I N	Agenc	y Name	NSTON-SALEN	. IN	NCIDENT/INVESTIGATION REPORT						OCA 2304574								
C	ORI	NC									Date / Time Reported SMTWTFS Month Day Yr Time								
D E	NC NC 0340200 Crime Incident(s)									│						01 30 2023 19:52 Hrs.			
N T	#1		, Credit Card/ati	ı —	Month Day Yr Time Month Day Yr T:									Time $00:00$ Hrs.					
D	#2	Crime I	ncident						Att	Locatio	n of	f Incident						Offense Tract	
A T	Colors Institute														n NC		01 Victim Reside	111	
A	#3	onine i	nerdent						Com	Tremise	, I J	pc				- 1		ily □Multi Family	
МО			d or Con MITTEI										Forcible Yes [X N/A	We	apon / Tools			
	# of Victims Type No Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															lcohol Use:			
	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow															es Unknown			
V I		Victim/		igious L.E. Off Name (Last, First,			uty Othe	er/Un	ıknow	n [] In	victim of		nscious B / Age	Other Race		r		
C T	V1				Crime #				201	33		БСА	To Offender	□ Resident					
I M			DA	TA OMITTED					1,			$\mid W \mid$	F		☐ Non-Resident☐ Unknown				
171	Home Address DATA OMI									ГТЕО						Home Phone			
•	Employer Name/Address DATA OMI									TTED					Business Phone				
	VYR	Color	Color Lic/Lis Vin																
T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes	L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found (Check "OJ" column if recovered for other jurisdiction)																		
	Victim #		Status		Property Description							Mak	e/Mo	del S	erial Number				
	1	IONEY/CASH											ATA OMITTED						
- P - R																	TP	FOR NFORMATION	
						+											- 11	SECURITY	
ο .																		PURPOSES	
Р ⁻ Е -																			
R T																		NLY THE FIRST LVE PROPERTY	
Y						+											1 WEI	ITEMS ARE	
																	D	ISPLAYED ON	
																	I	P2C REPORTS	
-	N T -			1 2		1 777		1											
	Numb		ehicles S	tolen 0		mber Vehi	cles Recovere Officer Sig		0 re				I	Supervisor	Signati	ıre			
ID	SMI	TH, L	0. G. (1	4704)		BOWERŠ, K. S. (14602)					
	Comp	lainant	Signatur	e			Case Status	r Inve	estiga	tion	(Case Dispos Unfoun	ded	Loca	ated		□ Ext	radition Declined	
Status							☐ Closed	/Clea		hausted			by A	rrest rrest by And	Refuse ther Ag	gency		Page 1	