I N	Agenc	y Name		NSTON-SALEN	OLICE	IN	INCIDENT/INVESTIGATION							OCA 2411657					
C	ORI	NG				02102	REPORT							Date / Time Reported S M T W F S Month Day Yr Time					
D E	10		NC 034										04 04 2024 09:38 Hrs.						
N T	#1	Jimic I	nerdent(s	, Missing Pe	_	☐ Att At Found S M T W T F S Yr Time X Com 04 04 2024 09:38 Hrs							Month Day Yr Time						
D D	#2	Crime I	ncident	171351118 1 0	1507				-			Incident	7 US	7.30 1113	1 04	(Offense Tract	
A		~ · ·						_	Com				Dr, V	Vinston-se	alem 1	m NC 27103 323 Victim Residence Type			
T A	#3	rime I	ncident						Att Com	Premise	тур	pe						nce Type ly ∏Multi Family	
МО			d or Con						Forcible						Weapon / Tools				
МО	DATA OMITTED See 12 No.																		
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																		
V	1			ciety Governm ligious L.E. Of			inancial Institution Institution		know	. –	-	roken Bone ternal 🔲		Severe	Lacera Other			s □ Unknown □ N/A	
I C	Victim/Business Name (Last, First, Middle) Victim of DOB / Age														Race	Sex	Relationship To Offender	Resident Status Resident	
T I	V1		DA	ΓΑ OMITTED					Crime #		44	W		10 Offender	☐ Non-Resident				
M	Home	Addre	ess									1,				Hon	ne Phone	Unknown	
					ΓΤΕD														
	Employer Name/Address DATA OM									TTED					Business Phone				
'	VYR	M	Color		Lic	:/Lis				Vin									
					_				<u> </u>										
О																			
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	DATA OMITTED																		
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V O	V O L																		
L V																			
E																			
D																			
Status	L = Lost $S = Stolen$ $R = Recovered$ $D = Damaged$ $Z = Seized$ $B = Burned$ $C = Counterfeit / Forged$ $F = Found$																		
Status Codes	(Chec	k "OJ"	column	if recovered for othe	er jur	isdiction)	Z = Seizeu	Б=	: Durii	led C=	Cot	umerien / r	orged	r = roun	u 				
	Victim # DCI Status Value OJ QTY								<u> </u>	Descripti	on					ce/Mo		rial Number	
-		PCA OTHE 1 20						005 SIL , THL5580 NC							VOLV S	560 T.	5 DA	TA OMITTED FOR	
P - R _																	IN	FORMATION	
																		SECURITY	
O P .					4													PURPOSES	
E - R																	ON	LY THE FIRST	
T Y																	TWEL	VE PROPERTY	
																		ITEMS ARE	
-				+	\dashv													SPLAYED ON 2C REPORTS	
			ehicles S	tolen 0		nber Vehi	cles Recovere		0					Cumam:	Ciar-	1100			
ID	Office BUR	Officer Sig		ie		_			Supervisor MCKA			A. M. (1488	(4)						
	Comp	lainant	Signatur	e	Case Status	Status Case Disposition:						□ Loca							
Status						Inact	☐ Inactive ☐ Cleared by Arrest ☐ Cleared by Arrest ☐ Cleared by Arrest by Another ☐ Cleared by Arrest Decared Decared ☐ Cleared by Arrest Decared Decared ☐ Cleared						Refuse to Cooperate						
							☐ Closed			hausted				nder \Box				Page 1	