I N	Agenc	y Nam	e WIA	IN	INCIDENT/INVESTIGATION							OCA 2304488							
C	ORI	NC	NC 034	40200			1	REPORT								Date / Time Reported   S M T W T F S Month Day Yr Time			
D E		Trime I			☐ Att At Found S M T W T F S Month Day Yr Time							O1 30   2023   11:02 Hrs.  Last Known Secure SMTWTFS Month Day Yr Time							
N T	#1		(	Larceny- All	Oth	er		_	Com	Month 01	I			lime 1:02  Hrs			Day Yr 🖰	Time $11:02$ Hrs.	
D	#2	Crime I	ncident						Att	Location	n of	f Incident	·	•				Offense Tract	
A T	Com 1210 E Twenty-fifth St, Winston-sale																C 27105 Victim Reside	223	
A	#3	Jillie I	neident						Com	Tiennse	1 у	pe				- 1		ily □Multi Family	
МО			d or Con MITTEI				·					Forcible  Yes  No	<b>X</b> N/A	We	apon / Tools				
	# of Victims   Type   None   None   Drug/Alcohol Use:															lcohol Use:			
**	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow															_			
V I	<del></del> ,	Victim/		Name (Last, First,			иту 🔲 Опто	21/ U11	IKIIOW	11 _	] In	Victim of		S / Age	Race				
C T	V1			ΓA OMITTED					Crime #		47			To Offender					
I M				IA OMITTED					1			В	F		Unknown				
141	Home Address DATA OMIT									ГТЕО						Home Phone			
	Employer Name/Address DATA OMI									 FTED					Business Phone				
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Status Codes																			
Codes	Victim				Ť	Í		D. C. D. C. C.								Make/Model Serial Number			
	# DCI Status Value OJ QTY  1 06 7							Property Description  **KET							Mai	ce/Mo		ATA OMITTED	
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Υ .																		ITEMS ARE	
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-					$\dashv$														
			ehicles S	-		nber Vehi	cles Recovere		0					·					
ID	Office PER		ON, J.	A. (15932)	Officer Sig	Officer Signature Supervisor Signature SULLIVAN, J. F. (15489)													
	Complainant Signature Case Sta									Case Disposition:									
Status						estiga	tion		☐ Unfoun☐ Cleared	by A	rrest	Refus	e to C	ooperate	radition Declined				
J	IS											rrest by Ano	ther Ag	gency	Г	Page 1			