|  | Age  | Agency Name  Durham Police Department |          |                        |        |              |           | ] <b>"</b>   | INCIDENT/INVESTIGATION                         |                |                      |                          |  |                | Casen          |                       |   | 19-000879<br>Time Reported |               |                           |
|--|--|---------------------------------------|----------|------------------------|--------|--------------|-----------|--------------|--|----------------|----------------------|--------------------------|--|----------------|----------------|-----------------------|---|----------------------------|---------------|---------------------------|
| I<br>N<br>C<br>I<br>D<br>E<br>N<br>T<br>D<br>A<br>T<br>A           | ORI  |                                       |          |                        |        |              |           |              |  |                |                      |                          |  |                |                |                       | 01/02/2019 10:4   |                            |               | 10:44 Wed                 |
|  | NC 0320100  Location of Incident 7800-BLK Leonardo Dr, Durham NC 2771.   |                                       |          |                        |        |              |           |              | Gang Relat Premise Ty                          |                |                      |                          | e N  |                |                |                       | Last Known Secure 01/01/2019 01:15 Tu  At Found 01/01/2019 03:00 Tu |                            |               |                           |
|  | #1 Crime Incident(s) Larceny - From Motor Vehicle LARFMV   |                                       |          |                        |        |              | (Com)     |              | Weapon / Tools Entry                           |                |                      |                          | Exit   |                |                | Security              |   |                            | Activity      |                           |
|  |  | _                                     | me Incid |                        |        |              |           | ( )          | ) Wea  | Weapon / Tools |                      |                          |  |                |                |                       |   |                            |               | Activity                  |
|  | #2   |                                       |          |                        | Entr   | atry         |           |              | Exit   |                |                      | 5                        | Security   |                |                |                       |   |                            |               |                           |
|  | #3   | Crime Incident                        |          |                        |        |              |           | ( )          | ) Weapon / Tools                               |                |                      |                          |  |                |                |                       |   | Activity                   |               |                           |
|  | π Э  |                                       |          |                        | Entry  |              |           | Exit         |  |                | S                    | Securi                   | ity  |                |                |                       |   |                            |               |                           |
| МО   |  | -                                     |          |                        |        |              |           |              |  |                |                      |                          |  |                |                | <del>!</del>          |   |                            |               |                           |
| V<br>I   | # of Victims 1 Type: INDIVIDUAL  |                                       |          |                        |        |              |           |              | Injury:  |                |                      |                          |  |                |                |                       | Domestic: N   |                            |               |                           |
|  | Victim/Business Name (Last, First, Middle)   |                                       |          |                        |        |              |           |              |  |                | Victim of Crime #    | DOB                      |  | Race           | Race Sex Re    |                       |   |                            | Status        | Military<br>Branch/Status |
|  | V  | 1   N                                 | ICKEL    | , CANDICE              |        |              |           |              |  | 1              | Age 33               |                          | W  |                |                | Official              |   | ent                        | Branch/Status |                           |
| C<br>T   | Home Address   |                                       |          |                        |        |              |           |              | <u> </u>                                       |                |                      |                          | Email  |                |                |                       |   |                            | Home Phone    |                           |
| I<br>M   | Employer Name/Address  |                                       |          |                        |        |              |           |              |  |                |                      |                          |  | Bus            | Business Phone |                       |   |                            | Mobile Phone  |                           |
|  | VYR Make Model Style   |                                       |          |                        |        |              |           |              | Color Lic/Lis                                  |                |                      |                          | VIN  |                |                |                       |   |                            |               |                           |
| O<br>T<br>H<br>E<br>R<br>S<br>I<br>N<br>V<br>O<br>L<br>V<br>E<br>D | CC   | DES:                                  | V- Vic   | ctim (Denote V         | 2, V3) | ) O = (      | Owner (if | other than v | $\frac{1}{10000000000000000000000000000000000$ |                |                      |                          | ı (if other  | than vi        | ctim           | )                     |   |                            |               |                           |
|  |  | pe:                                   | ama (La  | at Einst Middle        | -)     |              |           |              |  |                | Injury<br>Victim of  |                          | ООВ  | Dogo           | Carl           | Relations             | امنا  | Resident                   | Ctotus        | Military                  |
|  | Code Name (Last, First, Middle)  |                                       |          |                        |        |              |           |              |  |                |                      | Age                      |  | Race           | ЗСА            | To Offen              |   | Resident                   | Status        | Branch/Status             |
|  | Но   | me A                                  | ddress   |                        |        |              |           |              |  |                |                      | Email                    |  |                |                |                       |   |                            | Home          | Phone                     |
|  | En   | ploye                                 | r Name/  | Address                |        |              |           |              |  |                |                      |                          | Business Phone   |                |                |                       |   | Mobile                     |               | le Phone                  |
|  | Ту   | pe:                                   |          |                        |        |              |           |              |  |                | Injury               | :                        |  |                |                |                       |   |                            |               |                           |
|  | Code Name (Last, First, Middle)  |                                       |          |                        |        |              |           |              |  |                | Victim of<br>Crime # | DOB<br>Age               |  | Race           | Sex            | Relations<br>To Offen |   | Resident                   | Status        | Military<br>Branch/Status |
|  | Home Address   |                                       |          |                        |        |              |           |              |  |                |                      |                          | Email  |                |                |                       |   |                            |               | e Phone                   |
|  | En   | nploye                                | r Name/  | Address                |        |              |           |              |  |                |                      |                          | Business P   |                |                | s Phone               | ione  |                            |               | le Phone                  |
| P<br>R<br>O<br>P   | 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 Status Walue OJ QTY  |                                       |          |                        |        |              |           |              | Property Description                           |                |                      |                          |  | Iodel          | Serial N       |                       |   | ıl Number                  |               |                           |
|  | 1  | 505                                   | 7        | \$250.00               |        | 5            |           | OLET HEADP.  |  |                |                      | CHEVROLET                |  |                |                |                       | B078SFLWSH  |                            |               | Ţ                         |
|  | 1  | 99<br>99                              | 7<br>7   | \$170.00               |        | 1            |           |              | UNGLASSES                                      |                |                      |                          |  | RAYBANDS       |                |                       |   | RB4165 55 622/T3           |               |                           |
|  | 1  | 35                                    | 7        | \$170.00<br>\$2,200.00 |        | 150          | DVD`S     | SUNGLASSE    | 2.3  |                |                      |                          | RAYBANDS<br>150 DVDS   |                |                |                       |   | 360932                     | 2             |                           |
|  |  |                                       |          | +=,======              |        |              |           |              |  |                |                      |                          |  |                |                |                       |   |                            |               |                           |
| E  |  |                                       |          |                        |        |              |           |              |  |                |                      |                          |  |                |                |                       |   |                            |               |                           |
| R<br>T<br>Y  |  |                                       |          |                        |        |              |           |              |  |                |                      |                          |  |                |                |                       |   |                            |               |                           |
|  |  |                                       |          |                        |        |              |           |              |  |                |                      |                          |  |                |                |                       |   |                            |               |                           |
|  |  |                                       |          |                        |        |              |           |              |  |                |                      |                          |  |                |                |                       |   |                            |               |                           |
|  |  |                                       |          |                        |        |              |           |              |  |                |                      |                          |  |                |                |                       |   |                            |               |                           |
|  |  |                                       |          |                        |        |              |           |              |  |                |                      |                          |  |                |                |                       |   |                            |               |                           |
|  | Officer/ID# BELL, D. O. (6852)   |                                       |          |                        |        |              |           |              |  |                |                      |                          | Outstanding Stolen Val [Total Stolen]: \$2,790.00 [\$2,790.00] |                |                |                       |   |                            |               |                           |
|  |  | est ID                                |          | D3 NO INV              | EST    | <i>IGATC</i> | OR (13)   |              |  |                |                      |                          |  | Supervisor (0) |                |                       |   |                            |               |                           |
| Status   | Cor  | Complainant Signature Case Status     |          |                        |        |              |           |              |  |                |                      | Case Disposition: Page 1 |  |                |                |                       |   |                            |               |                           |