I N	Agenc	y Nam	e WIN	. IN	INCIDENT/INVESTIGATION								OCA 2220406						
I C	ORI	NC	NC 034	10200			1	REPORT								Date / Time Reported SMTWTFS Month Day Yr Time			
D E	10		ncident(s			☐ Att							04   28   2022   09:24 Hrs.   Last Known Secure   S M T M T F S   Month Day Yr   Time						
N T	#1			, Larceny- All	Oth	er		ı —	Com	Month 04	Ι			Fime $5:28$ Hrs			Day Yr 🗀	Time $19:00$ Hrs.	
D.	#2	Crime I	ncident						Att	Location	n of	Incident						Offense Tract	
A T	Crime Incident Com 1373 Westgate Center Dr, Winston  H Att Premise Type																NC Victim Reside	322	
A	#3	Jillie I	ncident						Com	Tremise	1 9]	pe				- 1		ly □Multi Family	
МО			d or Con MITTEI						•					Forcible Yes [	X N/A	We	apon / Tools		
	# of Victims   Type   None   Minor   Loss of Teeth   Drug/Alcohol Use:															lcohol Use:			
	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown																		
V I		Victim		igious  L.E. Off Name (Last, First,			uty   Othe	er/Ur	ıknow	'n 🗆		Victim of		nscious   B / Age	<del></del>	er Major No N/A  ee Sex Relationship Resident Status			
C T	V1	v ictiiii/			Crime #					44	Race	sex	To Offender						
I	1	DA	ΓA OMITTED					1,			$\mid w \mid$	M	1RU	☐ Non-Resident ☐ Unknown					
М -	Home Address DATA OMI'									TTED						Home Phone			
	Employer Name/Address DATA OM														Business Phone				
	VYR	Color Lic/Lis Vin							Vin										
					<u> </u>				<u> </u>										
О																			
T H																			
E																			
_	DATA OMITTED																		
I N	N V																		
V																			
O L																			
V E																			
D																			
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column	R = Recovered if recovered for other	D = er jur	Damaged isdiction)	Z = Seized	B =	Burn	ied C=	Cot	unterfeit / F	orged	F = Foun	d				
	Victim #	DCI	Status	Value	Property Description								Mal	ce/Mo	del Se	rial Number			
-	1	RAILERS								SGAC/I	Enclo:	sed DA	TA OMITTED						
P - R																	IN	FOR FORMATION	
																	11.	SECURITY	
0																		PURPOSES	
Р <sup>-</sup> Е -																			
R T					-													VE PROPERTY	
Y ·																	1 WEL	ITEMS ARE	
-														+			D	ISPLAYED ON	
																	F	2C REPORTS	
-					$\Box$		1 5	1											
	Numb		ehicles S	tolen 0		mber Vehi	Cles Recovere		0 re				1	Supervisor	Signat	ure			
ID	PEN	IN, A.	L. (158	808)					_				LD, J. L. (14563)						
	Comp	lainant	e	Case Statu		Case Disposition: Unfounded Located							□ Extr	adition Declined					
Status					Inact								ooperate						
							☐ Closed			hausted				rrest by And				Page 1	