| I N | Agenc | y Namo | | NSTON-SALEN | OLICE | . IN | INCIDENT/INVESTIGATION | | | | | | | OCA 2481460 | | | | | |
|--|---|-------------------|----------------------|--------------------------------------|----------------------|--|---------------------------|---------------------|-------------|-----------------|-----|----------------------------|---------------------------|---|-------------------|-------------|------------------------------|---|--|
| C I | ORI | NC | NC 034 | | | 1 | REPORT | | | | | | | Date / Time Reported SMTWIFS Month Day Yr Time | | | | | |
| D E | 10 | NC Crime I | | | | | | | | | | 04 25 2024 17:20 Hrs. | | | | | | | |
| N T | #1 | | nerdent(s | , All Other F | _ | Att At Found S M T W T F S Last Known Secure S M T W T F S Last Known Secure S M Com 02 28 2024 23:00 Hrs 02 28 2024 | | | | | | | | | Time | | | | |
| D | #2 | Crime I | ncident | | | | | | - | | _ | Incident | 1 <u>2</u> . | 0.00 | 1 02 | | | Offense Tract | |
| A | | 7 T | : | | | | | _ | Com | 3331 Premise | | • | Vinst | on-salem | NC 2 | | | 322 | |
| T A | #3 | Jillie I | ncident | | | | | | Com | Pieilise | тур | ЭС | | | | - 1 | Victim Reside Single Fami | lice Type ly ∏Multi Family | |
| МО | | | d or Com | | | | • | Forcible ☐ Yes ☐ No | | | | | | Weapon / Tools | | | | | |
| | # of Victims Type None Drug/Alcohol Use: | | | | | | | | | | | | | | | lcohol Use: | | | |
| 3.7 | Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow | | | | | | | | | | | | | | | _ | | | |
| V I | , | Victim/ | | Name (Last, First, | | | шіу 🔲 Ошіс | 21/ U11 | KIIOW | 11 | | Victim of | | 3 / Age | Race | | | □N/A Resident Status | |
| C T | V1 | | DAT | ΓΑ OMITTED | | Crime # | | | | | 77 | | | To Offender | | | | | |
| I M | | | | TA OMITTED | | | | | 1 | | | W | M | RU | Unknown | | | | |
| | Home Address DATA OM | | | | | | | | | TTED | | | | | | Home Phone | | | |
| | Employer Name/Address DATA O | | | | | | | | - (ITTED | | | | | | Business Phone | | | | |
| , | VYR | Color Lic/Lis Vin | | | | | | | 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 i | R = Recovered if recovered for other | D = er jur | Damaged isdiction) | Z = Seized | B = | Burn | ed C= | Cou | ınterfeit / F | Forged | F = Found | d | | | | |
| | Victim # | DCI | Status | Value | Property Description | | | | | | | | Mal | ce/Mo | del Se | rial Number | | | |
| - - P - R | 1 | | | | | | | | ONEY/CASH | | | | | | | | DA | TA OMITTED | |
| | | | | | | | | | | | | | | | | | IN | FOR FORMATION | |
| | | | | | | | | | | | | | | | | | | SECURITY | |
| ο . | | | | | | | | | | | | | | | | | | PURPOSES | |
| Р ⁻ Е - | | | | | | | | | | | | | | | | | | T I T T T T T T T T T T T T T T T T T T | |
| R T | | | | | | | | | | | | | | | | | | ILY THE FIRST VE PROPERTY | |
| Y · | | | | | | + | | | | | | | | | | | | ITEMS ARE | |
| | | | | | | | | | | | | | | | | | | ISPLAYED ON | |
| | | | | | | | | | | | | | | | | | P | 2C REPORTS | |
| - | N T - | | | 1 2 | | 1 777 | | 1 | ^ | | | | | | | | | | |
| | Numb | | ehicles S | tolen 0 | | mber Vehi | cles Recovere Officer Sig | | e e | | | | I | Supervisor | Signat | ure | | | |
| ID | ALE | XANI | | C. (15741) | | | - | | _ | | | | | | C. (15741) | | | | |
| | Comp | lainant | Signature | e | Case Status | Case Disposition: Thrustigation Unfounded Located | | | | | | ated | | □ Exti | adition Declined | | | | |
| Status | | | | | | | ☐ Inact ☐ Closed ☐ Closed | tive /Clea | ıred | | | ☐ Cleared | by A | rest rest by Ano | Refuse ther Ag | gency | ooperate | Page 1 | |