| | Agency Name | | | | | | | | INCIDENT/INVEST | | | | | | IGATION | | | | Case# | | | | |
|--|--|-----------------------------------|----------------|----------------|---------|----------------|-----------|----------|---|----------------------|----------------------|-------------------|--------------------------|-----------------------------------|----------|---------------------|---|-----------|----------------|---------------------------|---------------------------|--|--|
| | Durham Police Department | | | | | | | | REPORT | | | | | | | | 19-002269 | | | | | | |
| I N C I D E N T | ORI | | | | | | | 1 | KEI OKI | | | | | | | | Date / Time Reported 01/17/2019 16:02 T | | | | | | |
| | NC 0320100 | | | | | | | | | | | | | | - | | Last Known Secure 01/17/2019 08:00 | | | | | | |
| | Location of Incident 2800-BLK Chapel Hill Rd, Durham NC 27702 | | | | | | | | Gang Relat Premise Type NO Home Of Victim-multi | | | | | nulti | At Found | | | | i | | 16:02 Thu | | |
| | #1 | | me Incid | (Co | om) | Weapon / Tools | | | | | | | | | | | Activity | | | | | | |
| | | Larceny - From Building LARBLD | | | | | | | En | | | Entry | | | Exit | | | Security | | | | | |
| | #2 | Cri | me Incid | lent | | | | (|) | Weapon / Tools | | | | | | | | | | | Activity | | |
| | | | | | | | | | | Entry | | | Exit | | | | | | Security | | | | |
| A | #3 | Cri | me Incid | lent | | | | (|) |) Weapon / Tools | | | | | | | | | | | Activity | | |
| | #3 | | | | | Entry | | | Exit | | | | | | Security | | | | | | | | |
| МО | | | | | | | | | | | | | | • | | | | | | | | | |
| V | # of Victims 1 Type: INDIVIDUAL | | | | | | | | | | Injury: | | | | | | | | Domestic: Y | | | | |
| | Victim/Business Name (Last, First, Middle) V1 MARSHALL, CASSANDRA | | | | | | | | | | | Victim of Crime # | | DOB | Race | Sex | Relationship To Offender | | Resident Statu | | Military Branch/Status | | |
| | | | | | | | | | | | | 1, | | e 47 | В | 1 1 | | Resid | | | | | |
| C T | Home Address | | | | | | | | | | | | | Email | | | | | | Hom | e Phone | | |
| I M | Employer Name/Address | | | | | | | | | | | | | | | | s Phone | | | Mobile Phone | | | |
| | VYR Make Model Style | | | | | | | Color | • | | Lie | c/Lis | | | VI | VIN | | | | | | | |
| | CC | DES: | V- Vic | ctim (Denote V | (2, V3) |) O = 0 | Owner (if | other th | an vi | ctim) | R= | = Reporting | Person | ı (if other | r than v | ictin | n) | | | | | | |
| O T H E R S I N V O L V E D | | /pe: | | . E' . M. 111 | | | | | | | | Injury | | NOP. | LD | La | D 1 | 1 . 1 | D 11 . | G | 1 2 CT | | |
| | Code Name (Last, First, Middle) | | | | | | | | | | Victim of Crime # | | | Race | Sex | Relation To Offe | | Resident | Status | Military Branch/Status | | | |
| | Home Address | | | | | | | | | | | | Age Email | | | | | | | Hom | e Phone | | |
| | Employer Name/Address | | | | | | | | | | | | | Business P | | | s Phone | ione | | | le Phone | | |
| | Tv | ne: | | | | | | | | | | Injury | | | | | | | | | | | |
| | Type: Code Name (Last, First, Middle) | | | | | | | | | Victin | | | | OOB Race Sex R | | | | | | | nt Status Military | | |
| | | | | | | | | | | | | Crime # | Age | | | To Of | | fender | | Branch/Status | | | |
| | Но | me A | ddress | | | | | | | | | | Email | | | | | Hor | | | e Phone | | |
| | En | nploye | r Name/ | Address | | | | | | | | | | Business P | | | | one Mobi | | | le 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 Walue OJ QTY | | | | | | | | | Property Description | | | | Make/Mod | | | | el Serial | | | al Number | | |
| P R O P E R T Y | 1 | 1 51 7 \$1.00 1 BAG OF CLOT | | | | | | | THES | | | | | | | | | | | | | | |
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| | Off | icer/I | L D# | KIMRALI | S. (1 | 100661 |) | | | | | | | <u> </u> | | | Outstandir | ng Stole | en Val [Tota | l Stoler | n]: \$1.00 [\$1.00] | | |
| | KIMB/ILL, S. (10000) | | | | | | | | | | | | Superv | Supervisor GURSSLIN, S. A. (2652) | | | | | | | | | |
| Status | Cor | Complainant Signature Case Status | | | | | | | | | | | Case Disposition: Page 1 | | | | | | | | | | |