

|   |   |  |  |   |                            |                        |   |   |                   |                          |                 |                        |
|---|---|--|--|---|----------------------------|------------------------|---|---|-------------------|--------------------------|-----------------|------------------------|
| I<br>N<br>C<br>I<br>D<br>E<br>N<br>T<br><br>D<br>A<br>T<br>A      | Agency Name<br><b>Durham Police Department</b>  |  | <b>INCIDENT/INVESTIGATION<br/>REPORT</b> |   |                            |                        | Case#<br><b>19-003023</b>               |   |                   |                          |                 |                        |
|   | ORI<br><b>NC 0320100</b>  |  | ** Contains Restricted Names **          |   |                            |                        |   |   |                   |                          |                 |                        |
|   | Location of Incident<br><b>1800-BLK Holloway St, Durham NC 27703</b>  |  | Gang Relat                               | Premise Type<br><b>Drug Store/doctors</b> |                            | N/A/Beat<br><b>114</b> |   | Date / Time Reported<br><b>01/23/2019 13:24 Wed</b> |                   |                          |                 |                        |
|   |   |  |  |   |                            |                        |   | Last Known Secure<br><b>01/23/2019 11:00 Wed</b>    |                   |                          |                 |                        |
|   |   |  |  |   |                            |                        | At Found<br><b>01/23/2019 12:59 Wed</b> |   |                   |                          |                 |                        |
| M<br>O  | #1  | Crime Incident(s)<br><b>Lost Property<br/>LSTPRP</b> |  | (Com )<br><b>N</b>                        | Weapon / Tools             |                        |   | Activity<br><b>N</b>                                |                   |                          |                 |                        |
|   |   |  |  |   | Entry                      | Exit                   | Security                                |   |                   |                          |                 |                        |
|   | #2  | Crime Incident                                       |  | ( )                                       | Weapon / Tools             |                        |   | Activity  |                   |                          |                 |                        |
|   |   |  |  |   | Entry                      | Exit                   | Security                                |   |                   |                          |                 |                        |
|   | #3  | Crime Incident                                       |  | ( )                                       | Weapon / Tools             |                        |   | Activity  |                   |                          |                 |                        |
|   |   |  |  |   | Entry                      | Exit                   | Security                                |   |                   |                          |                 |                        |
|   |   |  |  |   |                            |                        |   |   |                   |                          |                 |                        |
| V<br>I<br>C<br>T<br>I<br>M  | # of Victims <b>0</b>   |  | Type: Injury:                            |   |                            |                        |   |   |                   |                          |                 |                        |
|   | <b>V1</b>   | Victim/Business Name (Last, First, Middle)           |  |   |                            | Victim of Crime #      | DOB<br>Age                              | Race  | Sex               | Relationship To Offender | Resident Status | Military Branch/Status |
|   |   |  |  |   |                            |                        |   |   |                   |                          |                 |                        |
|   | Home Address  |  |  |   |                            | Email                  |   |   |                   | Home Phone               |                 |                        |
|   | Employer Name/Address   |  |  |   |                            | Business Phone         |   |   |                   | Mobile Phone             |                 |                        |
|   | VYR   | Make   | Model                                    | Style                                     | Color                      | Lic/Lis                | VIN                                     |   |                   |                          |                 |                        |
|   |   |  |  |   |                            |                        |   |   |                   |                          |                 |                        |
| O<br>T<br>H<br>E<br>R<br><br>I<br>N<br>V<br>O<br>L<br>V<br>E<br>D | CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)   |  |  |   |                            |                        |   |   |                   |                          |                 |                        |
|   | Type: INDIVIDUAL Injury:  |  |  |   |                            |                        |   |   |                   |                          |                 |                        |
|   | Code  | Name (Last, First, Middle)                           |  |   |                            | Victim of Crime #      | DOB<br>Age                              | Race  | Sex               | Relationship To Offender | Resident Status | Military Branch/Status |
|   | <b>RP</b>   | <b>Restricted</b>                                    |  |   |                            |                        |   |   |                   |                          | <b>Resident</b> |                        |
|   | Home Address  |  |  |   |                            | Email                  |   |   |                   | Home Phone               |                 |                        |
|   | Employer Name/Address   |  |  |   |                            | Business Phone         |   |   |                   | Mobile Phone             |                 |                        |
|   | Type: INDIVIDUAL Injury:  |  |  |   |                            |                        |   |   |                   |                          |                 |                        |
|   | Code  | Name (Last, First, Middle)                           |  |   |                            | Victim of Crime #      | DOB<br>Age                              | Race  | Sex               | Relationship To Offender | Resident Status | Military Branch/Status |
|   | <b>NR</b>   | <b>Restricted</b>                                    |  |   |                            |                        |   |   |                   |                          | <b>Resident</b> |                        |
|   | Home Address  |  |  |   |                            | Email                  |   |   |                   | Home Phone               |                 |                        |
| Employer Name/Address   |   |  |  |   | Business Phone             |                        |   |   | Mobile Phone      |                          |                 |                        |
| P<br>R<br>O<br>P<br>E<br>R<br>T<br>Y                              | 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<br>Frm/To                         | Value                                     | OJ                         | QTY                    | Property Description                    |   | Make/Model        |                          | Serial Number   |                        |
|   |   | 65   | LOST                                     | \$20.00                                   |                            | 1                      | BLACK WALLET                            |   |                   |                          |                 |                        |
|   |   | 503  | LOST                                     | \$0.00                                    |                            | 1                      | MEXICAN PASSPORT                        |   |                   |                          |                 |                        |
|   |   | 503  | LOST                                     | \$0.00                                    |                            | 1                      | MEXICAN ID                              |   |                   |                          |                 |                        |
|   |   | 62   | LOST                                     | \$96.00                                   |                            | 1                      | PERSONAL CHECK                          |   |                   |                          |                 |                        |
|   |   | 61   | LOST                                     | \$800.00                                  |                            | 1                      | US CURRENCY                             |   | US                |                          |                 |                        |
|   |   |  |  |   |                            |                        |   |   |                   |                          |                 |                        |
|   |   |  |  |   |                            |                        |   |   |                   |                          |                 |                        |
|   |   |  |  |   |                            |                        |   |   |                   |                          |                 |                        |
|   |   |  |  |   |                            |                        |   |   |                   |                          |                 |                        |
|   |   |  |  |   |                            |                        |   |   |                   |                          |                 |                        |
|   |   |  |  |   |                            |                        |   |   |                   |                          |                 |                        |
| Officer/ID# <b>WELCH, D. B. (7756)</b>                            |   |  |  |   |                            |                        |   |   |                   |                          |                 |                        |
| Invest ID# <b>NO INVESTIGATOR (9999)</b>                          |   |  |  |   |                            |                        |   | Supervisor <b>CLONINGER, J. M. (5905)</b>           |                   |                          |                 |                        |
| Status  | Complainant Signature   |  |  |   | Case Status<br><b>Open</b> |                        | <b>01/23/2019</b>                       |   | Case Disposition: |                          | Page 1          |                        |