| I<br>N  | Agency Name   | INCIDENT/INVESTIGATION |             |                          |                     |  |                                   | OCA 2411793           |                |  |  |             |                             |  |
|---|---|------------------------|-------------|--------------------------|---------------------|--|-----------------------------------|-----------------------|----------------|--|--|-------------|-----------------------------|--|
| C   | ORI NG NG 02 (220)  |                        |             |                          | REPORT              |  |                                   |                       |                | Date / Time Reported SMTWTFS Month Day Yr Time |  |             |                             |  |
| D<br>E  | NC NC 0340200   |                        |             |                          |                     |  |                                   |                       |                |  | 04   05   2024  13:35 Hrs.                           |             |                             |  |
| N   | Crime Incident(s) #1  Automobile Theft  |                        |             |                          |                     | ☐ Att   At Found   S M T W T F S   Last Known Secure Month Day Yr Time   Last Known Secure Month Day Y |                                   |                       |                |  |  |             | Time                        |  |
| T .   | #2 Crime Incident   |                        |             |                          |                     | Location of  | 05   202 <sup>2</sup> of Incident | 4   13                | :35  Hrs       | 04   | 05   |             | 13:34 Hrs.<br>Offense Tract |  |
| D<br>A  | #2  | ☐ Com                  |             |                          |                     |  |                                   |                       |                |  |  |             |                             |  |
| T<br>A  | #3 Crime Incident   |                        |             |                          |                     | Att Premise Type   |                                   |                       |                |  | Victim Residence Type ☐ Single Family ☐ Multi Family |             |                             |  |
|   | How Attacked or Co  | Com Forcible           |             |                          |                     |  | Weapon / Tools                    |                       |                |  |  |             |                             |  |
| MO  | DATA OMITTED  |                        |             |                          |                     |  |                                   |                       | ☐ Yes ☐ No     | X N/A  |  |             |                             |  |
| V<br>I  | # of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use: |                        |             |                          |                     |  |                                   |                       |                |  |  |             |                             |  |
|   | Society Government Financial Institute Broken Bones Severe Lacera                                   |                        |             |                          |                     |  |                                   |                       |                |  |  |             |                             |  |
|   | Religious L.E. Officer Line of Duty   Other/Clikilowii   Internal   Unconscious   C                 |                        |             |                          |                     |  |                                   |                       |                |  | er Major No N/A ce Sex Relationship Resident Status  |             |                             |  |
| C<br>T  | V/1   |                        |             |                          |                     | Crime #  |                                   |                       |                | race   |  | To Offender | ■ Resident                  |  |
| I   | DATA OMITTED  |                        |             |                          |                     |  | 1,2                               |                       |                | B  | F  |             | ☐ Non-Resident ☐ Unknown    |  |
| М   | Home Address DATA OMIT  |                        |             |                          |                     | TTFD .   |                                   |                       |                |  | Home Phone   |             |                             |  |
|   | Employer Name/Address DATA OMI  |                        |             |                          |                     |  |                                   |                       |                |  | Business Phone                                       |             |                             |  |
|   | DATA OMI  |                        |             |                          |                     | Lic/Lis   Vin  |                                   |                       |                |  |  |             |                             |  |
|   | VYR Make Model Style Color 2020 KIA OPTIMA LX 4S SIL  |                        |             |                          |                     | BDJ9968  | , NC                              |                       |                | XGT4L39LG433418                                |  |             |                             |  |
| 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   |   | n R = Recovered        | D = Damaged | Z = Seized               | B = Burr            | C = C  | ounterfeit / F                    | Forged                | F = Found      | i  |  |             |                             |  |
|   | Victim DGI G VI DGIV  |                        |             |                          |                     | Property Description   |                                   |                       |                |  | Make/Model Serial Number                             |             |                             |  |
| P -<br>R _  | # DCI Status  1 38 4  | MPER                   | · · ·       |                          |                     |  | KIA/Op                            |                       |                | TA OMITTED                                     |  |             |                             |  |
|   | 1 38 4 1 IGNITION SYSTEM  |                        |             |                          |                     |  |                                   | F                     | KIA/Optima FOR |  |  |             |                             |  |
|   | 1 38 4  |                        |             | WINDOW                   |                     |  |                                   |                       |                | KIA/Op   |  |             | FORMATION                   |  |
|   | 1 PCA 7,5<br>1 PCA 5  |                        |             | 2020 SIL , BDJ9968 NC    |                     |  |                                   |                       |                | KIA Op   |  |             | SECURITY<br>PURPOSES        |  |
| O<br>P .  | I FCA 3   |                        |             | 2020 SIL , BDJ9968 NC    |                     |  |                                   |                       |                | ин ор  | uma L.   | <i>x</i> 5  | FURFUSES                    |  |
| E -<br>R  |   |                        |             |                          |                     |  |                                   |                       |                |  |  | ON          | LY THE FIRST                |  |
| Т   |   |                        |             |                          |                     |  |                                   |                       |                |  |  | TWELV       | VE PROPERTY                 |  |
| Y   |   |                        |             |                          |                     |  |                                   |                       |                |  |  |             | ITEMS ARE                   |  |
|   |   |                        |             |                          |                     |  |                                   |                       |                |  |  |             | SPLAYED ON                  |  |
|   |   |                        |             |                          |                     |  |                                   |                       |                |  |  | P2          | 2C REPORTS                  |  |
| •   | Number of Vehicles  | Stolen 1               | Number Veh  | icles Recovere           | ed 1                |  |                                   |                       |                |  |  |             |                             |  |
|   | Officer ID# Officer Signature Supervisor Signature  |                        |             |                          |                     |  |                                   |                       |                |  |  |             |                             |  |
| ID  | BROWN, C. C. (16002)  Complainant Signature  Case Statu:  |                        |             |                          |                     | <i>LOGSDON, B. S. (15106)</i> Case Disposition:  |                                   |                       |                |  |  |             |                             |  |
| Status  | Complaniant Signatu   |                        |             | ☐ Furthe ☐ Inac ☐ Closed | r Investiga<br>tive | tion   | ☐ Unfoun☐ Cleared☐ Cleared        | ded<br>by Ar<br>by Ar | Loca           | Refuse<br>ther Ag                              | gency  | operate     | Page 1                      |  |