| | Agency Name | | | | | | | \neg | 11 | IVNI\TI | IGATION | | | | Case# | | | | | | |
|--|---|----------------------------------|------------|------------------|--------|-------|----------|----------|----------------------------|---------|---------------------|--------------------------|--------------|----------------|---------|--|--|-------------------------------|---------------|----------|---------------------------|
| | Durham Police Department | | | | | | | | REPORT | | | | | | | | | | 9-00202 | | |
| I N C I D E N T | ORI | | | | | | | | | | | | | | | Date / Time Reported 01/15/2019 23:49 Tu | | | | | |
| | NC 0320100 Location of Incident | | | | | | | | Gang Relat Premise Type | | | | N/A/Beat | | | | Last Known Secure 01/15/2019 23:35 Tue | | | | |
| | 1600-BLK Great Bend Dr, Durham NC 2770- | | | | | | | 7704 | | | | | ome Of | | | веа 21 | A | At Found 01/15/2019 23:40 Tue | | | |
| | #1 | Crime Incident(s) | | | | | | | Com) | Wear | Weapon / Tools None | | | | | | | Security Security | | | Activity N |
| | 11 - | Vandalism VANOTH | | | | | | Entry | | | | | Exit | | | | | | | | |
| | | Crime Incident | | | | | | (| () Weapon | | | / Tools | | | | | | | | | Activity |
| | #2 | 4 | | | | | | | Entry | | | | | Exit | | | | Secu | rity | | |
| A | #3 | Crime Incident | | | | | | | () Weapo | | | Tools | | | | | | | | | Activity |
| | | 3 | | | | | | ` | ĺ | Entry | | | | Exit | | | | Security | | | |
| | | 1 | | | | | | | | | | | | | | | | | | | |
| МО | | | | | | | | | | | | | | | | | | | | | |
| V I C T I M | # of Victims 1 Type: INDIVIDUAL | | | | | | | | Inju | | | | Non | ie | | | | Domestic | | | |
| | Victim/Business Name (Last, First, Middle) V1 WILLIAMSON, CAROLYN DENISE | | | | | | | | | | | Victim of Crime # | DOB | | Race Se | | Relationship To Offender | | Resident | Status | Military Branch/Status |
| | V1 WILLIAMSON, CAROLYN DENISE | | | | | | | | | | | 1, | Age 55 | | В | F | 1PA | | Resid | ent | |
| | Home Address | | | | | | | | | | | | Email | | | | | | Home P | | e Phone |
| | En | ploye | r Name | /Address | | | | | | | Bu | sines | s Phone | ne M | | | le Phone | | | | |
| | | | | | | | | | | | l т · | /T · | | | 1 377 | Limi | | | | | |
| | VYR Make Model Style C | | | | | | | | or | | Li | c/Lis | | | VI | VIN | | | | | |
| O T H E R S I N V O L V E D | | | V- Vi | ctim (Denote V | 72, V3 |) O=0 | Owner (i | if other | than vi | ctim) | R = | Reporting | | n (if other | than v | ictim | 1) | | | | |
| | Cod | pe: | ame (La | st, First, Middl | le) | | | | | | | Injury Victim of | | OOB | Race | Sex | Relatio | onship | Resident | Status | Military |
| | Coc | | | | , | | | | | Crime # | | | | To Of | | | | | Branch/Status | | |
| | Home Address | | | | | | | | | | | | Age Email | | | | | | | Home | Phone |
| | Employer Name/Address | | | | | | | | | | | | | Business Phone | | | | | Mohi | le Phone | |
| | Lii | тргоус | i ivallie/ | Address | | | | | | | | | | | Bu | sines | s i none | | | WIOOI | ie i none |
| | rype. injury: | | | | | | | | | | | | 200 | | La l | D 1 | | D 11 . | G | N. C. C. | |
| | Code Name (Last, First, Middle) | | | | | | | | | | | Victim of Crime # | DOB 1 | | Race | Sex | Relationship To Offender | | Resident | Status | Military Branch/Status |
| | | | | | | | | | | | | | Age Email | | | | | | | Нот | Phone |
| | Home Address | | | | | | | | | | | | Eman | | | | | 1101 | | | e i none |
| | Employer Name/Address | | | | | | | | | | | | | Business | | | s Phone | Phone | | | le Phone |
| | 1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown | | | | | | | | | | | | | | | | | | | | |
| | ("OJ" = Recovered for Oth | | | | | | | | | , | | | | M-l/Md | | | | ol Comical Name | | | |
| | # Code Frm/To Value OJ QTY 1 71 4 \$89.00 2 INTERIOR I | | | | | | | | Property Description DOOR | | | | | Make/Mode | | | | | | | l Number |
| P R O P E R T Y | | , - | | 70,100 | | | | | | | | | | | | | | | | | |
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| | 0.00 | 3a /F | <u> </u> | D. 15-22 | (5.5.1 | 76: | | | | | | | | | | | | | | | |
| | | est ID | | DAVIS, A. | | | 0000 | | | | | | | Supervi | isor | | IJ. | OI MI | 75 1 1 / | 1850 | 5) |
| Status | | omplainant Signature Case Status | | | | | | | | | | | C D: ::: | | | | | | | | |
| Status | | Inactive 01/16/2019 | | | | | | | | | | Case Disposition: Page 1 | | | | | | | | | |