I N	Agenc	y Name	VSTON-SALEN	] IN	NCIDENT/INVESTIGATION						OCA 2481206								
C	ORI	NC	NC 034				1	REPORT							Date / Time Reported   S M T W T F S Month Day Yr Time				
D E		rime I			Att At Found SMTWTFS Month Day Yr Time							04   06   2024   15.76 Hrs.							
N T	#1			Trespassi	ng			ı —	Com	Month 04	D			ime $5:20$ Hrs			Day Yr 🖰	Time   15:20  Hrs.	
D	#2	Crime I	ncident		ı —	Att Location of Incident Offense Tr									Offense Tract 114				
A T	#3	Crime I	ncident					_	☐ Com 1431 Benbow St, Winston-saler						i NC .	Victim Residence Type			
A								Com						☐ Single Family ☐ Multi Family					
МО			d or Com MITTED					Forcible Yes							Weapon / Tools				
V	# of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:																		
	2 Society Government Financial Institute Broken Bones Severe Lacerations Who Major Whom Internal Unconscious Other Major															_			
I C		Victim/		Name (Last, First,			<u>, п</u>		Victim of D					3 / Age	Race		Relationship	Resident Status	
T	V1 DATA OMITTED											Crime #		33			To Offender	Resident     □ Non-Resident	
I M	Home	Addre	cc						1			W	F	RU ne Phone	Unknown				
	DATA OMI									TTED									
	Employer Name/Address DATA C								IITTED					Business Phone					
1	VYR	M	ake	Model	Sty	yle	Color		Lic	:/Lis				Vin					
O T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes	(Chec	k "OJ"	= Stolen column i	R = Recovered frecovered for other	D = I r juri	Damaged sdiction)	Z = Seized	B =	Burn	ed C=	Cou	ınterfeit / F	orged	F = Found	d 				
	Victim # DCI Status Value OJ QTY						Property Description								Mak	e/Mo		erial Number	
- P - R _													D	ATA OMITTED FOR					
																	II	NFORMATION	
																		SECURITY	
O P .					_													PURPOSES	
E ·					+												Ol	NLY THE FIRST	
T																	TWEI	VE PROPERTY	
Υ .																		ITEMS ARE	
					_													OISPLAYED ON	
-					-													P2C REPORTS	
-	Numb	er of V	ehicles S	tolen 0	Nun	nber Vehic	cles Recovere	d	0										
ID	Office:		DER J	C (15741) ID	Officer Signature Supervisor Signature ALEXANDER, J. C. (15741)														
ענ	ALEXANDER, J. C. (15741)  Complainant Signature  Case Sta																		
Status							☐ Further ☐ Inact ☐X Closed ☐ Closed	ive /Clea	ıred				by A	rest by Ano	Refuse ther Ag	gency	ooperate	radition Declined Page 1	