| I N | Agenc | y Name | | NSTON-SALE | . IN | ICIDENT/INVESTIGATION | | | | | | OCA 2304563 | | | | | | | |
|-----------------|--|-------------------------------------|-----------|-------------------------------------|--|---------------------------------|--------------------------|----------------------------------|-------|----------|--|-------------------|--|--------------------------------------|--|---------------------------|-------------|--------------------------|--|
| C I | ORI | NG | | | | 02102 | - | REPORT | | | | | | | Date / Time Reported SMTWTFS Month Day Yr Time | | | | |
| D E | 10 | | NC 034 | | | I At I At Equal I 인.M 커 베 커 티 인 | | | | | | | | 01 30 2023 19:23 Hrs. | | | | | |
| N T | #1 | | | n Auto From Ai | Att At Found S M T W T F S Month Day Yr Time At Found S M T W T F S Month Day No. 10 No. 10 | | | | | | | Month Day Yr Time | | | | | | | |
| D D | #2 | | ncident | 77 11000 1 7000 110 | | | | _ | Att | Location | | |) 15 | 7.23 1111 | 3 01 | | | Offense Tract | |
| A | Com 1987 Old Salisbury Rd, Winston-sale | | | | | | | | | | | | | | | | | 314 | |
| T A | #3 | rime i | ncident | | | | ☐ Att Premise Type ☐ Com | | | | | | Victim Residence Type ☐ Single Family ☐ Multi Family | | | | | | |
| МО | | | d or Con | | | | | Forcible Yes | | | | | | Weapon / Tools | | | | | |
| | # of Victims Type | | | | | | | | | | | | | | | lcohol Use: | | | |
| | O Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown | | | | | | | | | | | | | | | s Unknown | | | |
| V I | | Victim/ | | igious L.E. Of Name (Last, First, | | | uty Othe | er/Un | ıknow | n _ | | victim of | | scious [| Other Race | . | | □N/A Resident Status | |
| C T | VI DATA OMITTED | | | | | | | | | | | | | | ruce | Бел | To Offender | ☐ Resident | |
| I M | | | DA | IA OMITTED | | | | | | | | | | | | | | ☐ Non-Resident☐ Unknown | |
| IVI | Home Address DATA OMI | | | | | | | | | TTED | | | | | | Home Phone | | | |
| | Employer Name/Address DATA OMI | | | | | | | | | TTED | | | | | | Business Phone | | | |
| , | VYR | M | Model | Color Lic/Lis Vin | | | | | | Vin | | | | | | | | | |
| | | | | • | | | | | | | | | | | | | | | |
| O | | | | | | | | | | | | | | | | | | | |
| T H | | | | | | | | | | | | | | | | | | | |
| E R | E R | | | | | | | | | | | | | | | | | | |
| S | | | | | | | | | | | | | | | | | | | |
| I | DATA OMITTED | | | | | | | | | | | | | | | | | | |
| N | | | | | | | | | | | | | | | | | | | |
| O | | | | | | | | | | | | | | | | | | | |
| L V | | | | | | | | | | | | | | | | | | | |
| E D | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| Status | | | | | | | | | | | | | | | | | | | |
| Codes | (Chec Victim | | | if recovered for other | Ť | Í | | | | | | | | T | Make/Model Serial Number | | | | |
| | # DCI Status Value OJ QC PTR 6 | | | | | | 1994 GRY, | Property Description TDX8621 NC | | | | | Mak FORD I | | | rial Number TA OMITTED | | | |
| P - R - O | | PTR 6 1 1994 GRY , TDX8621 NC | | | | | | | | | | | | FOR | | | | | |
| | | | | | | | | | | | | | | | | | | FORMATION | |
| | | | | | | | | | | | | | | | | | | SECURITY PURPOSES | |
| Ρ. | | | | | \dashv | | | | | | | | | | | | | 1 CKI OSES | |
| E · | | | | | | | | | | | | | | | | | ON | LY THE FIRST | |
| T Y | | | | | | | | | | | | | | | | | | VE PROPERTY | |
| ٠. | | | | | | | | | | | | | | | | | | ITEMS ARE ISPLAYED ON | |
| - | | | | | | + | | | | | | | | | | | | 2C REPORTS | |
| - | | | | | | | | | | | | | | | | | | | |
| | | | ehicles S | | | nber Vehi | cles Recovere | | 0 | | | | - | Cuparria | · Cianat | ırc | | | |
| ID | | K, S. P | . (1481 | | | Officer Sig | natui | re | | | | | MATT. | or Signature TISON, G. M. (15167) | | | | | |
| | Comp | lainant | Signatur | e | Case Status | us Case Disposition: | | | | | | □ Loc | , | | | | | | |
| Status | | | | | | | Inact | tive | | | | Cleared | by Aı | rest _ |] Refuse | e to C | ooperate | addion Decilied | |
| | | | | | | | ☐ Closed | | | hausted | | | | rest by Ander | | | | Page 1 | |