| I<br>N   | Agenc  | y Name                    |           | NSTON-SALEN                        | ] IN         | NCIDENT/INVESTIGATION      |                            |                        |  |  |                | OCA 2411074                   |                       |  |                    |  |  |                             |  |  |
|--|--|---------------------------|-----------|------------------------------------|--------------|----------------------------|----------------------------|------------------------|--|--|----------------|-------------------------------|-----------------------|--|--------------------|--|--|-----------------------------|--|--|
| I C  | ORI  | NC                        | NC 02     | 10200                              |              | 1                          | REPORT                     |                        |  |  |                |                               |                       | Date / Time Reported SMTWTFS Month Day Yr Time |                    |  |  |                             |  |  |
| D<br>E   | NC NC 0340200  Crime Incident(s)                         |                           |           |                                    |              |                            |                            |                        |  | ☐ Att At Found SMTWTFS Month Day Yr Time |                |                               |                       |  |                    |  | O3   30   2024   17:01 Hrs.  Last Known Secure SMTWTFS Month Day Yr Time |                             |  |  |
| N<br>T   | #1   |                           |           | ,<br>ation Of Auto L               | aw-a         | all Other                  | r                          | ı —                    | Com  | Month 03                                 | Day            |                               |                       | ime<br>:01  Hrs                                |                    |  |  | Time $17:00$ Hrs.           |  |  |
| D.   | #2   | Crime I                   | ncident   |                                    |              |                            |                            |                        | $\rightarrow$  | Location                                 | of Incid       | dent                          |                       |  |                    |  | •  | Offense Tract               |  |  |
| A<br>T   |  | Trima I                   | ncident   |                                    |              |                            |                            | _                      | ☐ Com 999 S Martin Luther King Jr D ☐ Att Premise Type |  |                |                               |                       |  | r/reyn             | reynolds Park, 211 Victim Residence Type |  |                             |  |  |
| A  | #3   | Jillie i                  | neident   |                                    |              |                            |                            |                        | Com  | riennse i                                | ype            |                               |                       |  |                    | - 1                                      |  | nily □Multi Family          |  |  |
| МО   |  |                           | d or Com  |                                    | Forcible Yes |                            |                            |                        |  |  | ☐ Yes [        | Weapon / Tools                |                       |  |                    |  |  |                             |  |  |
|  | No   |                           |           |                                    |              |                            |                            |                        |  |  |                |                               |                       |  |                    | Alcohol Use:                             |  |                             |  |  |
|  |  |                           |           |                                    |              |                            |                            |                        |  |  |                |                               |                       |  |                    |  |  |                             |  |  |
| V<br>I   |  | Victim/                   |           | igious L.E. Off Name (Last, First, |              |                            | ity 🔲 Othe                 | er/Un                  | know   | n 🗆                                      | Interna        |                               |                       | scious   Age                                   | Other Race         |  |  |                             |  |  |
| C<br>T   | V1   | v ictiii/                 |           |                                    | wiidd        | 10)                        |                            |                        | Victim of Crime #                                      |  |                |                               |                       | ) / Age  | Race               | Sex                                      | To Offende   | r Resident                  |  |  |
| I  | ` -  | ΓA OMITTED                |           | 1,                                 |              |                            |                            |                        |  |  | ☐ Non-Resident |                               |                       |  |                    |  |  |                             |  |  |
| М -  | Home Address DATA OMIT                                   |                           |           |                                    |              |                            |                            |                        |  | TTED                                     |                |                               |                       |  |                    | Home Phone                               |  |                             |  |  |
|  | Employer Name/Address DATA OM                            |                           |           |                                    |              |                            |                            |                        |  |  |                |                               |                       |  | Business Phone     |  |  |                             |  |  |
| •  | VYR  | M                         | ake       | Model                              | Sty          | yle                        | Color                      |                        | Lic  | :/Lis                                    |                |                               |                       | Vin  |                    |  |  |                             |  |  |
| O<br>T<br>H<br>E<br>R<br>S<br>I<br>N<br>V<br>O<br>L<br>V<br>E<br>D | DATA OMITTED   |                           |           |                                    |              |                            |                            |                        |  |  |                |                               |                       |  |                    |  |  |                             |  |  |
| Status<br>Codes  |  |                           |           |                                    |              |                            |                            |                        |  |  |                |                               |                       |  |                    |  |  |                             |  |  |
|  | Victim # DCI Status Value OJ QTY                         |                           |           |                                    |              |                            | Property Description       |                        |  |  |                |                               |                       |  | Mak                | e/Mo                                     | del :  | Serial Number               |  |  |
|  | π  | π 201 Status Tatue 03 Q11 |           |                                    |              |                            |                            |                        |  |  |                |                               |                       |  | 1,1411             | .0, 1,10                                 |  | ATA OMITTED                 |  |  |
| P -  |  |                           |           |                                    | _            |                            |                            |                        |  |  |                |                               |                       |  |                    |  | ,  | FOR                         |  |  |
|  |  |                           |           |                                    | -            |                            |                            |                        |  |  |                |                               |                       |  |                    |  |  | NFORMATION SECURITY         |  |  |
| R<br>O   |  |                           |           |                                    | +            |                            |                            |                        |  |  |                |                               |                       |  |                    |  |  | PURPOSES                    |  |  |
| Р <sup>-</sup><br>Е -  |  |                           |           |                                    |              |                            |                            |                        |  |  |                |                               |                       |  |                    |  |  |                             |  |  |
| R  |  |                           |           |                                    |              |                            |                            |                        |  |  |                |                               |                       |  |                    |  |  | NLY THE FIRST               |  |  |
| Т<br>Ү -   |  |                           |           |                                    |              |                            |                            |                        |  |  |                |                               |                       |  |                    |  | TWE  | LVE PROPERTY                |  |  |
|  |  |                           |           |                                    | _            |                            |                            |                        |  |  |                |                               |                       |  |                    |  |  | ITEMS ARE                   |  |  |
| -  |  |                           |           |                                    | $\dashv$     |                            |                            |                        |  |  |                |                               |                       |  |                    |  |  | DISPLAYED ON<br>P2C REPORTS |  |  |
| -  |  |                           |           |                                    | +            |                            |                            |                        |  |  |                |                               |                       |  |                    |  |  | 120 REFORTS                 |  |  |
|  |  |                           | ehicles S | tolen 0                            | Nun          | nber Vehic                 | cles Recovere              |                        | 0  |  |                |                               |                       |  |                    |  |  |                             |  |  |
| ID   | Office:  |                           | A. T. (   | ID<br>16299)                       | Officer Sig  | Officer Signature Supervis |                            |                        |  |  |                |                               |                       | or Signature<br>IS, S. M. (15854)              |                    |  |  |                             |  |  |
| עו   | TIPPETT, A. T. (16299)  Complainant Signature Case State |                           |           |                                    |              |                            |                            |                        |  | Case Disposition:                        |                |                               |                       |  |                    |  | , <i>55 T J</i>  |                             |  |  |
| Status   | r  |                           | <u> </u>  |                                    |              |                            | ☐ Further ☐ Inact ☐ Closed | r Inve<br>ive<br>/Clea | ared   |  |                | Infound<br>Cleared<br>Cleared | led<br>by Ar<br>by Ar | Locarest Carest by Ander                       | Refuse<br>other Ag | ency                                     | ooperate   | Page 1                      |  |  |