| I N | Agenc | e WIN |] IN | INCIDENT/INVESTIGATION | | | | | | | OCA 2409806 | | | | | | | | |
|------------|--|--|--------------------|---------------------------------|-------------|----------------------------------|-----------------------------|--|---------------|----------|-------------|----------------------------|--|--------------|---------------|-------------------|---------------|-----------------------------|--|
| C · | ORI | NC | NC 034 | | 1 | REPORT | | | | | | | Date / Time Reported SMTWTFS Month Day Yr Time | | | | | | |
| D E | 10 | NC . | | ☐ Att At Found SM T-W T F S | | | | | | | TI FI SI | 03 20 2024 15:32 Hrs. | | | | | | | |
| N T | #1 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | , & Run Acciden | ☐ Att | | | | | | | Month Day Yr Time | | | | | | | |
| D . | #2 | Crime I | ncident | | · | | | | \rightarrow | Location | | | f 15 | | 7 03 | | 20 2024 | Offense Tract | |
| A | | 7 T | | | | | | 235 Town Run Ln, Winston-sal Premise Type | | | | | em NC | | | 111 | | | |
| T A | #3 | Jillie I | ncident | | | | | | Att Com | Premise | турс | е | | | | - 1 | Victim Reside | ily ∏Multi Family | |
| МО | | | d or Con MITTEI | | | | | | • | | | | | Forcible Yes | X N/A | We | apon / Tools | | |
| | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | Icohol Use: | | | |
| | O Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow | | | | | | | | | | | | | | | _ | | | |
| V I | Victim/Business Name (Last, First, Middle) Victim/Business Name (Last, First, Middle) Victim/Business Name (Last, First, Middle) | | | | | | | | | | | | | | Other Race | <u> </u> | | | |
| C T | V1 | | | ΓA OMITTED | | | | | Crime # | | - 7 8 - | | | To Offender | | | | | |
| I M · | | | | IA OMITTED | | | | | | | | | | | ☐ Unknown | | | | |
| 141 | Home Address DATA OMI | | | | | | | | | TTED | | | | | | Home Phone | | | |
| | Employer Name/Address DATA OM | | | | | | | | ITTED | | | | | | | Business Phone | | | |
| • | VYR | Color Lic/Lis Vin | | | | | | | Vin | | | | | | | | | | |
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| Status | | | | | | | | | | | | | | | | | | | |
| Codes | (Chec Victim | | column | f recovered for othe | r juri | | | | | | | | | | | | | | |
| | # | | | | | | | Property Description | | | | | | | Mak | ce/Mo | | erial Number ATA OMITTED | |
| P - R - | | | | | | | | | | | | | | | | | | FOR | |
| | | | | | | | | | | | | | | | | | II | NFORMATION | |
| | | | | | | | | | | | | | | | | | | SECURITY | |
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| E - R | | | | | _ | | | | | | | | | | | | Ol | NLY THE FIRST | |
| T Y | | | | | | | | | | | | | | | | | TWEI | VE PROPERTY | |
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| - | | | | | \dashv | | | | | | | | | | | | | P2C REPORTS | |
| - | Numb | er of V | ehicles S | tolen 0 | Nur | nber Vehic | cles Recovere | d | 0 | | | | | | | | | | |
| ID | Office | r IES 7 | K (15 | ID 5926) | Officer Sig | Officer Signature Supervis (0) | | | | | | | or Signature | | | | | | |
| ID | JONES, Z. K. (15926) Complainant Signature Case Sta | | | | | | | | | | | | | (0) | | | | | |
| States | • | | | | ☐ Further | r Investigation Unfounded | | | | | | rest Loc | ated 1 Refuse | e to C | Ext | radition Declined | | | |
| Status | | | | | | Closed | Closed/Cleared Cleared by A | | | | | by Aı | Arrest Refuse to Cooperate Arrest by Another Agency ffender Prosecution Declined Page 1 | | | | | | |