I N	Agenc	y Name		VSTON-SALEN	CIE	CIDENT/INVESTIGATION						OCA 2411367								
C ·	ORI	NG					1	REPORT							Date / Time Reported SMIWTFS Month Day Yr Time					
D E			NC 034			Att At Found SMIWIF							TIFIS	04 02 2024 04:44 Hrs.						
N T	#1			, ng Threats -intin	nidai	tion, No	n Physical											Tim	ė	
D.			ncident							Location	of Ir	ncident	•				•	Offens	se Tract	
A T		Trime I	ncident	Trespassi	ng			_	☐ Com 2125 Cloverdale Av, Winston-s ☐ Att Premise Type							lem NC 27103 312 Victim Residence Type				
A	#3	Jime i	nerdent						Com	Tiennse	турс	,						•	Iulti Family	
МО			d or Com						-					Forcible Yes	es X(N/A					
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		icuins	□ So		ent	☐ Fi	inancial Instit	ute		1		Ϫ None ken Bone	_	inor ∐ ☐ Severe		· · · · · · · · · · · · · · · · · · ·				
V I	3			igious L.E. Off			ity 🔲 Othe	er/Un	know	n _		rnal 🔲		scious	Other	er Major No N/A ce Sex Relationship Resident Status				
C	V1	V ictim/		Name (Last, First,	Midal	ie)						rictim of trime #	DOF	3 / Age 26	Race	Sex	To Offend	er D⊠ R	esident	
T I	DATA OMITTED											1,			B	$_F$		1 —	on-Resident Inknown	
М -	Home	Addre	SS		rted								Home Phone							
	Employer Name/Address DATA C														Business Phone					
	VYR	M	Model							Vin										
O T H E R S I N V O L V E D	DATA OMITTED																			
Status Codes	(Chec	k "OJ"	= Stolen column	R = Recovered frecovered for other	D = E r juris	Damaged sdiction)	Z = Seized	B =	Burn	C = C	Coun	terfeit / F	orged	F = Found	il 					
	Victim # DCI Status Value OJ QTY					QTY	Property Description								Mak	e/Mo	del	Serial N	umber	
- - P - R															MITTED OR					
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	Numb		ehicles S	tolen 0		nber Vehic	cles Recovere Officer Sig		0 re				ı	Supervisor	Signati	ıre				
ID	SOJ.	KA, D	o. A. (13	5535)		Officer Signature Supervisor Signature REYNOLDS, S. A. (15618))					
	Complainant Signature Case Sta ☐ Furtl									Case Disposition: Investigation Unfounded Located							ΠF	xtraditio	n Declined	
Status							☐ Closed	ive /Clea	ared			Cleared Cleared	by Ar	rest	Refuse ther Ag	gency	ooperate		age 1	