I N	Agenc	y Name	VSTON-SALEN] IN	NCIDENT/INVESTIGATION						OCA 2407786								
I C	ORI	NC	NC 034	10200	1	REPORT							Date / Time Reported SMTWTFS Month Day Yr Time						
D E			ncident(s			Att At Found SMTWTFS Month Day Yr Time							Day YF Time 03 04 2024 22:45 Hrs. Last Known Secure S M T W T F S Month Day Yr Time						
N T	#1		,	, Lost/stolen Lice	ı —	Com	Month 03	Γ			lime 2:45 Hrs			Day Yr - 04 2024	Time				
D.	#2	Crime I	ncident						Att	Locatio	n of	Incident						Offense Tract	
A T		Trima I	ncident					_	☐ Com 313 Scholastic Ct, Winston-sal						em NC		106 Victim Reside	113	
A	#3	Jillie I	ncident		☐ Att Premise Type ☐ Com							☐ Single Family ☐ Multi Family							
МО			d or Con MITTEI								Forcible Yes No	X N/A	We	apon / Tools					
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															lcohol Use:			
3.7	0			ciety Governm			inancial Institu		knou		_	roken Bone		Severe	Lacera Other				
V I	Victim/Business Name (Last, First, Middle) Victim													3 / Age	Race	.		Resident Status	
C T	V1 DATA OMITTED												Crime #				To Offender		
I M ·			DA	IA OMITIED											Unknown				
111	Home Address DATA OMI									ГТЕО						Home Phone			
	Employer Name/Address DATA OMI								TTED							Business Phone			
•	VYR Make Model Style						Color Lic/Lis Vin						Vin						
0																			
O T																			
H E																			
R S	R																		
5	DATA OMITTED																		
I							DATA	<i>1</i> (J1V1	.1111	CL	,							
V	N V																		
O I.																			
V																			
E D																			
Status																			
Codes	Victim			f recovered for other															
	# DCI Status Value OJ QTY						Property Description								Mal	ce/Mo		erial Number ATA OMITTED	
P - R -					\neg													FOR	
																	IN	FORMATION	
					\dashv													SECURITY PURPOSES	
O P																		FURFUSES	
E - R																	Ol	ILY THE FIRST	
Т																	TWEL	VE PROPERTY	
Υ -					\Box													ITEMS ARE	
-					\dashv													ISPLAYED ON 2C REPORTS	
-					\dashv												ı	2C REFURIS	
	Numb	er of V	ehicles S	tolen 0	Nur	nber Vehic	cles Recovere	d	0										
ID	Office:		R. (160	Officer Sig	Officer Signature Superv							sor Signature							
ID	LINK, M. R. (16024) Complainant Signature Case State									Case Disposition:					(0)				
State	☐ Furth									tion		☐ Unfoun	ded	Test Loc	ated	e to C	Ext	radition Declined	
Status					Closed	ed/Cleared				Cleared	Cleared by Arrest								