I N C	Agenc	y Name		NSTON-SALE	1 P	OLICE	IN:	INCIDENT/INVESTIGATION REPORT							OCA 2412641				
I	ORI	NC	NC 034	40200					IXLI (	)					Reported Day Y		기씨되키요 Time 21:00 Hrs.		
D E	10		ncident(s					I	At Found	Isli	d Tl W	∓ F S	04				21:00 Hrs. TW⊒FS		
N	#1								Com	Month	Day Yr	` Т	'ıme			n Secure Pay Yr	Ti	.me	
T .	#2	Crime I	ncident	Legai 1 rocess	vices		$\begin{array}{ c c c c c c c c c c c c c c c c c c c$						Offense Tract						
D A	Com 1995 Hampton Inn Ct, Winston-sale														ı NC	27103	3	322	
T	#3 Crime Incident													Victim Residence Type					
A	☐ Com														☐ Single Family ☐ Multi Family				
MO			d or Con MITTEI				☐ Yes						Forcible Yes	Weapon / Tools					
V										T			□ No			.   D	/ A 11-	-1 11	
	# OI V	ictims	Type	☐ Person	_	Business	inancial Inctit	ıte		Injury	☐ None	_ □ M		Loss o		-	/Alcoho		
	1 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Internal Unconscious Other Major																		
I		Victim/		Name (Last, First,							Victim of		3 / Age	<del>-</del>	e Sex Relationship Resident Status				
C T	V1		DA'	TA OMITTED							Crime #					To Offend		Resident Non-Resident	
I			DA	IA OMITIED							1,				Unknown				
M	Home	Addre	ss			D	ATA OMI	TTED							Home Phone				
									MITTED						Business Phone				
	VYR	I M	ake	Model	1 St	yle							Vin						
				1,10001		.,10	00101		210										
T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes				R = Recovered if recovered for other			Z = Seized	$\mathbf{B} = \mathbf{I}$	3urne	ed  C = Ce	ounterfeit / I	orged	F = Foun	ıd					
P - R .	Victim # DCI Status Value OJ QTY						Property Description							Mak	e/Mo	del	Serial	Number	
	"   -   -   -   -						1 7									]	DATA	OMITTED	
																		FOR	
																		RMATION	
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O P .																	PUI	RPOSES	
E ·					_												ONII X	THE EIDOT	
R T					$\dashv$													THE FIRST PROPERTY	
Y					$\dashv$											1 **		MS ARE	
																		AYED ON	
					$\dashv$													REPORTS	
-	Numb	er of V	ehicles S	tolen 0	Nui	mber Vehic	cles Recovere	d (	)										
	Office	r		ID			Officer Sig						Supervisor	Signat	ıre				
ID			. R. (15					WELI							S, Š. S. (15941)				
	Comp	lainant	Signatur	e				Case Status Case Disposition:  ☐ Further Investigation ☐ Unfounded ☐ Lo						cated   Extradition Declined					
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clear	ed		Cleared	l by Ar l by Ar	rest by And	] Refuse other Ag	gency	ooperate  Declined		Page 1	

DCI-600F