| I N | Agenc | y Name | | NSTON-SALEN | CIDENT/INVESTIGATION | | | | | | OCA 2413947 | | | | | | | | |
|-----------------|---|--|--------------------|----------------------|----------------------|-------------|---|-----------|---------------------|-------------------|-------------|------------|-------------------|---|----------------|--|------------------|--------------------------|--|
| C · | ORI | NC | | | | | | | | REP | Ol | RT | | | Date / | Time | Day Yr | SMTWTFS | |
| D E | NC NC 0340200 Crime Incident(s) | | | | | | | | | ☐ Att | | | | | | Day Time Time O4 22 2024 O7:31 Hrs. Last Known Secure SMT W T F S Month Day Yr Time Time O7:51 Hrs. O7:51 | | | |
| N T | #1 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | ing & Entering | Wit | hout Foi | rce | _ | Com | Month 04 | D | | | ime 7:31 Hrs | | | Day Yr 🗀 | Time $07:30$ Hrs. | |
| D. | #2 | Crime I | ncident | | | | | | \rightarrow | Location | | | * 07 | .31 | 7 04 | | | Offense Tract | |
| A | | 7 T | ncident | | | | | _ | Com | | | | Win | ston-sale | m NC | | | 312 | |
| T A | #3 | Jillie 1 | ncident | | | | ☐ Att Premise Type ☐ Com | | | | | | | Victim Residence Type ☐ Single Family ☐ Multi Family | | | | | |
| МО | | | d or Com MITTEI | | | | | • | Forcible ☐ Yes ☐ No | | | | | | Weapon / Tools | | | | |
| | # of V | ictims | Туре | ☐ Person | [X] | Business | | | | Injury | y | ☐ None | | _ | Loss o | f Tee | th Drug/A | lcohol Use: | |
| 3.7 | Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow | | | | | | | | | | | | | | | _ | | | |
| V I | | Victim/ | | Name (Last, First, | | | пу 🔲 Опи | 21/ U11 | KIIOW | ¹¹ | _ | Victim of | | S / Age | Race | | | N/A Resident Status | |
| C T | V1 DATA OMITTED | | | | | | | | | | | | | | | | To Offender | | |
| I M | | | | IA OMITIED | | | | | | | | 1, | | | | | | ☐ Non-Resident ☐ Unknown | |
| 141 | Home Address DATA OMIT | | | | | | | | | TTED | | | | | | Home Phone | | | |
| • | Employer Name/Address DATA OMI' | | | | | | | | | | | | | | | Business Phone | | | |
| | VYR | M | Model | Color | | Lic | c/Lis | | | | Vin | | | | | | | | |
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| Status Codes | | | | | | | | | | | | | | | | | | | |
| Cours | Victim | | | Property Description | | | | | | | | Mak | e/Mo | odal Se | erial Number | | | | |
| | # | DCI Status Value OJ QTY Property Description | | | | | | | IVIAN | .C/ IVI | | TA OMITTED | | | | | | | |
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| T Y | | | | | | | | | | | | | | | | | TWEL | VE PROPERTY | |
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| | Number of Vehicles Stolen 0 Number Vehicles Recovered 0 | | | | | | | | | | | | | | | | | | |
| ID | Officer SINI | | K. (1525 | ID 59) | | Officer Sig | Officer Signature Supervisor Signature MEADOWS, C. E. (15570) | | | | | | | | | | | | |
| | Complainant Signature Case Statu | | | | | | | | | Case Disposition: | | | | | | | adition Declined | | |
| Status | | | | | | tive | ve Cleared by Arrest Refuse to Cooperate | | | | | | | adition Decimed | | | | | |
| | | | | | | | | d/Cleared | | | | | | ther Agency | | | | | |