

I N C I D E N T  D A T A	Agency Name <i>Durham Police Department</i>		<b>INCIDENT/INVESTIGATION REPORT</b>				OCA <i>07-004611</i>		
	ORI <i>NC 0320100</i>		** <i>Contains Restricted Names</i> **				Date / Time Reported Month   Day   Yr   Time <i>02   11   2007   05:21 Hrs.</i>		
D E T A I L	#1	Crime Incident(s) <i>Rape - Forcible</i>	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month   Day   Yr   Time <i>02   11   2007   03:00 Hrs.</i>		Last Known Secure Month   Day   Yr   Time <i>02   11   2007   02:30 Hrs.</i>			
	#2	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident <i>400-BLK Gattis St, Durham NC 27701</i>		Offense Tract <i>312</i>			
	#3	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Premise Type <i>OTHER RESIDENCE - OTHER</i>		Victim Residence Type <input type="checkbox"/> Single Family <input checked="" type="checkbox"/> Multi Family			
MO	How Attacked or Committed <i>Forces Victim To Do/Lie On Floor, Suspect Actions-Sexu/Disrobe-Suspect Disrobed Vict, Suspect</i>				Forcible <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No	Weapon / Tools <i>Personal Weapons (hands, Feet,</i>			
V I C T I M	# of Victims <i>1</i>	Type <input checked="" type="checkbox"/> Person <input type="checkbox"/> Business <input type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Financial Institute <input type="checkbox"/> Religious <input type="checkbox"/> L.E. Officer Line of Duty <input type="checkbox"/> Other/Unknown	Injury <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Loss of Teeth <input type="checkbox"/> Broken Bones <input type="checkbox"/> Severe Lacerations <input checked="" type="checkbox"/> Internal <input type="checkbox"/> Unconscious <input type="checkbox"/> Other Major		Drug/Alcohol Use: <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A				
	V1	Victim/Business Name (Last, First, Middle) <i>RESTRICTED</i>	Victim of Crime # <i>1,</i>	DOB / Age <i>//</i>	Race	Sex	Relationship To Offender <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown		
	Home Address				Home Phone				
	Employer Name/Address				Business Phone		Mobile Phone		
	VYR	Make	Model	Style	Color	Lic/Lis	Vin		
O T H E R S	CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)								
	Type: <input checked="" type="checkbox"/> Person <input type="checkbox"/> Business <input type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Financial Institute <input type="checkbox"/> Religious <input type="checkbox"/> L.E. Officer Line of Duty <input type="checkbox"/> Other/Unknown								
	Code	Name (Last, First, Middle) <i>RESTRICTED</i>				Victim of Crime #	DOB / Age	Race   Sex	
	Home Address				Home Phone				
	Employer Name/Address				Business Phone				
I N V O L V E D	Type: <input checked="" type="checkbox"/> Person <input type="checkbox"/> Business <input type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Financial Institute <input type="checkbox"/> Religious <input type="checkbox"/> L.E. Officer Line of Duty <input type="checkbox"/> Other/Unknown								
	Code	Name (Last, First, Middle) <i>RESTRICTED</i>				Victim of Crime #	DOB / Age	Race   Sex	
	Home Address				Home Phone				
	Employer Name/Address				Business Phone				
	Status Codes L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found (Check "OJ" column if recovered for other jurisdiction)								
P R O P E R T Y	Victim #	DCI	Status	Value	OJ	QTY	Property Description	Make/Model	Serial Number
Number of Vehicles Stolen		<i>0</i>		Number Vehicles Recovered		<i>0</i>			
ID	Officer <i>BOBBITT, K. A. (4857)</i>	ID#	Officer Signature			Supervisor Signature <i>EDWARDS, D. (8727)</i>			
Status	Complainant Signature		Case Status <input checked="" type="checkbox"/> Further Investigation <input type="checkbox"/> Inactive <input type="checkbox"/> Closed/Cleared <input type="checkbox"/> Closed/Leads Exhausted		Case Disposition: <input type="checkbox"/> Unfounded <input type="checkbox"/> Located <input type="checkbox"/> Extradition Declined <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Refuse to Cooperate <input type="checkbox"/> Cleared by Arrest by Another Agency <input type="checkbox"/> Death of Offender <input type="checkbox"/> Prosecution Declined				