I N	Agenc	y Name	e WIN	VSTON-SALEN	OLICE] IN	INCIDENT/INVESTIGATION							OCA 2412408						
C	ORI	NC	NC 034	10200			1	REPORT								Date / Time Reported SMTMTFS Month Day Yr Time				
D E			ncident(s		Att At Found SMTMTFS Month Day Yr Time								04 10 2024 10:13 Hrs Last Known Secure S M T M T F S M Onth Day Yr Time							
N T	#1	Trajjic Accident-pp Or Pva						ı —	Com	Month 04				ime :13 Hrs					Time 10:13	Hrs.
D	#2	Crime I	ncident			Att	Location		Incident				,	NC		Offense Tra	act			
A T	πэ (Crime I	ncident						Com Att	Premise			idge i	Dr, Winst	ton-sa		Victim Re	esiden	113 ce Type	
A	#3						Com							☐ Single Family ☐ Multi Family						
МО			d or Com									Forcible Yes No								
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																			
V	0			ciety Government Gious L.E. Off			inancial Institution		know		-	oken Bone ernal 🔲		☐ Severe	Lacera Other			∃ Yes ∃ No	□ Unkı □N/A	
I C		Victim/		Name (Last, First,		Victim of DOB					3 / Age	e Race Sex Relationship Resi				Resident	Status			
T I	V1		DA	ΓA OMITTED							'	Crime #					10 Offer	ider	☐ Reside	
M	Home	Addre	.cc													Hor	ne Phone		Unkno	own
	DATA OMI									ГТЕD						Tione I none				
	Employer Name/Address DATA (MITTED					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 OMITTED																			
Status Codes																				
	Victim # DCI Status Value OJ QTY						Property Description								Mal	Iake/Model Serial Number				er
P - R - O	"											DATA OMITTED								
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	Number of Vehicles Stolen 0 Number Vehicles Recovered 0 Officer ID# Officer Signature Supervisor Signature														\longrightarrow					
ID	MO	<i>VJAR</i>		C. (16324)								(0)	or signature							
									Investigation Unfounded DLc						cated Extradition Declined					
Status							☐ Inact	/Clea		nausted	j j	☐ Cleared ☐ Cleared	by Ar	rest rest by And	Refuse other Ag	gency	Cooperate		Page	