

|   |   | INCIDENT/INVESTIGATION REPORT                                       |                   |             |  |                                   |                          |  |                   |                 |  | Case# 19-001520             |                        |
|---|---|---|-------------------|-------------|--|-----------------------------------|--------------------------|--|-------------------|-----------------|--|-----------------------------|------------------------|
| 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>Durham Police Department   |   | ORI<br>NC 0320100 |             | Location of Incident<br>3200-BLK Ivey Wood Ln, Durham NC 27703 |                                   | Gang Relat<br>NO         | Premise Type<br>Home Of Victim-multi   | N/A/Beat<br>114   |                 | Date / Time Reported<br>01/11/2019 17:32 Fri |                             |                        |
|   |   |   |                   |             |  |                                   |                          |  |                   |                 | Last Known Secure<br>01/04/2019 12:00 Fri    |                             |                        |
|   |   |   |                   |             |  |                                   |                          |  |                   |                 | At Found<br>01/11/2019 08:30 Fri             |                             |                        |
|   |   |   |                   |             |  |                                   |                          |  |                   |                 |  |                             |                        |
| M<br>O  | #1  | Crime Incident(s)<br>Vandalism<br>VANOTH                            |                   |             |  |                                   | (Com )                   | Weapon / Tools<br>Undetermined Firearm |                   |                 |  |                             | Activity<br>N          |
|   |   |   |                   |             |  |                                   |                          | 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 1  |   | Type: INDIVIDUAL  |             | Injury: None   |                                   |                          |  | Domestic: N       |                 |  |                             |                        |
|   | V1  | Victim/Business Name (Last, First, Middle)<br>HOLLOWAY, ALTON JAMAR |                   |             |  |                                   | Victim of Crime #<br>1,  | DOB<br>Age 30                          | Race<br>B         | Sex<br>M        | Relationship To Offender<br>IRU              | Resident Status<br>Resident | Military Branch/Status |
|   | Home Address  |   |                   |             |  |                                   | Email                    |  |                   | Home Phone      |  |                             |                        |
|   | Employer Name/Address   |   |                   |             |  |                                   | Business Phone           |  |                   | Mobile Phone    |  |                             |                        |
|   | VYR<br>2013   | Make<br>DODG  | Model<br>AVENGER  | Style<br>4S | Color<br>SIL   | Lic/Lis<br>BKN6192, NC            | VIN<br>1C3CDZAB6DN710524 |  |                   |                 |  |                             |                        |
|   | CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim) |   |                   |             |  |                                   |                          |  |                   |                 |  |                             |                        |
| 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>Age                             | Race              | Sex             | Relationship To Offender                     | Resident Status             | Military Branch/Status |
|   | Home Address  |   |                   |             |  |                                   | Email                    |  |                   | Home Phone      |  |                             |                        |
|   | Employer Name/Address   |   |                   |             |  |                                   | Business Phone           |  |                   | Mobile Phone    |  |                             |                        |
|   | Type: Injury:   |   |                   |             |  |                                   |                          |  |                   |                 |  |                             |                        |
|   | Code  | 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      |                 |  |                             |                        |
| 1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown ("OJ" = Recovered for Other Jurisdiction) |   |   |                   |             |  |                                   |                          |  |                   |                 |  |                             |                        |
| P<br>R<br>O<br>P<br>E<br>R<br>T<br>Y  | VI #  | Code  | Status<br>Frm/To  | Value       | OJ   | QTY                               | Property Description     |  |                   | Make/Model      |  | Serial Number               |                        |
|   | 1   | 82  | 4                 | \$12,000.00 |  | 1                                 | 2013 SIL, BKN6192 NC     |  |                   | DODG Avenger Se |  | 1C3CDZAB6DN710524           |                        |
|   |   |   |                   |             |  |                                   |                          |  |                   |                 |  |                             |                        |
|   |   |   |                   |             |  |                                   |                          |  |                   |                 |  |                             |                        |
|   |   |   |                   |             |  |                                   |                          |  |                   |                 |  |                             |                        |
|   |   |   |                   |             |  |                                   |                          |  |                   |                 |  |                             |                        |
|   |   |   |                   |             |  |                                   |                          |  |                   |                 |  |                             |                        |
|   |   |   |                   |             |  |                                   |                          |  |                   |                 |  |                             |                        |
|   |   |   |                   |             |  |                                   |                          |  |                   |                 |  |                             |                        |
|   |   |   |                   |             |  |                                   |                          |  |                   |                 |  |                             |                        |
| Officer/ID# SIMONE, S. (23386)  |   |   |                   |             |  |                                   |                          |  |                   |                 |  |                             |                        |
| Invest ID# NO INVESTIGATOR (9999)   |   |   |                   |             |  | Supervisor THOMSON, W. C. (17688) |                          |  |                   |                 |  |                             |                        |
| Status  | Complainant Signature   |   |                   |             | Case Status<br>Open  |                                   | 01/11/2019               |  | Case Disposition: |                 |  | Page 1                      |                        |