I N	Agenc	y Name		VSTON-SALEN] IN	INCIDENT/INVESTIGATION							OCA 2422953						
C .	ORI	NC				REPORT								Date / Time Reported 및 S M T W 기골 S Month Day Yr Time					
D E			NC 034				│ □ Att │ At Found │ SMTWTヨ S								06 28 2024 07:24 Hrs.				
N T	#1			Missing Pe	ı —	Month Day Yr Time Month Day Yr									Time $07:23$ Hrs.				
D.	#2	Crime I	ncident						- 1	Location	of In	cident					<u> </u>	Offense Tract	
A T		'rime I	ncident					_	Com	1166 I			idge	Ln, Wins	ton-sa		NC /ictim Resider	313	
A	#3	Jime i	nerdent						☐ Att Premise Type ☐ Com						☐ Single Family ☐ Multi Family				
МО			d or Com MITTEE					☐ Ye						Forcible Yes					
	# of Victims Type No Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															cohol Use:			
	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unkno																		
V I		Victim/		igious L.E. Off Name (Last, First,			ity Othe	er/Un	know	n 🗆		nal [scious B / Age	Other		r ⊠ No Relationship	□N/A Resident Status	
C T	V1	v ictiii/			Crime #					DOL	30	Race		To Offender	Resident Resident				
I	DATA OMITTED										1	1,			$\mid w \mid$	F	1RU	☐ Non-Resident ☐ Unknown	
М -	Home Address DATA OMI									TTED						Home Phone			
	F 1 N /A 11							A OMITTED							Business Phone				
•	VYR	M	Color Lic/Lis Vin						Vin										
O T																			
H E																			
R S																			
5							DATA		\ Л Л	TTTE	2								
I N	DATA OMITTED																		
V																			
O L																			
V E																			
D																			
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column i	R = Recovered f recovered for other	D = E r juris	Damaged sdiction)	Z = Seized	B =	Burn	ed $C = C$	Count	erfeit / F	orged	F = Found	d				
	Victim # DCI Status Value OJ QTY						Property Description								Mak	e/Mo	del Se	rial Number	
- - P - R													DA	TA OMITTED					
					+												IN	FOR FORMATION	
																		SECURITY	
O P -																		PURPOSES	
Р Е -																	ON	I V THE EIDET	
R T					+													LY THE FIRST VE PROPERTY	
Y					+													ITEMS ARE	
																	Dl	SPLAYED ON	
					\Box												P	2C REPORTS	
-	Numb	er of V	ehicles S	tolen 0	Num	her Vehic	cles Recovere	d	0										
	Officer ID# Officer Signature Supervisor Signature																		
ID		<i>ON, S</i> lainant			Case Status	BU							RKS, C. M. (15216)						
_	Comp	iamall	Digitatul (<u>-</u>			☐ Further	☐ Further Investigation ☐ Unfounded ☐ Loc						ated	. ~	Extr	adition Declined		
Status						Closed	☐ Inactive ☐ Cleared by Arrest ☐ Refuse to Coope ☐ Closed/Cleared ☐ Cleared by Arrest by Another Agency ☐ Closed/Leads Exhausted ☐ Death of Offender ☐ Prosecution Death								Page 1				