	Agency Name								INCIDENT/INVEST						IGATION 🖂				Case#				
I N C I D E N T D A T A	Durham Police Department								REPORT								19-000026						
	ORI NC 0320100															Date / Time Reported 01/01/2019 03:32 Tue Last Known Secure							
	Location of Incident								Gang Relat Premise Type					N/A/Beat				01/01/2019 01:00 Tue					
	100-BLK W Main St, Durham NC 27701							01	NO Bar/r				Bar/nigh					A	t Found	d 01/01/	2019	01:25 Tue	
	#1	Crime Incident(s)							(Ċ	om)	Weapon / Tools										Activity		
		# Larceny - From Building LARBLD								Entry				Exit					rity	•			
	#2 Crime Incident								()	Weapon / Tools											Activity	
	# 4	#4						Entry					Exit				Security						
		Crime Incident							() Weapon /				Tools									Activity	
	#3	3									Entry				Exit				Secu	ritv			
МО																							
V I C T I M	# of Victims 1 Type: INDIVIDUAL								Injury:										Domestic: N				
	Victim/Business Name (Last, First, Middle)												Victim of Crime #	DOB		Race	Sex		ationship Resid		nt Status	Military Branch/Status	
	V1 SANDOVAL, ISABEL											1	Age 23		W	$ _{F}$	10 01	To Offender		dent	Branch/Status		
	Home Address												l	Email								e Phone	
	Employer Name/Address													<u> </u>		l Bu	sines	s Phone	<u> </u>		Mobile Phone		
	1-1/																				Moone I none		
	VYR Make Model Style						(Color Lic/				c/Lis				VIN							
	CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)																						
O T H E	Ту	pe:											Injury							_		_	
	Code Name (Last, First, Middle) Victim of Crime #													DOB	OOB Race Sex Relationship Resident Status Military To Offender Branch/Stat								
														Age									
R S	Home Address													Ema	ıil						Hom	e Phone	
_	Em	Employer Name/Address Business Phone																Mob	ile Phone				
I N	Tv	Type: Injury:																					
V	Cod	_ 1 37	ame (Las	st, First, Middl	e)								Victim of		DOB	Race	Sex			Resider	nt Status		
O L V E D												Crime #	Age			To 0		Offender		Branch/Sta			
	Но	me A	ddress										Email			<u> </u>	Hc Hc			e Phone			
	Employer Name/Address														Business P				none Mo			ile Phone	
	EII	ipioye	i ivaille/	Address											Busiliess I lio							ne Fnone	
	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 Frm/To	Value	OJ					Property Description				Make/Model				Se			al Number		
								ONE/TELEPHONE EQUIPMENT						APPLE/Iphone 6 Plus				561			ur 1 (urillo 01		
P R O P E R T Y	_																						
		icer/II		COX, D. (2											Cunari	icor		277	1177	IG P 77	(100	(2)	
a .		est ID		SNYDER, C	. B.	(17113		Caca	Status						<u> </u>	Supervisor FRANCIS, B. T. (1							
Status	COL	Complainant Signature Case Status Unfounded 01/01/2019										Case Disposition: Page 1											