

I N C I D E N T D A T A	Agency Name <i>Durham Police Department</i>		INCIDENT/INVESTIGATION REPORT				Case# <i>19-001998</i>		
	ORI <i>NC 0320100</i>						Date / Time Reported <i>01/15/2019 17:58 Tue</i>		
	Location of Incident <i>4200-BLK University Dr, Durham NC 27707</i>			Gang Relat <i>NO</i>	Premise Type <i>Drug Store/doctors</i>	N/A/Beat <i>314</i>	Last Known Secure <i>01/15/2019 16:00 Tue</i>		
							At Found <i>01/15/2019 16:55 Tue</i>		
M O	#1	Crime Incident(s) <i>Lost Property LSTPRP</i>		(Com) <i>N</i>	Weapon / Tools			Activity	
					Entry	Exit	Security		
	#2	Crime Incident		()	Weapon / Tools			Activity	
					Entry	Exit	Security		
	#3	Crime Incident		()	Weapon / Tools			Activity	
					Entry	Exit	Security		
V I C T I M	# of Victims <i>1</i>		Type: <i>INDIVIDUAL</i>		Injury:		Domestic: <i>N</i>		
	V1	Victim/Business Name (Last, First, Middle) <i>SALEM, KHALID BABIKER E</i>			Victim of Crime # <i>1,</i>	DOB <i>Age 48</i>	Race <i>I</i>	Sex <i>M</i>	Relationship To Offender <i>Resident</i>
	Home Address				Email			Home Phone	
	Employer Name/Address				Business Phone			Mobile Phone	
	VYR	Make	Model	Style	Color	Lic/Lis	VIN		
O T H E R I N V O L V E D	CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)								
	Type:				Injury:				
	Code	Name (Last, First, Middle)			Victim of Crime #	DOB <i>Age</i>	Race	Sex	Relationship To Offender
	Home Address				Email			Home Phone	
	Employer Name/Address				Business Phone			Mobile Phone	
	Type:				Injury:				
	Code	Name (Last, First, Middle)			Victim of Crime #	DOB <i>Age</i>	Race	Sex	Relationship To Offender
	Home Address				Email			Home Phone	
Employer Name/Address				Business Phone			Mobile Phone		
P R O P E R T 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 Frm/To	Value	OJ	QTY	Property Description		Make/Model
		503	LOST	\$0.00		3	PASSPORT		
		503	LOST	\$0.00		5	SOCIAL SECURITY CARDS		
		503	LOST	\$8.00		4	BIRTH CERTIFICATE		
		48	LOST	\$1.00		3	WORK PERMIT		
		48	LOST	\$8.00		4	MEDICAID CARD		
Officer/ID# <i>LOVE, J. L. (1358)</i>									
Invest ID# <i>D3 NO INVESTIGATOR (13)</i>							Supervisor <i>GURSSLIN, S. A. (2652)</i>		
Status	Complainant Signature				Case Status <i>Open</i>		Case Disposition:		Page 1