| I N | Agenc | y Name | e WIN |] IN | INCIDENT/INVESTIGATION | | | | | | | OCA 2304522 | | | | | | | |
|---------------------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------|-----------|------------------------------------|------------------------|----------------------------------------|----------------------------|----------------------|---------------------------------------------------------|----------|--------------|-------------------------------|------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------|-----------|----------------------------|--|
| C · | ORI | NC | | | 1 | REPORT | | | | | | | Date / Time Reported SMTWTFS Month Day Yr Time | | | | | | |
| D E | | | NC 034 | | | Att At Found SMTWTFS Month Day Yr Time | | | | | | | | Day YF Time O1 30 2023 14:00 Hrs. Last Known Secure S M T W T F S Month Day Yr Time | | | | | |
| N T | #1 Traffic Accident-pp Or Pva | | | | | | | | | Month 01 | | Time $3 \mid 14:00 \mid$ Hrs. | | | | | | | |
| D. | #2 | Crime I | ncident | 1 | r | | | | Com Att | Location | | |) 14 | 1:00 Hrs | s <u>01</u> | | <u> </u> | Offense Tract | |
| A | | 7 T | | | | | | _ | ☐ Com 301 Medical Center Bv, Winster ☐ Att Premise Type | | | | | | n-sale | -salem NC 27103 312 Victim Residence Type | | | |
| T A | #3 | Jillie 1 | ncident | | | | | | Com | Premise | тур | ie | | | | - 1 | | uence Type mily | |
| МО | | | d or Con | | | • | | | | | Forcible Yes | X N/A | We | eapon / Too | s | | | | |
| | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Us | | | | | | | | | | | | | | | /Alcohol Use: | | | |
| | O Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow | | | | | | | | | | | | | | | | | | |
| V I | | Victim/ | | igious L.E. Off Name (Last, First, | | | ity Othe | er/Un | know | n _ | | ernal Victim of | | scious B / Age | Other Race | <u> </u> | | No N/A ip Resident Status | |
| C T | V1 | v ictiii/ | | | Crime # | | | | |) Age | Race | эсх | To Offend | er Resident | | | | | |
| I | ' - | | DA | ΓA OMITTED | | | | | | | | | | | ☐ Non-Residen ☐ Unknown | | | | |
| М - | Home Address DATA OMI | | | | | | | | ГТЕО | | | | | | | Home Phone | | | |
| | E1 N/A 11 | | | | | | | MITTED | | | | | | | | Business Phone | | | |
| • | VYR | M | ake | Model | Sty | yle | Color | | Lic | :/Lis | | | | Vin | | | | | |
| T H E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | |
| Status Codes | | | | | | | | | | | | | | | | | | | |
| | Victim # DCI Status Value OJ QTY | | | | | | Property Description | | | | | | | | Mak | ce/Mo | odel | Serial Number | |
| P - | π | π 301 Status Talue 05 Q11 | | | | | | Troponty Description | | | | | | | 17141 | 10, 111 | | DATA OMITTED | |
| | | | | | _ | | | | | | | | | | | | | FOR | |
| | | | | | - | | | | | | | | | | | | | INFORMATION SECURITY | |
| R O | | | | | + | | | | | | | | | | | | | PURPOSES | |
| Р ⁻ Е - | | | | | | | | | | | | | | | | | | | |
| R | | | | | | | | | | | | | | | | | | ONLY THE FIRST | |
| T Y | | | | | | | | | | | | | | | | | TW | ELVE PROPERTY | |
| | | | | | _ | | | | | | | | | | | | | ITEMS ARE DISPLAYED ON | |
| - | | | | | + | | | | | | | | | | | | | P2C REPORTS | |
| - | | | | | | | | | | | | | | | | | | | |
| | | | ehicles S | | | nber Vehic | cles Recovere | | 0 | | | | | | | | | | |
| ID | Office: | | VS. C. I | ID E. (15570) | Officer Sig | Officer Signature Supervis (0) | | | | | | | | or Signature | | | | | |
| 112 | MEADOWS, C. E. (15570) Complainant Signature Case State | | | | | | | | | | | | | | , | | | | |
| Status | | | | | | | ☐ Further ☐ Inact ☐ Closed | ive /Clea | ıred | | | | by Ar | Test by Ander |] Refuse other Ag | gency | Cooperate | xtradition Declined Page 1 | |