

|   |   |  |   |       |       |   |                      |                                |                          |  |  |      |                    |                          |                              |                 |  |                        |  |              |  |  |  |  |                  |  |  |  |  |
|---|---|--|---|-------|-------|---|----------------------|--------------------------------|--------------------------|--|--|------|--------------------|--------------------------|------------------------------|-----------------|--|------------------------|--|--------------|--|--|--|--|------------------|--|--|--|--|
| 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>  |  |   |       |       | INCIDENT REPORT<br>PUBLIC COPY                                |                      |                                |                          |  | Case#<br><i>13-000842</i>  |      |                    |                          |                              |                 |  |                        |  |              |  |  |  |  |                  |  |  |  |  |
|   | ORI<br><i>NC 0320100</i>  |  |   |       |       |   |                      |                                |                          |  | Date / Time Reported<br><i>01/09/2013 08:43 Wed</i>                |      |                    |                          |                              |                 |  |                        |  |              |  |  |  |  |                  |  |  |  |  |
|   | Location of Incident<br><i>100-BLK W Parrish St, Durham NC 27701</i>  |  |   |       |       | Premise Type<br><i>Commercial Office</i>                      |                      |                                | Zone/Tract<br><i>522</i> |  | Last Known Secure<br><i>07/23/2012 09:00 Mon</i>                   |      |                    |                          |                              |                 |  |                        |  |              |  |  |  |  |                  |  |  |  |  |
|   | #1 Crime Incident(s) (Com)<br><i>Rape - Forcible<br/>RAPFOR</i>   |  |   |       |       | Weapon / Tools<br><i>Personal Weapons (excl Asphyxiation)</i> |                      |                                |                          |  | Activity<br><i>N</i>   |      |                    |                          |                              |                 |  |                        |  |              |  |  |  |  |                  |  |  |  |  |
|   |   |  |   |       |       | Entry   |                      |                                | Exit                     |  | Security   |      |                    |                          |                              |                 |  |                        |  |              |  |  |  |  |                  |  |  |  |  |
| V<br>I<br>C<br>T<br>I<br>M  | #2 Crime Incident ( )   |  |   |       |       | Weapon / Tools  |                      |                                |                          |  | Activity   |      |                    |                          |                              |                 |  |                        |  |              |  |  |  |  |                  |  |  |  |  |
|   |   |  |   |       |       | Entry   |                      |                                | Exit                     |  | Security   |      |                    |                          |                              |                 |  |                        |  |              |  |  |  |  |                  |  |  |  |  |
|   | #3 Crime Incident ( )   |  |   |       |       | Weapon / Tools  |                      |                                |                          |  | Activity   |      |                    |                          |                              |                 |  |                        |  |              |  |  |  |  |                  |  |  |  |  |
|   |   |  |   |       |       | Entry   |                      |                                | Exit                     |  | Security   |      |                    |                          |                              |                 |  |                        |  |              |  |  |  |  |                  |  |  |  |  |
|   | MO  |  |   |       |       |   |                      |                                |                          |  |  |      |                    |                          |                              |                 |  |                        |  |              |  |  |  |  |                  |  |  |  |  |
| V<br>I<br>C<br>T<br>I<br>M  | # of Victims <i>1</i>   |  | Type: <i>INDIVIDUAL</i>   |       |       |   |                      | Injury: <i>None</i>            |                          |  |  |      | Domestic: <i>N</i> |                          |                              |                 |  |                        |  |              |  |  |  |  |                  |  |  |  |  |
|   | V1  |  | Victim/Business Name (Last, First, Middle)<br><i>Restricted</i> |       |       |   |                      | Victim of Crime #<br><i>1,</i> |                          | DOB<br><i>/ /</i><br>Age               |  | Race | Sex                | Relationship To Offender |                              | Resident Status |  | Military Branch/Status |  |              |  |  |  |  |                  |  |  |  |  |
|   | Home Address  |  |   |       |       |   |                      |                                |                          |  | Home Phone   |      |                    |                          |                              |                 |  |                        |  |              |  |  |  |  |                  |  |  |  |  |
|   | Employer Name/Address   |  |   |       |       |   |                      |                                |                          |  | Business Phone   |      |                    | Mobile Phone             |                              |                 |  |                        |  |              |  |  |  |  |                  |  |  |  |  |
|   | VYR   |  | Make  |       | Model |   | Style                |                                | Color                    |  | Lic/Lis  |      |                    | VIN                      |                              |                 |  |                        |  |              |  |  |  |  |                  |  |  |  |  |
| 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 | 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>Age                             |  | Race | Sex                | Relationship To Offender |                              | Resident Status |  | Military Branch/Status |  |              |  |  |  |  |                  |  |  |  |  |
|   | Home Address  |  |   |       |       |   |                      |                                |                          |  | 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  |  |   |       |       |   |                      |                                |                          |  | Home Phone   |      |                    |                          |                              |                 |  |                        |  |              |  |  |  |  |                  |  |  |  |  |
|   | Employer Name/Address   |  |   |       |       |   |                      |                                |                          |  | Business Phone   |      |                    | Mobile Phone             |                              |                 |  |                        |  |              |  |  |  |  |                  |  |  |  |  |
|   | P<br>R<br>O<br>P<br>E<br>R<br>T<br>Y  | 1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 7 = Stolen 6 = Seized 5 = Recovered 8 = Unknown<br>("OJ" = Recovered for Other Jurisdiction) |   |       |       |   |                      |                                |                          |  |  |      |                    |                          |                              |                 |  |                        |  |              |  |  |  |  |                  |  |  |  |  |
| VI #  |   | Code   | Status<br>Frm/To  | Value | OJ    | QTY   | Property Description |                                |                          |  | Make/Model   |      |                    |                          | Serial Number                |                 |  |                        |  |              |  |  |  |  |                  |  |  |  |  |
|   |   |  |   |       |       |   |                      |                                |                          |  |  |      |                    |                          |                              |                 |  |                        |  |              |  |  |  |  |                  |  |  |  |  |
|   |   |  |   |       |       |   |                      |                                |                          |  |  |      |                    |                          |                              |                 |  |                        |  |              |  |  |  |  |                  |  |  |  |  |
|   |   |  |   |       |       |   |                      |                                |                          |  |  |      |                    |                          |                              |                 |  |                        |  |              |  |  |  |  |                  |  |  |  |  |
|   |   |  |   |       |       |   |                      |                                |                          |  |  |      |                    |                          |                              |                 |  |                        |  |              |  |  |  |  |                  |  |  |  |  |
|   |   |  |   |       |       |   |                      |                                |                          |  |  |      |                    |                          |                              |                 |  |                        |  |              |  |  |  |  |                  |  |  |  |  |
|   |   |  |   |       |       |   |                      |                                |                          |  |  |      |                    |                          |                              |                 |  |                        |  |              |  |  |  |  |                  |  |  |  |  |
|   |   |  |   |       |       |   |                      |                                |                          |  |  |      |                    |                          |                              |                 |  |                        |  |              |  |  |  |  |                  |  |  |  |  |
|   |   |  |   |       |       |   |                      |                                |                          |  |  |      |                    |                          |                              |                 |  |                        |  |              |  |  |  |  |                  |  |  |  |  |
|   |   |  |   |       |       |   |                      |                                |                          |  |  |      |                    |                          |                              |                 |  |                        |  |              |  |  |  |  |                  |  |  |  |  |
|   |   |  |   |       |       |   |                      |                                |                          |  |  |      |                    |                          |                              |                 |  |                        |  |              |  |  |  |  |                  |  |  |  |  |
|   |   |  |   |       |       |   |                      |                                |                          |  |  |      |                    |                          |                              |                 |  |                        |  |              |  |  |  |  |                  |  |  |  |  |
| Officer/ID# <i>JONES, B. S. (7153)</i>                            |   |  |   |       |       |   |                      |                                |                          |  |  |      |                    |                          |                              |                 |  |                        |  |              |  |  |  |  |                  |  |  |  |  |
| Invest ID# <i>JONES, B. S. (7153)</i>                             |   |  |   |       |       |   |                      |                                |                          | Supervisor <i>HUNTER, R. L. (4363)</i> |  |      |                    |                          |                              |                 |  |                        |  |              |  |  |  |  |                  |  |  |  |  |
| Status  | Complainant Signature   |  |   |       |       | Case Status<br><i>Except. Clear</i> <i>02/15/2013</i>         |                      |                                |                          |  | Case Disposition:<br><i>Prosecution Declined</i> <i>02/15/2013</i> |      |                    |                          |                              | Page 1          |  |                        |  |              |  |  |  |  |                  |  |  |  |  |
| R_CS11BR  |   |  |   |       |       |   |                      |                                |                          |  |  |      |                    |                          | Printed By: SCHIESS, G101484 |                 |  |                        |  | Sys#: 457832 |  |  |  |  | 01/19/2024 10:41 |  |  |  |  |