

**North Carolina Security Breach Reporting Form
Pursuant to the Identity Theft Protection Act of 2005**

Name of Business Owning or Licensing Information Affected by the Breach: New Hanover Correctional Center
Address: P. O. Box 240, Wilmington, N.C. 28402
Telephone: 910-251-2666
Fax: HJX13@doc.state.nc.us
Email: _____

PLEASE SUBMIT FORM TO:
Consumer Protection Division
NC Attorney General's Office
9001 Mail Service Center
Raleigh, NC 27699-9001
Telephone: (919) 716-6000
Toll Free in NC: (877) 566-7226
FAX: (919) 716-6050

Date Security Breach Reporting Form submitted: 05/15/07
Date the Security Breach was discovered: 05/07/07
Estimated number of affected individuals: 1
Estimated number of NC residents affected: 1

Name of business maintaining or possessing information that was the subject of the Security Breach, if the business that experienced the Security Breach is not the same entity as the business reporting the Security Breach (pursuant to N.C.G.S. § 75-65(b)): SAME

Describe the circumstances surrounding the Security Breach and state whether the information breached was in electronic or paper format: Inmate obtained documents with personal information on employee

Regarding electronic information breached, state whether the information breached or potentially breached was password protected or encrypted in some manner. No If so, please describe the security measures protecting the information: _____

Describe any measures taken to prevent a similar Security Breach from occurring in the future: Notified New Hanover County Clerk of Court. Personal information on documents should have been taken off.

Date affected NC residents were/will be notified: 05/07/07


If there has been any delay in notifying affected NC residents, describe the circumstances surrounding the delay pursuant to N.C.G.S. § 75-65(a) and (c): _____

If the delay was pursuant to a request from law enforcement pursuant to N.C.G.S. § 75-65(c), please include the written request or the contemporaneous memorandum.

How NC residents were/will be notified? (pursuant to N.C.G.S. § 75-65(e))

- written notice
- electronic notice (email)
- telephone notice
- substitute notice

Please attach copy of the notice if in written form or a copy of any scripted notice if in telephonic form.

Signature:  Date: 5/16/07
Contact Person, Title: James Holmes, Asst. Supt. Custody/Operations
Address: Same

(if different from above)
Telephone: 910-251-2666 Fax: 910-251-2665 Email: HJX13@doc.state.nc.us

**North Carolina Security Breach Reporting Form
Pursuant to the Identity Theft Protection Act of 2005**

Name of Business Owning or Licensing Information Affected by the Breach: stolen laptop w/employee info
Address: 1415 W Hwy 54 #208
Durham, NC 27707
Telephone: 919 960 4673
Fax: _____
Email: office@newhopeinc.org

PLEASE SUBMIT FORM TO:
Consumer Protection Division
NC Attorney General's Office
9001 Mail Service Center
Raleigh, NC 27699-9001
Telephone: (919) 716-6000
Toll Free in NC: (877) 566-7226
FAX: (919) 716-6050

Date Security Breach Reporting Form submitted: 1/10/07
Date the Security Breach was discovered: 12/31/06
Estimated number of affected individuals: 25
Estimated number of NC residents affected: 25

Name of business maintaining or possessing information that was the subject of the Security Breach, if the business that experienced the Security Breach is not the same entity as the business reporting the Security Breach (pursuant to N.C.G.S. § 75-65(b)): _____

Describe the circumstances surrounding the Security Breach and state whether the information breached was in electronic or paper format: electronic : laptop computer was stolen via forced entry

Regarding electronic information breached, state whether the information breached or potentially breached was password protected or encrypted in some manner. yes If so, please describe the security measures protecting the information: this computer was password protected

Describe any measures taken to prevent a similar Security Breach from occurring in the future: New, longer dead bolts will be installed on office doors, computers will be cable locked.

Date affected NC residents were/will be notified: 1/11/07

If there has been any delay in notifying affected NC residents, describe the circumstances surrounding the delay pursuant to N.C.G.S. § 75-65(a) and (c): Office manager & Senior Pastor were both out of town until 1/8/07

If the delay was pursuant to a request from law enforcement pursuant to N.C.G.S. § 75-65(c), please include the written request or the contemporaneous memorandum.

How NC residents were/will be notified?
(pursuant to N.C.G.S. § 75-65(e))

- written notice
 electronic notice (email)
 telephone notice
 substitute notice

Please attach copy of the notice if in written form or a copy of any scripted notice if in telephonic form.

Signature: Kelly W. Calegar Date: 1/10/07
Contact Person, Title: Kelly Calegar Bookkeeper / Office manager
Address: 1415 W. Hwy 54 #208 Durham
(if different from above)

Telephone: 919 960 4673 Fax: Ø Email: office@newhopeinc.org



*May the God of hope fill you with all joy and peace, as you trust in Him,
so that you may overflow with hope by the power of the Holy Spirit.
Romans 15:13*

Dr. Benjamin Wesley Kelley
Senior Pastor

January 10, 2007

Dear Previous and Present Employees,

This is an important notice. We have experienced a security breach in our office that may have put you at risk for identity theft.

On approximately December 31, 2006 someone broke into the church offices, and then proceeded to break into the bookkeeping office, which was securely locked with a deadbolt. They tore out the door jam, entered the office, and stole the lap top computer that contained employee data. Social Security numbers, names, addresses, and payroll information are the data that the computer contained.

The computer **was password protected with a sophisticated password**. So rest somewhat assured that only a serious professional could gain access to your information.

Nevertheless, we must let you know so you can protect yourself. Here is what is recommended by the attorney general's office.

- **Freeze Access to your credit** (see attached)
- **Guard your personal information** (see attached)
- **Remain Vigilant** - Monitor your account statements and free credit reports carefully (see attached)

To prevent a future act of this kind, newhope church will increase security at the offices by installing new, longer deadbolts, and locking our computers with cables. We will also activate a security alarm system.

Please feel free to call us at 960-4673 with questions and/or concerns. We apologize sincerely for this inconvenience.

Prayerfully,

Kelly Calegar
Bookkeeper and Office Manager

INCIDENT DATE

Agency Name
Durham Police Department
ORI
NC 0320100

INCIDENT/INVESTIGATION REPORT

OCA
07-000054
Date / Time Reported
Month Day Yr
01 01 2007 14:12 Hrs.
Last Known Secure
Month Day Yr
01 01 2007 14:12 Hrs.

#1 Crime Incident(s)
Burglary - Forcible Entry
#2 Crime Incident
#3 Crime Incident

At Found
Month Day Yr
01 01 2007 14:12 Hrs.
Location of Incident
1400-BLK W Nc 54 Hwy, Durham NC 27707
Premise Type
OTHER NON-RESIDENTIAL

Victim Residence Type
 Single Family Multi Family

MO

VICTIM

of Victims
1
Type
 Person Business
 Society Government Financial Institute
 Religious L.E. Officer Line of Duty Other/Unknown
Victim/Business Name (Last, First, Middle)
NEW HOPE CHURCH

Forcible
 Yes N/A No
Weapon / Tools
Jimmy/pry Tool Or Device
Injury
 None Minor Loss of Teeth
 Broken Bones Severe Lacerations
 Internal Unconscious Other Major
Drug/Alcohol Use:
 Yes Unknown
 No N/A
Victim of Crime #
1
DOB / Age
Race Sex
Relationship To Offender
UN
Resident Status
 Resident
 Non-Resident
 Unknown

Home Address
Employer Name/Address
Business Phone
Mobile Phone

VYR

OTHERS

INVOLVED

Status Codes

PROPERTY

CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)
Type: Person Business Society Government Financial Institute Religious L.E. Officer Line of Duty Other/Unknown

Code Name (Last, First, Middle)
RP MULDER, CURTIS
Home Address
Employer Name/Address
Business Phone

Type: Person Business Society Government Financial Institute Religious L.E. Officer Line of Duty Other/Unknown
Code Name (Last, First, Middle)
Home Address
Employer Name/Address
Business Phone

I = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found
(Check "OJ" column if recovered for other jurisdiction)

Victim #	DCI	Status	Value	OJ	QTY	Property Description	Make/Model	Serial Number
1	32	S	\$1,500.00		1	COMPUTER HARDWARE/SOFTWARE	DELL/Laptop	

Number of Vehicles Stolen **0** Number Vehicles Recovered **0** Total Stolen Value: \$1,500.00

Officer ID# **KELLY, G. P. (9442)** Officer Signature
Complainant Signature
Supervisor Signature
EDWARDS, D. (8727)
Case Status
 Further Investigation
 Inactive
 Closed/Cleared
 Closed/Leads Exhausted
Case Disposition:
 Unfounded Located
 Cleared by Arrest Refuse to Cooperate
 Cleared by Arrest by Another Agency Extradition Declined
 Death of Offender Prosecution Declined

DURHAM POLICE DEPARTMENT
505 WEST CHAPEL HILL STREET
DURHAM, NORTH CAROLINA 27701

FACSIMILE COVER SHEET

DATE: <u>8/22/97</u>	NUMBER OF PAGES: <u>2</u> (including this cover sheet)	COPY TO: _____
SPECIAL INSTRUCTIONS FOR THIS FACSIMILE:		
CONFIDENTIAL <input type="checkbox"/>	URGENT <input type="checkbox"/>	PLEASE REPLY <input type="checkbox"/>
TO: <u>F. C. Hammond</u>	FOR YOUR INFORMATION <input type="checkbox"/>	
OFFICE # _____	MESSAGE: _____	
FAX # <u>336-919-5186</u>	_____	
FROM: <u>PCPD</u>	_____	
DIV/UNIT: <u>Records</u>	_____	
OFFICE #: <u>560-4423</u>	_____	

IF THIS FACSIMILE DOES NOT TRANSMIT IN FULL
OR IF THERE IS ANY PROBLEM, PLEASE CONTACT:
DURHAM POLICE RECORDS AT (919) 560-4423.