| I N | Agenc | y Nam | e WIN | IN | INCIDENT/INVESTIGATION | | | | | | | | OCA 2224202 | | | | | | | |
|--|---|-----------------|-----------------|--------------------------------------|------------------------|---|---------------|----------------------------|---------|---------|------|----------------------|-------------|--------------------|---|---|-----------------------------|-------------------|--|--|
| C | ORI | NC | NC 034 | 10200 | | | 1 | REPORT | | | | | | | | Date / Time Reported SMTWIFS Month Day Yr Time | | | | |
| D E | | | ncident(s | | | | | | | | | | | | | 05 19 2022 10:19 Hrs. | | | | |
| N T | #1 | | | , Larceny- All | ı — | Att At Found S M T W T F S Last Known Secure S M T V Time Month Day Yr Time Month Day Yr Time Month Day Yr Time 10.19 | | | | | | | | | Time | | | | | |
| D | #2 | Crime I | ncident | | | | | | Att | Locatio | n of | Incident | | | | | | Offense Tract | | |
| A T | Crime Incident ☐ Com 1351 Woodruff Glen Dr, Winston | | | | | | | | | | | | | | | | | 113 | | |
| A | #3 | Jillie I | ncident | | | | | ☐ Att Premise Type ☐ Com | | | | | | | Victim Residence Type ☐ Single Family ☐ Multi Family | | | | | |
| МО | | | d or Com | | | | | | | | | | | Forcible Yes | X N/A | We | apon / Tools | | | |
| | | | | | | | | | | | | | | | | 11-177 | | | | |
| | # of Victims Type Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use Society Government Financial Institute Broken Bones Severe Lacerations Yes Unit | | | | | | | | | | | | | | | | | | | |
| V | 1 | | ☐ Rel | igious 🔲 L.E. Off | icer | Line of D | | | nknow | | _ | | | scious | Other | Majo | r 🛛 🗓 N | o □N/A | | |
| I C | | Victim/ | Business | Name (Last, First, | Mido | dle) | | | | | | Victim of Crime # | DOI | 3 / Age 61 | Race | Sex | Relationship To Offender | | | |
| T I | V1 | | DA | TA OMITTED | | | | | 1 | | 01 | B | M | | ☐ Non-Residen | | | | | |
| M | Home | Addre | ess | | | | | | | 1 | | | | | ne Phone | Unknown | | | | |
| | DATA OMI | | | | | | | | | | | | | | Business Phone | | | | | |
| | DATAO | | | | | | | | | | | | | | Dusiness Fhone | | | | | |
| | VYR | M | ake | Model | St | yle | Color | | Lic | c/Lis | | | | Vin | | | | | | |
| O T H E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | | |
| 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= | Coı | unterfeit / F | orged | F = Found | d | | | | | |
| | Victim # | DCI | Status | Value | | Property Description | | | | | | | | ce/Mo | odel S | erial Number | | | | |
| - - P - R | 1 | | | | | | | | | | | | | | | | DATA OMITTED | | | |
| | | | | | | | | | | | | | | | | | 17 | FOR NFORMATION | | |
| | | | | | \dashv | | | | | | | | | | | | - 11 | SECURITY | | |
| ο . | | | | | | | | | | | | | | | | | | PURPOSES | | |
| P . | | | | | | | | | | | | | | | | | | | | |
| R | | | | | _ | | | | | | | | | | | | | NLY THE FIRST | | |
| Т Ү . | | | | | \dashv | | | | | | | | | | | | IWEI | ITEMS ARE | | |
| • | | | | | \dashv | | | | | | | | | | | | D | OISPLAYED ON | | |
| • | | | | | | | | | | | | | | | | |] | P2C REPORTS | | |
| - | | | | | \Box | | | | | | | | | | | | | | | |
| | Numb | | ehicles S | tolen 0 | | mber Vehi | Cles Recovere | | 0 re | | | | ı | Supervisor | Signat | ure | | | | |
| ID | DAV | 'ISON | | . (16233) | | Officer Signature Supervisor Signature WELLMAN, K. R. (15044) | | | | | | | | | | | | | | |
| | Complainant Signature Case Stat ☐ Furth | | | | | | | | | tion | | Case Dispos | | ☐ Loca | | | □ Evi | radition Declined | | |
| Status | | | | | | | ☐ Tultile | ive /Clea | ared | | | ☐ Cleared | by A | rrest Drest by Ano | Refuse ther Ag | gency | ooperate | Page 1 | | |