I N	Agenc	y Name		NSTON-SALEN] IN	INCIDENT/INVESTIGATION							OCA 2411214							
C	ORI	NC	NC 034	10200			1	REPORT								Date / Time Reported SMTWTFS				
D E			ncident(s		Att At Found SMTWTFS Month Day Yr Time								Day 1F Time 03 31 2024 20:16 Hrs Last Known Secure S M T W T F S Month Day Yr Time							
N T	#1			Discharging F	`irea	rm		ı —	Com	Month 03				ime :16 Hrs					Time 20:15 Hrs	
D	#2	Crime I	ncident]	Att Com	Location			Win	ston-salei	m NC	271	27		Offense Tract 313	
A T	#3	Crime I	ncident					_	Att	Premise '		•	vv trt.	sion-saiei	n IVC		Victim R	esiden		
A									Com					- "1		_			y Multi Famil	
МО			d or Com								Forcible Yes No	Ŋ N/A	We	apon / To	ools					
	# of Victims Type																			
V	1			ciety Governm igious L.E. Off					know	. –	•	oken Bone ernal 🔲		☐ Severe	Lacerate Other			ן Yes עווא No	Unknown □N/A	
I C	Victim/Business Name (Last, First, Middle) Victim o													3 / Age	Race	Sex	Relation To Offe		Resident Status Resident	
T I	V1		DA	ΓΑ OMITTED	$\begin{bmatrix} I, \end{bmatrix}$								10 0110	lidei	☐ Non-Resider					
M	Home	Addre	SS								Home Phone Unknow				Unknown					
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			me/Add		TA OMITTED							Business Phone								
·	VYR	M	ake	Model	Sty	yle	Color		Lic	c/Lis				Vin						
T H E R S I N V O L V E D							DATA	A C	ЭM	ITTE	ED)								
Status Codes																				
	Victim # DCI Status Value OJ QTY						Property Description								Mak	ake/Model Serial Number				
P - R - O -														DA	ΓΑ OMITTED					
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	Office	r		. C. (16307)			Officer Sig		_					Supervisor			55251			
ID	Comp	Case Status								A, D. A. (15535)										
Status	P		G				☐ Further ☐ Inact ☐ Closed ☐ Closed	r Inve ive /Clea	ared			☐ Unfoun ☐ Cleared ☐ Cleared	ded by Aı by Aı	Loc rest rest by And	Refuse other Ag	gency	ooperate	_	Page 1	