O<br>P<br>E<br>R<br>T<br>Y                | vil   |   | Status                          | 1         |                |          | vered | for Oth                           | ner Jurisdiction) |       |                |       |                          |                      |  |                 |               |                                      |            |                              |                   |                                    |                      |      |
|   | VI #         Code Frm/To         Value         OJ QTY           82         4         \$15,000.00         1         2016 BLK               |   |                                 |           |                |          | RLK   | Property Description , PCL7924 NC |                   |       |                |       |                          |                      | Make/Model   |                 |               | 2718                                 |            | al Number                    | —                 |                                    |                      |      |
|   | 32 4 \$13,000.00 1 2010 BLK   |   |                                 |           |                |          |       |                                   | TCL/724 NC        |       |                |       |                          |                      | 1011 Coron   |                 |               |                                      |            |                              | 2T1BURHE2GC603405 |                                    |                      |      |
|   |   |   |                                 |           |                |          |       |                                   |                   |       |                |       |                          |                      |  |                 |               |                                      |            |                              |                   |                                    |                      |      |
|   |   |   |                                 |           |                |          |       |                                   |                   |       |                |       |                          |                      |  |                 |               |                                      |            |                              |                   |                                    |                      | _    |
|   |   |   |                                 |           |                |          |       |                                   |                   |       |                |       |                          |                      |  |                 |               |                                      |            |                              |                   |                                    |                      |      |
|   |   |   |                                 |           |                |          |       |                                   |                   |       |                |       |                          |                      |  |                 |               |                                      |            |                              |                   |                                    |                      |      |
|   |   |   |                                 |           |                |          |       |                                   |                   |       |                |       |                          |                      |  |                 |               |                                      |            |                              |                   |                                    |                      |      |
|   |   |   |                                 |           |                |          |       |                                   |                   |       |                |       |                          |                      |  |                 |               |                                      |            |                              |                   |                                    |                      |      |
|   |   |   | -                               |           |                |          |       |                                   |                   |       |                |       |                          |                      |  |                 |               |                                      |            |                              |                   |                                    |                      |      |
|   | Off   | icer/II   | L<br>D#                         | SPRINKLE. | . <i>L</i> . λ | V. (221) | 69)   |                                   |                   |       |                |       |                          |                      |  | <u> </u>        |               |                                      |            |                              |                   |                                    |                      | _    |
|   | Inv   | est ID  | est ID# D2 NO INVESTIGATOR (14) |           |                |          |       |                                   |                   |       |                |       |                          |                      |  | Supervisor      |               |                                      |            | CHRISTY, J. G. (19078)       |                   |                                    |                      | _    |
| Status  | Cor   | Complainant Signature Case Status Open 01/06/20 |                                 |           |                |          |       |                                   |                   |       |                | 2019  | Case Disposition: Page 1 |                      |  |                 |               |                                      |            |                              |                   |                                    |                      |      |
|   |   | _   |                                 |           |                |          |       |                                   |                   |       |                |       | _                        | , 0 0/1              |  | 19 Page 1       |               |                                      |            |                              |                   |                                    |                      |      |