| I<br>N   | Agenc   | y Name                |                      | VSTON-SALEN             | ] IN                           | INCIDENT/INVESTIGATION   |                                     |              |          |                   |      |               | OCA 2222980  |  |  |                                     |          |       |              |          |  |
|--|---|-----------------------|----------------------|-------------------------|--------------------------------|--|-------------------------------------|--------------|----------|-------------------|------|---------------|--|--|--|-------------------------------------|----------|-------|--------------|----------|--|
| I<br>C   | ORI   | NC                    | NC 034               | 10200                   |                                |  | 1                                   | REPORT       |          |                   |      |               |  |  | Date / Time Reported SMTWIFS Month Day Yr Time |                                     |          |       |              |          |  |
| D<br>E   |   |                       | ncident(s            |                         | <br>  Att   At Found   SMTW⊒FS |  |                                     |              |          |                   |      |               |  | 05   12   2022  14:24 Hrs.   |  |                                     |          |       |              |          |  |
| N<br>T   | #1  |                       |                      | ,<br>Legal Process !    | _                              | ☐ Att   At Found   S M T W T F S   Month Day Yr Time   Month Day   Month Day |                                     |              |          |                   |      |               |  | ast Known Secure SMTWIFS onth Day Yr Time  05   12   2022   14:24   Hrs. |  |                                     |          |       |              |          |  |
| D.   | #2  | Crime I               | ncident              |                         |                                | Att  | Location                            | n of         | Incident |                   |      |               |  | •  |  | offense T                           |          |       |              |          |  |
| A<br>T   | Crime Incident Com 1400 Thurmond St - BLK, Winston-s                              |                       |                      |                         |                                |  |                                     |              |          |                   |      |               |  |  |  |                                     |          | sidon | 113          |          |  |
| A  | #3  | Jillie I              | neident              |                         | ☐ Att   Premise Type ☐ Com     |  |                                     |              |          |                   |      |               | Victim Residence Type ☐ Single Family ☐ Multi Family |  |  |                                     |          |       |              |          |  |
| МО   |   |                       | d or Com             |                         |                                |  |                                     | Forcible Yes |          |                   |      |               |  |  | Weapon / Tools                                 |                                     |          |       |              |          |  |
|  |   |                       |                      |                         |                                |  |                                     |              |          |                   |      |               |  |  |  | ۵۰                                  |          |       |              |          |  |
|  | Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow |                       |                      |                         |                                |  |                                     |              |          |                   |      |               |  |  |  | I                                   |          |       |              |          |  |
| V<br>I   | 0   |                       |                      | igious L.E. Off         |                                |  | ity Othe                            | er/Un        | know     | n _               |      | ternal 🔲      |  | scious [   | Other  | Majo                                |          | No    | N/A          |          |  |
| C  |   | Victim/               |                      | Name (Last, First,      | Victim of Crime #              |  |                                     |              |          | 3 / Age           | Race | Sex           | Relations<br>To Offer                                | der  | Residen  Residen                               | dent                                |          |       |              |          |  |
| T<br>I   | V1  |                       | DA                   | ΓA OMITTED              |                                |  |                                     |              |          |                   |      |               |  |  |  |                                     |          |       | □ Non-       | Resident |  |
| М -  | Home  | Addre                 | ess                  |                         | TED                            |  |                                     |              |          |                   |      | 1             | Home Phone   |  |  |                                     |          |       |              |          |  |
|  | Employer Name/Address DATA OMI  |                       |                      |                         |                                |  |                                     |              |          |                   |      |               |  |  | Business Phone                                 |                                     |          |       |              |          |  |
|  | VYR   | Color   Lic/Lis   Vin |                      |                         |                                |  |                                     |              | Vin      |                   |      |               |  |  |  |                                     |          |       |              |          |  |
|  |   |                       |                      |                         |                                |  |                                     |              |          |                   |      |               |  |  |  |                                     |          |       |              |          |  |
| O<br>T<br>H<br>E<br>R<br>S<br>I<br>N<br>V<br>O<br>L<br>V<br>E<br>D | DATA OMITTED  |                       |                      |                         |                                |  |                                     |              |          |                   |      |               |  |  |  |                                     |          |       |              |          |  |
| Status<br>Codes  | (Chec   | k "OJ"                | = Stolen<br>column i | R = Recovered for other | D = D<br>r juris               | Damaged sdiction)  | Z = Seized                          | В=           | Burn     | ed C=             | Cou  | interfeit / F | orged  | F = Foun   | .d   |                                     |          |       |              |          |  |
|  | Victim # DCI Status Value OJ QTY  |                       |                      |                         |                                |  | Property Description                |              |          |                   |      |               |  |  | Mak  | ake/Model Serial Number             |          |       |              | ber      |  |
| P - R - O  |   |                       |                      |                         |                                |  |                                     |              |          |                   |      |               |  | DA   | FA OMI   | TTED                                |          |       |              |          |  |
|  |   |                       |                      |                         | +                              |  |                                     |              |          |                   |      |               |  |  |  |                                     |          | INI   | FOR<br>FORMA | TION     |  |
|  |   |                       |                      |                         | +                              |  |                                     |              |          |                   |      |               |  |  |  |                                     |          |       | SECURI       |          |  |
|  |   |                       |                      |                         |                                |  |                                     |              |          |                   |      |               |  |  |  |                                     |          | ]     | PURPOS       | ES       |  |
| Р <sup>-</sup><br>Е -  |   |                       |                      |                         |                                |  |                                     |              |          |                   |      |               |  |  |  |                                     |          |       |              |          |  |
| R<br>T<br>Y  |   |                       |                      |                         | _                              |  |                                     |              |          |                   |      |               |  |  |  |                                     | TX       |       | LY THE       |          |  |
|  |   |                       |                      |                         | +                              |  |                                     |              |          |                   |      |               |  |  |  |                                     | 1 V      |       | TEMS A       |          |  |
| -  |   |                       |                      |                         | +                              |  |                                     |              |          |                   |      |               |  |  |  |                                     |          |       | SPLAYE       |          |  |
| -  |   |                       |                      |                         |                                |  |                                     |              |          |                   |      |               |  |  |  |                                     |          |       | C REPO       |          |  |
| -  |   |                       |                      |                         |                                |  |                                     |              |          |                   |      |               |  |  |  |                                     |          |       |              |          |  |
|  | Numb  |                       | ehicles S            | -                       |                                | ber Vehic  | cles Recovered Officer Sig          |              | 0        |                   |      |               | - 1  | Supervice  | Signat   | ure                                 |          |       |              |          |  |
| ID   | Officer ID# Officer Si GENTLE, J. Z. (16214)                                      |                       |                      |                         |                                |  |                                     |              |          |                   |      |               |  |  |  | isor Signature<br>AL, L. A. (15628) |          |       |              |          |  |
|  | Complainant Signature Case State  |                       |                      |                         |                                |  |                                     |              |          | Case Disposition: |      |               |  |  |  |                                     | _        | Evt   | dition D     | aclined  |  |
| Status   |   |                       |                      |                         |                                |  | ☐ Further ☐ Inact ☐ Closed ☐ Closed | ive<br>/Clea | ıred     |                   |      |               | l by Aı<br>l by Aı                                   | Test by Ander  | ] Refuse<br>other Ag                           | gency                               | ooperate |       | dition D     |          |  |