| I N | Agency | y Name | | NSTON-SALE | OLICE | , IN | INCIDENT/INVESTIGATION | | | | | | | OCA 2423464 | | | | | | |
|---|---|-----------|---------------------------|--------------------------------------|--|----------|-------------------------------------|--------------------------|------|--------------|---|-----------------------------|----------------------------|---|--------------------------------|---------------------------------------|------------|-----------|-------------------|----------|
| C I | ORI | NC | | | | 02102 | REPORT | | | | | | | Date / Time Reported SMIWTFS Month Day Yr Time | | | | | | |
| D E | | | NC 034 | | Att At Found SMIWTFS Month Day Yr Time TX Com 07 02 2024 09:00 H | | | | | | | | 07 02 2024 09:52 Hrs. | | | | | | | |
| N T | #1 | | | Truck Th | | | | | | | | | Month Day Yr Time | | | | Time | Hrs. | | |
| D | #2 Crime Incident | | | | | | | | | | | | | | Offense Tract | | | | | |
| A T | | 'rime I | ncident | | | | | _ | Com | 2115 Premise | | | ek Pw | y, Winston | ı-saleı | em NC 27127 313 Victim Residence Type | | | | |
| A | #3 | | | | | | | ☐ Att Premise Type ☐ Com | | | | | | | ☐ Single Family ☐ Multi Family | | | | | |
| МО | | | d or Con MITTEI | | | | | - | | | | | | Forcible Yes No | X N/A | We | apon / Too | ols | | |
| | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | | | | | |
| V | 1 | | | ciety 🔲 Governn ligious 🔲 L.E. Of | | | Financial Institution | | know | . – | - | roken Bone | | Severe | Lacera Other | | – | Yes No | □ Unkno | wn |
| I | Victim/Business Name (Last, First, Middle) Victim of DOB / Age Ra | | | | | | | | | | | | | | Race | | Relations | hip | Resident Sta | |
| C T | V1 DATA OMITTED | | | | | | | | | Crime # | | | | | | $_{F}$ | To Offen | | | |
| I M | Home Address | | | | | | | | | 1, | | | | | W | | | l onk | | |
| | Home | Addre | SS | ATA OMI | TA OMITTED | | | | | | | Home Phone | | | | | | | | |
| | Employer Name/Address DATA | | | | | | | OMITTED | | | | | | | Business Phone | | | | | |
| , | VYR 2022 | Color BLU | | ic/Lis YZ5330, NC | | | Vin 2GC4YNE | | | E77N1242857 | | | | | | | | | | |
| T H E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | | |
| Status Codes | | | | | | | | | | | | | | | | | | | | |
| | Victim # | DCI | Status | Value | Property Description | | | | | | | | Make/Model Serial Number | | | | | | | |
| | 1 PTR 7,5 1 2022 BLU, | | | | | | | YZ5330 NC | | | | | | | CHEV . | V Silverado DATA OMITTED | | | | ED_ |
| P - R | 1 | PTR | 5 | | | 1 | 2022 BLU , | YZ5 | 5330 | NC | | | | | CHEV . | Silver | ado | INIE | FOR ORMATIO | NI NI |
| | | | | | \dashv | | | | | | | | | + | | | | | ECURITY | |
| ο . | | | | | | | | | | | | | | | | | | I | URPOSES | |
| P - | | | | | | | | | | | | | | | | | | 0117 | | |
| R T Y | | | | | _ | | | | | | | | | | | | | | Y THE FIRE PROPER | |
| | | | | | | | | | | | | | | | | | 111 | | TEMS ARE | |
| • | | | | | | | | | | | | | | | | | | DIS | PLAYED C |)N |
| | | | | | | | | | | | | | | | | | | P2 | C REPORT | <u>S</u> |
| - | Numbe | er of V | ehicles S | tolen 1 | Nur | nber Veh | icles Recovere | d | 1 | | | | | | | | | | | — |
| | Officer | | | II |)# | 7011 | Officer Sig | | _ | | | | | Supervisor | | | 15156 | | | \dashv |
| ID | | | <i>SON, I</i> Signatur | S. G. (15580) e | Case Status | NEL. | | | | | | | SON, S. M. (15176) | | | | | | | |
| Status | Compr | | 15 -14141 | - | | | ☐ Further ☐ Inact ☐ Closed ☐ Closed | r Inve tive /Clea | ared | | | ☐ Unfoun☐ Cleared☐ Cleared☐ | ded by Ai by Ai | Locarrest | Refuse other Ag | gency | ooperate | | dition Declin | ned |