I N	Agenc	y Name	e WIA	NSTON-SALEN	OLICE	IN	INCIDENT/INVESTIGATION							OCA 2413176				
C	ORI	NG				<u> </u>	REPORT							Date / Time Reported SMIWTFS Month Day Yr Time				
D E	10		NC 034				I							04   16   2024  08:00 Hrs.				
N T	#1 Crime Incident(s)  Missing Person									Month Day Yr Time Month Day							Time $07:59$ Hrs.	
D D	#2	Crime I	ncident	171351175 1 C	15011				$\rightarrow$		of Incident	<del>4</del>   00	5.00   1115	1 04	10	<del>-                                    </del>	Offense Tract	
A	☐ Com 783 Pecan Ridge Cr, Winston-saler																214	
T A	#3	rime i	ncident					☐ Att Premise Type ☐ Com						Victim Residence Type  ☐ Single Family ☐ Multi Family				
МО			d or Con						Forcible					Weapon / Tools				
МО	DATA OMITTED See No.																	
	# of V	ictims	**	Person	_	Business	inancial Instit	ut o		Injury	☐ None	□М	_	Loss o		_	cohol Use:	
V	1			ciety  Governm igious L.E. Off					know	. –	Broken Bone Internal 🏻		Severe	Lacerat Other			s □Unknown □N/A	
I C		Victim/	Business	Name (Last, First,	Middl	le)			Victim of DOB Crime #				3 / Age				Resident Status	
T I	DATA OMITTED										1,		19	$\mid_{B}\mid$	$_{F}$	1RU	☐ Non-Resident	
M	Home Address										1,			Ь		ne Phone	Unknown	
	DATA OMI								TTED									
	Employer Name/Address DATA (								MITTED					Business Phone				
,	VYR	M	ake	Model	Sty	le	Color		Lic	/Lis			Vin					
O T H E R S I N V O L V E D		DATA OMITTED																
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column	R = Recovered if recovered for other	D = E er juris	Damaged sdiction)	Z = Seized	B =	Burn	ed $C = C$	ounterfeit / F	Forged	F = Found	1				
	Victim #	DCI	Status	Value	Property Description							Mak	e/Mo	del Se	rial Number			
							2015 KAA4312 NC							CHEV (	Cruze	Lt DA	TA OMITTED	
- P - R																IN	FOR FORMATION	
																	SECURITY	
ο .																	PURPOSES	
P :																		
R T																	LY THE FIRST VE PROPERTY	
Y ·																	ITEMS ARE	
																	SPLAYED ON	
																P	2C REPORTS	
-		-			$\Box$		1 5	1										
	Numb Office		ehicles S	tolen 0		nber Vehi	cles Recovere Officer Sig		<u>0</u> е			1	Supervisor	Signati	ıre			
ID	ALL	RED,	16044)							GEDD	DINGS, H. L. (14851)							
	Comp	lainant	Signatur	e			Case Status							adition Declined				
Status							☐ Inact	ive /Clea	red		☐ Cleared	l by Ai	rrest   Dece	Refuse ther Ag	gency	ooperate	Page 1	