I N	Agenc	y Name		NSTON-SALE	OLICE	INCIDENT/INVESTIGATION REPORT							OCA 2257176						
I C	ORI	NC	NC 034	10200					KEP	ואכ			Date / Mon		Reported Day Y	_	Time		
D E	10	Crime I			I	At Found	Isla	<b>สา</b> โพโ	T F S	11		26   20		Time 16:55 Hrs TWTF±					
N	#1	Jimic II		, & Run Acciden	ıt nı	Or Pug		□ A		Month	Day Yr	T	'ime			n Secure	Ti	lme	
Τ.	<u> </u>	Crime I	ncident	& Kun Acciden	и <b>-</b> рр	Orrva		□ A	_		26   202. of Incident	2   10	5:55  Hrs	s 11		26   202.		5:55 Hrs ense Tract	
D A	#2										nes Mall	Cr, W	inston-se	alem N	IC 2	7103	1	322	
T	#3	Crime I	ncident					A	-	Premise T						Victim Resi	dence '	Type	
A	□ Com														☐ Single Family ☐ Multi Family				
MO			d or Con										Forcible Ves	TY N/A	We	apon / Tool	S		
MO	DATA OMITTED Yes N/A																		
A MO V I C T I M O T H E R S S I N V	# of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:																		
	O Society Government Financial Institute Broken Bones Severe Lacera																		
																Major No N/A Sex Relationship Resident Status			
C		v ictiiii/	Dusiness	Name (Last, Prist,	IVIIG	uie)					Crime #		o / Age	Race	sex	To Offend	er   🗀	Resident	
	V1		DA	ΓA OMITTED														Non-Resider	
	Home	e Addre	.cc												Home Phone				
	Home	Addic	.33		D.	ATA OMI	ITTED							Tronic Thone					
•	Empl	oyer Na	me/Add	ress	ATA OMI	A OMITTED							Business Phone						
	VYR	I M	ake	Model	I St	tyle							Vin						
	VIIK		акс	Woder		lyic	Color		Lici	LIS			V III						
E R S			DATA OMITTED																
Status Codes	L = L	ost S	= Stolen	R = Recovered	D=	Damaged	Z = Seized	$\mathbf{B} = \mathbf{B}$	urne	$\mathbf{d}  \mathbf{C} = \mathbf{C}$	ounterfeit / I	orged	F = Foun	ıd					
Codes	Victim				er jui	ĺ													
	# DCI Status Value OJ (					QTY	Y Property Description							Mal	ce/Mo			Number OMITTED	
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-																		RMATION	
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E R T Y																	ONLY	THE FIRST	
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																	ITE	EMS ARE	
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-																			
•	Numb	er of V	ehicles S	tolen 0	Nu	mber Vehic	cles Recovere	d <i>0</i>											
	Office		14 4 1	152(8) ID	)#		Officer Sig	nature					Supervisor	Signat	ure				
ID			M. A. (				G- C: :			Г	C D'	-:4:	(0)						
	Comp	ıaınant	Signatur	e			Case Status		igatio		Case Dispos	sition: ided	□ Loc	cated					
Status							☐ Inact ☐ Closed ☐ X Closed	ive /Cleare	ed		Cleared	l by Ar l by Ar	rest rest by And	Refuse other Ag	gency	ooperate		Page 1	