I N	Agenc	y Name		NSTON-SALEN] IN	INCIDENT/INVESTIGATION							OCA 2320961					
C I	ORI	NC				REPORT							Date / Time Reported SMTWTFS Month Day Yr Time					
D E			NC 034			☐ Att At Found SM T							05 24 2023 14:42 Hrs.					
N T	#1	annie n	nerdeni(s	, 50b Order Vi	ı —	FF : C							st Known Secure S M T W T F S nth Day Yr Time 14 2023 14:41 Hrs.					
D	#2	Crime I	ncident						-	Location			17	.42 1110	1 03	1		Offense Tract
A	Com 100 Pine Top Dr - BLK, Winston																	213
T A	#3	Jillie 1	ncident					☐ Att Premise Type ☐ Com							Victim Residence Type ☐ Single Family ☐ Multi Family			
МО			d or Com										Forcible Yes	N/A	We	apon / Tools		
																1 1 177		
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Vest Unknown Vest Unknown Vest Unknown Vest Vest Unknown Vest Vest Unknown Vest Vest																	
V	1		Rel	igious 🔲 L.E. Off	ïcer L	Line of Du			know	. –		վ 🔲 Մ		scious	Other	Majo	r 🛛 🗖 No	N/A
C		Victim/	Business	Name (Last, First,	Victim of Crime #					DOB	B / Age Race 27			Relationship To Offender				
T I	V1 DATA OMITTED									1,				27	$\mid_{B}\mid$	$_{F}$	1BG	□ Non-Resident □ Unknown
M	Home Address															Home Phone		
	E1N/A 11								OMITTED						Business Phone			
,	VYR		ake	Model	Color	ATA OMITTED Color Lic/Lis Vin						Vin	Dusiness Thone					
	VIK	IVI	ake	Wiodei	Sty	/IC	Color		Lic	J/L15				V 111				
O T H E R S I N V O L V E D	DATA OMITTED																	
Status Codes	(Chec	k "OJ"	= Stolen column i	R = Recovered for other	D = I r juri:	Damaged sdiction)	Z = Seized	B =	Burn	ed $C = C$	Counterl	feit / Fo	rged	F = Found	1			
	Victim # DCI Status Value OJ QTY						Property Description								Mak	e/Mo	odel Se	erial Number
- - P - R													DA	ATA OMITTED				
					-									-			IN	FOR FORMATION
																		SECURITY
O P -																		PURPOSES
Р Е -																		
R T																		VE PROPERTY
Y ·																	1 WEL	ITEMS ARE
																	D	ISPLAYED ON
																	F	2C REPORTS
					\prod													
	Numb		ehicles S	tolen 0		ber Vehic	Cles Recovere		0					Supervisor	Signati	ıre		
ID	NOL	ETTE		(16289)	Officer Sig								or Signature KE, B. K. (15602)					
	Comp	lainant	Signatur	e	Case Status							□ Loca	nted		□ Evt	radition Declined		
Status							☐ Closed	ive /Clea	ıred		□C □C	leared b	oy Ari oy Ari	rest Dece	Refuse ther Ag	gency	ooperate	Page 1