I N	Agenc	y Name		VSTON-SALEN	OLICE	IN	INCIDENT/INVESTIGATION							OCA 2410699					
I C	ORI	NC	NC 034	10200			1	REPORT							Date / Time Reported SMTWTFS Month Day Yr Time				
D E			ncident(s			☐ Att At Found							03 27 2024 16:52 Hrs. Last Known Secure S M T H T F S						
N T	#1			, ation Of Auto L	ı —	Month Day Yr Time Month Day Yr									Time $16:52$ Hrs.				
D.	#2	Crime I	ncident	<u> </u>					Att	Location	of Ir	ncident					<u> </u>	Offense Tract	
A T		Trima I	ncident				799 W			n Bro	oad St, W	inston		em NC Victim Resider	111				
A	#3	Jillie I	neident						Att Com	rieilise .	1 ype	,						lce Type ly	
МО			d or Con MITTEI											Forcible Yes	X N/A	We	apon / Tools		
																cohol Use:			
V I		Viotim/		igious L.E. Off Name (Last, First,			ity 🔲 Othe	er/Un	know	'n 🗆		rnal 🔲			Other	<u> </u>		□N/A Resident Status	
Ċ	V1	v ictiii/			ne)			Victim of Crime # DOB / Age				Race	Sex	Relationship To Offender	☐ Resident				
T I	* 1		DA	ΓA OMITTED					1,						☐ Non-Resident				
М -	Home Address DATA OMIT									 TTED						Home Phone			
	Employer Name/Address DATA OMI														Business Phone				
	VYR	Color Lic/Lis Vin							Vin										
О																			
T H																			
E																			
R S																			
	DATA OMITTED																		
I N	DATA UNITTED																		
V	v v																		
O L																			
V E																			
D																			
Status Codes	L = L	ost S k "OJ"	= Stolen	R = Recovered for other	D = :	Damaged isdiction)	Z = Seized	B =	Burn	ed C = C	Coun	terfeit / F	orged	F = Foun	d				
	Victim # DCI Status Value OJ QTY						Property Description								Mak	ce/Mo	odel Se	rial Number	
- - P -	#	π 200 States Value 03 Q11						Troperty Description							Ividi	10, 1110		TA OMITTED	
																		FOR	
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R O					_													PURPOSES	
Р -																			
E - R ₋																	ON	LY THE FIRST	
Т Ү -																		VE PROPERTY	
					\dashv													SPLAYED ON	
-					\dashv													2C REPORTS	
-																			
			ehicles S	-		nber Vehi	cles Recovere		0										
ID	Office:		, A. B.	ID (15704)	Officer Sig	natui	re					Supervisor (0)	or Signature						
	Complainant Signature Case Statu									Case Disposition:									
Status					r Inve tive	estiga	tion	ΙĒ	☐ Unfoun ☐ Cleared	by Ar	rest Loc	Refuse	e to C	ooperate	adition Declined				
Juius							Closed	d/Cleared Cleared by					by Aı	y Arrest Refuse to Cooperate y Arrest by Another Agency Offender Prosecution Declined Page 1					