I	Agenc	y Name	<u> </u>				INCIDENT/INVESTIGATION							OCA					
N	J	-		NSTON-SALE	MP	OLICE	REPORT							2310445					
C	ORI	NC	NC 02	40200		KLI OKI							Date / Time Reported S M T W T F S Month Day Yr Time						
D E	17		NC 034				Att At Found							O3 12 2023 01:58 Hrs. Last Known Secure SMT WTFS Month Day Yr Time					
N	#1	Jime II	,	,	at 101	n On Dua			M	onth						ay Yr'	Time		
T		Crime I	ncident	& Run Accider	ս-բբ	o Or Fva			+ +	ocation o	12 2023 of Incident	<i>3</i> <i>01</i>	:58 Hr	s <i>03</i>	1	2 2023	Offense Tract		
D A	D #2 Crime incident Att Location of incident Com 150 Beau View Ct, Winst																		
T	#3	Crime I	ncident					Att Premise Type						Victim Residence Type					
A								☐ C	om								ily □Multi Family		
MO			d or Con MITTEI										Forcible Yes No	X N/A	Wea	apon / Tools			
V I	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															Alcohol Use:			
	0		_	ciety Governm	nent	□ F	inancial Institu			. –	Broken Bone	s	Severe	Lacera					
		Viotino/		igious L.E. Of			ity Othe	er/Unkr	nown	_ I	nternal			Other	<u> </u>				
C	victim of Bob/Age Crime #														sex	Relationship To Offende	Resident		
T I	* 1		DA	ΓA OMITTED													□ Non-Residen □ Unknown		
M	Home	Addre	ss												Hom	e Phone	Unknown		
			/		D.	ATA OMI	TA OMITTED												
	Emplo	oyer Na	me/Add	ress		D.	ATA OMITTED							Business Phone					
'	VYR	M	ake	Model	S	tyle	Color		Lic/L	is			Vin						
H E R S I N V O L V E D	DATA OMITTED																		
Status Codes																			
Coucs	Victim				Droposty Description							361	Make/Model Serial Number						
P - R -	#	# DCI Status Value OJ				QTY		Property Description				Mak	e/Mo		ATA OMITTED				
																	FOR		
																I	NFORMATION		
																	SECURITY		
O P																	PURPOSES		
Е.																0	NLY THE FIRST		
R T Y																TWE	LVE PROPERTY		
																	ITEMS ARE		
																	DISPLAYED ON		
																	P2C REPORTS		
-	Numb	er of V	ehicles S	tolen 0	Nn	mber Vebi	cles Recovere	d 0											
	Office	r		II		7 01110	Officer Sig						Superviso	r Signat	ıre				
ID			M. L. (1				(0)						5						
Status	Comp	iainant	Signatur	е			Case Status Further Inact Closed Closed	· Invest ive /Cleare	d	n	Case Dispos Unfoun Cleared Cleared Death o	ded by Ar by Ar	rest by An] Refuse other Ag	gency	Expoperate Declined	radition Declined Page 1		