| I N | Agenc | y Name | | NSTON-SALEN |] IN | INCIDENT/INVESTIGATION | | | | | | | OCA 2410893 | | | | | | | |
|-----------------------|--|------------|--------------------|--|---|------------------------|---------------------------|------------|-------------------------------------|---|---------------|--------------|---------------------|--|-----------------------------|--|---------------|-------------------------------|--|--|
| I C | ORI | NC | NC 034 | 10200 | | | REPORT | | | | | | | Date / Time Reported SMTWTES Month Day Yr Time | | | | | | |
| D E | | | ncident(s | | | | Att At Found | | | | | | | O3 29 2024 10:19 Hrs. Last Known Secure SMTWTFS Month Day Yr Time | | | | | | |
| N T | #1 Suspicious Vehicle | | | | | | | | | ☐ Att At Found SMTWTFS Last Mont Month Day Yr Time Last Month Day 2024 10:19 Hrs 03 | | | | | | | | th Day Yr Time | | |
| D. | #2 | Crime I | ncident | 1 | | | | | Att | Location | of I | Incident | | | | | | Offense Tract | | |
| A T | | Trima I | ncident | | | | | _ | ☐ Com 2147 Bethabara Rd, Winston-so | | | | | | alem 1 | m NC 27106 123 Victim Residence Type | | | | |
| A | #3 | Jillie i | neident | | | | | | Com | Fielilise | турс | | | | | - 1 | | ily □Multi Family | | |
| МО | | | d or Com | | | | | | | | | | | Forcible Yes | X N/A | We | eapon / Tools | | | |
| | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Us | | | | | | | | | | | | | | | Icohol Use: | | | | |
| | Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow | | | | | | | | | | | | | | | | | | | |
| V I | | T: -4: / | | igious L.E. Off | | | ity 🔲 Othe | er/Un | know | n _ | $\overline{}$ | ernal 🔲 | | scious [| Other | Majo | | | | |
| C | V1 | v ictiiii/ | | | ie) | | Victim of Crime # | | | | | 3 / Age | Race | Sex | Relationship To Offender | ☐ Resident | | | | |
| T I | 1 | | DA | ΓA OMITTED | | | | | | | | | | | | | | ☐ Non-Resident | | |
| М - | Home Address DATA OM | | | | | | | | | TTED | | | | | | Home Phone | | | | |
| | E1 N /A dd | | | | | | | TA OMITTED | | | | | | | | Business Phone | | | | |
| | VYR | M | Color Lic/Lis Vin | | | | | | | Vin | | | | | | | | | | |
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| D | | | | | | | | | | | | | | | | | | | | |
| a | s L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found | | | | | | | | | | | | | | | | | | | |
| Status Codes | (Chec | k "OJ" | = Stolen column | R = Recovered f recovered for other | D = L r juri | Samaged sdiction) | Z = Seized | В= | Burn | ed C= | Cour | nterfeit / F | orged | F = Foun | d | | | | | |
| | Victim # DCI Status Value OJ QTY | | | | | | Property Description | | | | | | | | Mak | ce/Mc | odel S | erial Number | | |
| - - P - R | | | | | | | | | | | | | Da | ATA OMITTED | | | | | | |
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| Р ⁻ Е - | | | | | | | | | | | | | | | | | | | | |
| R. | | | | | _ | | | | | | | | | | | | | NLY THE FIRST LVE PROPERTY | | |
| T Y | | | | | + | | | | | | | | | | | | IWEI | ITEMS ARE | | |
| | | | | | \dashv | | | | | | | | | + | | | D | ISPLAYED ON | | |
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| - | | | | | \Box | | 1 5 | 1 | | | | | | | | | | | | |
| | Numb | | ehicles S | tolen 0 | | nber Vehic | cles Recovere Officer Sig | | 0 e | | | | Ī | Supervisor | Signati | ure | | | | |
| ID | AMA | AYA, (| G. S. (1 | 5871) | | <u> MUL</u> | | | | | | | LINS, B. H. (15079) | | | | | | | |
| | Comp | lainant | Signatur | 1 | Case Status Case Disposition: ☐ Further Investigation ☐ Unfounded ☐ Locate | | | | | | | ated | | □ Ext | radition Declined | | | | | |
| Status | | | | | Inact | | | | | | | | e to C | Cooperate | | | | | | |
| | | | | | | | ☐ Closed | | | nausted | | | | rest by And nder ⊏ | | | | Page 1 | | |