I N	Agenc	y Name	WIN] IN	INCIDENT/INVESTIGATION							OCA 2308899								
C ·	ORI	NC	NC 034				1	REPORT							Date / Time Reported SMTWTFS Month Day Yr Time					
D E		NC .		│ Att │ At Found │ S M T W T F S Month Day Yr Time								Day 17 Time O3 O1 2023 19:06 Hrs								
N T	#1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ieraem(s	, Overdos	e			_	Com	Month 03	ı I			Time 9:06 Hr:				Yr —	Time 19:06 Hrs	
D.	#2	Crime I	ncident						_		-	Incident	23 13	2.00	- 03		01 1		Offense Tract	
A		7 T						_	Com				r, Wir	iston-sale	em NC			D: 1	221	
T A	#3	Jillie I	ncident						Com	Premis	е ту	pe				- 1			ce Type y ∏Multi Famil	
МО	How Attacked or Committed DATA OMITTED													Forcible Yes	[X] N/A	Weapon / Tools				
	No															cohol Use:				
3.7																_				
V I		Victim/		Name (Last, First,			пу 🔲 Оппе	21/ U11	KIIOW	Injury □ None □ Minor □ Loss of Teeth □ Drug/Alcohol Use: □ Broken Bones □ Severe Lacerations □ Yes □ Unknown										
C T	V1			ΓA OMITTED										. 8				fender	☐ Resident	
I M			DA.	IA OMITTED																
141	Home Address DATA OM									TTED						Home Phone				
	Employer Name/Address DATA								OMITTED							Business Phone				
	VYR	M	ake	Model	Sty	/le	Color		Lic	:/Lis				Vin						
O T H E R S I N V O L V E							DATA	A C	ΟM	ITT	EI)								
D	L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found																			
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column i	R = Recovered for other	D = D r juris	Damaged sdiction)	$Z = \overline{\text{Seized}}$	B =	Burn	ed C=	Co	unterfeit /	Forged	$\overline{F} = \overline{Four}$	nd					
	Victim # DCI Status Value OJ Q						Property Description								Mal	ce/Mo	odel	Sei	rial Number	
Р -														DA	TA OMITTED					
					+													INI	FOR FORMATION	
					+									+					SECURITY	
R O					+														PURPOSES	
Р ⁻ Е -																				
R																			LY THE FIRST	
R T Y					+									-					VE PROPERTY ITEMS ARE	
-					+														SPLAYED ON	
-					+														2C REPORTS	
_																				
			ehicles S	tolen 0		ber Vehic	cles Recovere		0					C	. C:-					
ID	Office: FLA		Officer Sig	natur	e					Supervisor MCKA		nature GHAN, A. M. (14884)								
	Comp	lainant	Signatur	e			Case Status		actions	tion		Case Disp			ented			- Evt-	adition Declined	
Status							☐ Further ☐ Inact ☐ Closed ☐X Closed	ive /Clea	ıred			Cleare	ed by A ed by A	rrest by Ander	Refuse other Ag	gency	Coopera /	ite	Page 1	