I N	Agenc	y Name		STON-SALEN	1 P	OLICE	IN	ICIDENT/INVESTIGATION					OCA 2224297						
C .	ORI	NC					1	REPORT					Date / Time Reported SMTWFFS Month Day Yr Time						
D E	NC NC 0340200 Crime Incident(s)									Att At Found S M T W크 F S						05 19 2022 19:03 Hrs.			
N T	ша									☐ Att At Found SMTWIFS Last Known Secure SMTW Month Day Yr Time Last Known Secure SMTW Time Month Day Yr Time DS 19 2022 19:03 Hrs 05 19 2022 19:03									
D.	#2		ncident					\rightarrow		of Incident	2 13	9.03 1120	1 03	1	 	19:03 Hrs. Offense Tract			
A	Com 301 Medical Center Bv, Winston-sau																312		
T A	#3	Jillie 1	ncident					☐ Att Premise Type ☐ Com						Victim Residence Type ☐ Single Family ☐ Multi Family					
МО			d or Com MITTEI					Forcible ☐ Yes ☐ No					☐ Yes [Weapon / Tools					
	# of V	ictims	Туре	▼ Person	ΠЕ	Business				Injury	☐ None	ΙXΙΝ	_	Loss o	f Teet	th Drug/Al	cohol Use:		
3.7	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown															_			
V I		Victim/		Name (Last, First,			пу 🔲 Опи	21/ U11	IKIIOW	^{/11}	Internal U		B / Age	Race			□N/A Resident Status		
C T	V1		DA	ΓA OMITTED							Crime #		19			To Offender			
I M ·				TA OMITTED					1,			В	F	1AQ	Unknown				
	Home Address DATA OMIT									TTED					Home Phone				
•	Employer Name/Address DATA OMI								TTED					Business Phone					
•	VYR Make Model Style						Color Lic/Lis Vin						Vin						
O T																			
H E																			
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I	DATA OMITTED																		
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Status	L = L	ost S	= Stolen	R = Recovered	D = 1	Damaged	Z = Seized	B =	Burn	C = C	Counterfeit / 1	Forged	F = Found	i					
Codes	(Chec Victim		column	f recovered for othe	r juri	Í													
	#	I DOTE OF LOT LOT LOT LOT OF THE						Property Description						Mak	e/Mo		rial Number TA OMITTED		
P - R -					\dashv											<i>DI</i> 1	FOR		
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O P					\dashv												PURPOSES		
E - R					\dashv											ON	LY THE FIRST		
T .					_												VE PROPERTY		
Y																	ITEMS ARE		
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-					\dashv											P2	2C REPORTS		
-	Numb	er of V	ehicles S	tolen 0	Nun	nber Vehic	cles Recovere	d	0										
ID	Office	r		ID			Officer Sig		_				Supervisor	Signatu	ire	5/25)			
ID	COX, S. P. (14818) Complainant Signature Case Stat									AZMON, A. E. (15425) Case Disposition:									
C4-4	Furt									r Investigation Unfounded Located Extradition De							adition Declined		
Status							Closed	☐ Inactive ☐ Cleared by Arrest ☐ Refuse t☐ Closed/Cleared ☐ Closed/Leads Exhausted ☐ Death of Offender ☐ Prosecu						gency		Page 1			