

|   |   | INCIDENT/INVESTIGATION<br>REPORT  |                          |                    |   |                                |                                 |                                 |                        |                          |   | Case#<br>19-001488                 |                        |
|---|---|---|--------------------------|--------------------|---|--------------------------------|---------------------------------|---------------------------------|------------------------|--------------------------|---|------------------------------------|------------------------|
| 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><i>Durham Police Department</i>  |   | ORI<br><i>NC 0320100</i> |                    | Location of Incident<br><i>2100-BLK Allendown Dr, Durham NC 27713</i> |                                | Gang Relat<br><i>NO</i>         | Premise Type<br><i>Gambling</i> | N/A/Beat<br><i>422</i> |                          | Date / Time Reported<br><i>01/11/2019 14:45 Fri</i> |                                    |                        |
|   |   |   |                          |                    |   |                                |                                 |                                 |                        |                          | Last Known Secure<br><i>01/05/2019 15:30 Sat</i>    |                                    |                        |
|   |   |   |                          |                    |   |                                |                                 |                                 |                        |                          | At Found<br><i>01/06/2019 06:00 Sun</i>             |                                    |                        |
|   |   |   |                          |                    |   |                                |                                 |                                 |                        |                          |   |                                    |                        |
| M<br>O  | #1  | Crime Incident(s)<br><i>Larceny - From Motor Vehicle<br/>LARFMV</i>       |                          |                    |   |                                | (Com )                          | Weapon / Tools                  |                        |                          |   | Activity                           |                        |
|   |   |   |                          |                    |   |                                |                                 | Entry                           |                        |                          |   | Exit                               |                        |
|   |   |   |                          |                    |   |                                |                                 | Security                        |                        |                          |   |                                    |                        |
|   | #2  | Crime Incident  |                          |                    |   |                                | ( )                             | Weapon / Tools                  |                        |                          |   | Activity                           |                        |
|   |   |   |                          |                    |   |                                |                                 | Entry                           |                        |                          |   | Exit                               |                        |
|   |   |   |                          |                    |   |                                |                                 | Security                        |                        |                          |   |                                    |                        |
| V<br>I<br>C<br>T<br>I<br>M  | #3  | Crime Incident  |                          |                    |   |                                | ( )                             | Weapon / Tools                  |                        |                          |   | Activity                           |                        |
|   |   |   |                          |                    |   |                                |                                 | Entry                           |                        |                          |   | Exit                               |                        |
|   |   |   |                          |                    |   |                                |                                 | Security                        |                        |                          |   |                                    |                        |
|   | MO  |   |                          |                    |   |                                |                                 |                                 |                        |                          |   |                                    |                        |
|   |   |   |                          |                    |   |                                |                                 |                                 |                        |                          |   |                                    |                        |
|   |   |   |                          |                    |   |                                |                                 |                                 |                        |                          |   |                                    |                        |
| 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                                     | # of Victims <i>1</i>   |   | Type: <i>INDIVIDUAL</i>  |                    | Injury:   |                                |                                 |                                 |                        |                          |   |                                    |                        |
|   | V1  | Victim/Business Name (Last, First, Middle)<br><i>FABELA, MONICA DIANE</i> |                          |                    |   |                                | Victim of Crime #<br><i>1,</i>  | DOB<br><i>Age 61</i>            | Race<br><i>W</i>       | Sex<br><i>F</i>          | Relationship To Offender                            | Resident Status<br><i>Resident</i> | Military Branch/Status |
|   | Home Address  |   |                          |                    |   |                                | Email                           |                                 |                        |                          | Home Phone  |                                    |                        |
|   | Employer Name/Address   |   |                          |                    |   |                                | Business Phone                  |                                 |                        |                          | Mobile Phone  |                                    |                        |
|   | VYR<br><i>2003</i>  | Make<br><i>DODG</i>   | Model<br><i>CARAVAN</i>  | Style<br><i>VN</i> | Color<br><i>BLU</i>   | Lic/Lis<br><i>BDK8038, NC</i>  | VIN<br><i>1D4GP24373B224629</i> |                                 |                        |                          |   |                                    |                        |
|   | 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<br><i>Age</i>               | Race                   | Sex                      | Relationship To Offender                            | Resident Status                    | Military Branch/Status |
|   | 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  | Type: Injury:   |   |                          |                    |   |                                |                                 |                                 |                        |                          |   |                                    |                        |
|   | Code  | Name (Last, First, Middle)  |                          |                    |   |                                | Victim of Crime #               | DOB<br><i>Age</i>               | Race                   | Sex                      | Relationship To Offender                            | Resident Status                    | Military Branch/Status |
|   | Home Address  |   |                          |                    |   |                                | Email                           |                                 |                        |                          | Home Phone  |                                    |                        |
|   | Employer Name/Address   |   |                          |                    |   |                                | Business Phone                  |                                 |                        |                          | Mobile Phone  |                                    |                        |
|   | 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                                       |                                    |                        |
|   | <i>1</i>  | <i>61</i>   | <i>7</i>                 | <i>\$300.00</i>    |   | <i>1</i>                       | <i>MONEY</i>                    |                                 |                        |                          |   |                                    |                        |
|   | <i>1</i>  | <i>65</i>   | <i>7</i>                 | <i>\$30.00</i>     |   | <i>1</i>                       | <i>HANDBAG</i>                  |                                 |                        |                          |   |                                    |                        |
|   | <i>1</i>  | <i>14</i>   | <i>7</i>                 | <i>\$200.00</i>    |   | <i>6</i>                       | <i>MEDICATION</i>               |                                 |                        |                          |   |                                    |                        |
|   | <i>1</i>  | <i>65</i>   | <i>7</i>                 | <i>\$30.00</i>     |   | <i>1</i>                       | <i>PURSE</i>                    |                                 |                        |                          |   |                                    |                        |
| <i>1</i>  | <i>82</i>   | <i>OTHR</i>   | <i>\$0.00</i>            |                    | <i>1</i>  | <i>2003 BLU, BDK8038 NC</i>    |                                 | <i>DODG Caravan</i>             |                        | <i>1D4GP24373B224629</i> |   |                                    |                        |
| Officer/ID# <i>MARTINEZ, L. E. (22151)</i> Outstanding Stolen Val [Total Stolen]: \$560.00 [\$560.00] |   |   |                          |                    |   |                                |                                 |                                 |                        |                          |   |                                    |                        |
| Invest ID# <i>TURNER, R. (20020)</i> Supervisor <i>CHEEK, A. M. (4076)</i>                            |   |   |                          |                    |   |                                |                                 |                                 |                        |                          |   |                                    |                        |
| Status  | Complainant Signature   |   |                          |                    |   | Case Status<br><i>Inactive</i> |                                 | <i>01/15/2019</i>               |                        | Case Disposition:        |   | Page 1                             |                        |