| I<br>N   | Agenc   | e WIN           | IN                 | INCIDENT/INVESTIGATION               |                   |   |                  |               |                            |                   | OCA 2481462  |               |              |                             |                              |   |   |                   |  |  |
|--|---|-----------------|--------------------|--------------------------------------|-------------------|---|------------------|---------------|----------------------------|-------------------|--------------|---------------|--------------|-----------------------------|------------------------------|---|---|-------------------|--|--|
| C  | ORI   | NC              | NC 02              | 10200                                |                   |   | 1                | REPORT        |                            |                   |              |               |              |                             |                              | Date / Time Reported SMTWIFS<br>Month Day Yr Time |   |                   |  |  |
| D<br>E   | NC NC 0340200  Crime Incident(s)  |                 |                    |                                      |                   |   |                  |               |                            | ☐ Att   At Found  |              |               |              |                             |                              |   | 04   25   2024   21:49 Hrs.   Last Known Secure   S M T W F F S |                   |  |  |
| N<br>T   | #1  |                 |                    | ,<br>Larceny- All                    | _                 | Att   At Found   S M T W T F S   Last Known Secure   S M T   Time   Month Day Yr Time   Att Com   04   25   2024   10:59   Hrs   04   25   2024   10:59 |                  |               |                            |                   |              |               |              |                             | Time                         |   |   |                   |  |  |
| D  | #2  | Crime I         | ncident            |                                      |                   |   |                  | Att           | Location                   | of                | Incident     |               |              |                             | •                            |   | Offense Tract   |                   |  |  |
| A<br>T   | Coince Incident   |                 |                    |                                      |                   |   |                  |               |                            |                   |              |               |              |                             |                              | inston-salem NC 322   Victim Residence Type       |   |                   |  |  |
| A  | #3  | JIIIIC I        | ncident            |                                      |                   |   |                  |               | ☐ Att   Premise Type ☐ Com |                   |              |               |              |                             | Single Family   Multi Family |   |   |                   |  |  |
| МО   |   |                 | d or Con           |                                      |                   |   |                  | !             |                            |                   |              |               |              | Forcible Yes                | X N/A                        | We  | apon / Tools  |                   |  |  |
|  |   |                 |                    |                                      |                   |   |                  |               |                            |                   |              |               |              |                             |                              | lachal Usar                                       |   |                   |  |  |
|  | # of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:    Society   Government   Financial Institute   Broken Bones   Severe Lacerations   Yes   Unknown |                 |                    |                                      |                   |   |                  |               |                            |                   |              |               |              |                             |                              |   |   |                   |  |  |
| V  |   |                 |                    | igious 🔲 L.E. Off                    |                   |   | uty 🔲 Othe       | er/Un         | know                       | n _               | _            |               |              | nscious                     | Other                        | Majo  | r 🛛 🗓 N   | N/A               |  |  |
| I<br>C   |   | Victim/         |                    | Name (Last, First,                   | Victim of Crime # |   |                  |               |                            | DOI               | B / Age Race |               |              | Relationship<br>To Offender |                              |   |   |                   |  |  |
| T<br>I   | DATA OMITTED  |                 |                    |                                      |                   |   |                  |               |                            |                   |              | 1             |              |                             | B                            | $_{F}$  | RU  | ☐ Non-Resident    |  |  |
| M  | Home Address DATA OMIT  |                 |                    |                                      |                   |   |                  |               |                            | I                 |              |               |              |                             |                              | Home Phone  |   |                   |  |  |
|  | Employer Name/Address DATA OMI'   |                 |                    |                                      |                   |   |                  |               |                            |                   |              |               |              |                             | Business Phone               |   |   |                   |  |  |
|  | VYR   | M               | ake                | Color                                |                   |   |                  |               |                            |                   | Vin          |               |              |                             |                              |   |   |                   |  |  |
|  |   |                 |                    |                                      |                   |   |                  |               |                            |                   |              |               |              |                             |                              |   |   |                   |  |  |
| O<br>T<br>H<br>E<br>R<br>S<br>I<br>N<br>V<br>O<br>L<br>V<br>E<br>D | DATA OMITTED  |                 |                    |                                      |                   |   |                  |               |                            |                   |              |               |              |                             |                              |   |   |                   |  |  |
| Status<br>Codes  | L = L<br>(Chec  | ost S<br>k "OJ" | = Stolen<br>column | R = Recovered if recovered for other | D =<br>er jur     | Damaged isdiction)  | Z = Seized       | B =           | Burn                       | ed $C = 0$        | Cou          | interfeit / F | orged        | F = Found                   | i                            |   |   |                   |  |  |
|  | Victim<br>#   |                 | Pro                | perty                                | Description       | on  |                  |               |                            | Mak               | e/Mo         | del S         | erial Number |                             |                              |   |   |                   |  |  |
|  | 1   |                 |                    |                                      |                   |   |                  |               |                            |                   |              | Da            | ATA OMITTED  |                             |                              |   |   |                   |  |  |
| P -<br>R   |   |                 |                    |                                      | _                 |   |                  |               |                            |                   |              |               |              |                             |                              |   | 11  | FOR<br>NFORMATION |  |  |
|  |   |                 |                    |                                      | _                 |   |                  |               |                            |                   |              |               |              |                             |                              |   |   | SECURITY          |  |  |
| ο .  |   |                 |                    |                                      |                   |   |                  |               |                            |                   |              |               |              |                             |                              |   |   | PURPOSES          |  |  |
| P .  |   |                 |                    |                                      |                   |   |                  |               |                            |                   |              |               |              |                             |                              |   |   |                   |  |  |
| R  |   |                 |                    |                                      |                   |   |                  |               |                            |                   |              |               |              |                             |                              |   |   | NLY THE FIRST     |  |  |
| Т<br>Ү .   |   |                 |                    |                                      | $\dashv$          |   |                  |               |                            |                   |              |               |              |                             |                              |   | IWEI  | ITEMS ARE         |  |  |
| -  |   |                 |                    |                                      | $\dashv$          |   |                  |               |                            |                   |              |               |              |                             |                              |   | D   | ISPLAYED ON       |  |  |
| •  |   |                 |                    |                                      |                   |   |                  |               |                            |                   |              |               |              |                             |                              |   | I   | P2C REPORTS       |  |  |
| -  |   |                 |                    |                                      | $\Box$            |   |                  |               |                            |                   |              |               |              |                             |                              |   |   |                   |  |  |
|  | Numb  |                 | ehicles S          | tolen 0                              |                   | nber Vehi   | Cles Recovere    |               | 0<br>re                    |                   |              |               | ı            | Supervisor                  | Signati                      | ıre   |   |                   |  |  |
| ID   | ALE   | XANI            |                    | C. (15741)                           | Officer Sig       | Officer Signature Supervisor Signature ALEXANDER,   |                  |               |                            |                   |              |               |              |                             | C. (15741)                   | )   |   |                   |  |  |
|  | Complainant Signature Case State  |                 |                    |                                      |                   |   |                  |               |                            | Case Disposition: |              |               |              |                             |                              |   | □ Evt   | radition Declined |  |  |
| Status   |   |                 |                    |                                      |                   |   | ☐ Inact ☐ Closed | tive<br>/Clea | ared                       |                   |              | ☐ Cleared     | by A         | rrest Dece                  | Refuse<br>ther Ag            | gency   | ooperate  | Page 1            |  |  |