I N	Agenc	y Name		STON-SALEN	OLICE] IN	INCIDENT/INVESTIGATION							OCA 2423541					
C	ORI	NC				22702	REPORT							Date / Time Reported SMIWTFS Month Day Yr Time					
D E			NC 034											07 02 2024 18:31 Hrs.					
N T	#1	Jillic II	icident(s	, Missing Pe		Att At Found S M = W T F S Month Day Yr Time T F S Month Day Yr Time Month Day 2024 18:31 Hrs							Month Day Yr Time						
D D	#2	Crime I	ncident	1111551118 1 0	5011				-	Location	_		<i>F</i> 10	0.31 1113	1 07	<u> </u>		Offense Tract	
Α	Com 301 Medical Center Bv, Winston-s																	312	
T A	#3	rime i	ncident						Att Com	Premise	1 ype	e					Victim Resider Single Famil	ıce 1ype y ∏Multi Family	
МО			d or Com						!					Forcible Yes	N/A	We	apon / Tools		
																achal Hasi			
	# of Victims Type Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: Property Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown																		
V			☐ Rel	igious 🔲 L.E. Off	icer I		ity 🔲 Othe	er/Un	know	n				scious	Other	Majo	r 🔀 No	 □N/A	
I C		Victim/		Name (Last, First,	Victim of Crime #					3 / Age 52	Race	Sex	Relationship To Offender	Resident Status Resident					
T I	V1 DATA OMITTED											1,			$\mid w \mid$	M	1RU	☐ Non-Resident ☐ Unknown	
M	Home Address DATA OMI															Home Phone			
,	Employer Name/Address DATA ON														Business Phone				
	VYR	M							Vin										
O T H E R S I N V							DATA	A C	DΜ	ITTE	ED)							
L V E D	L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found																		
Status Codes	(Chec	k "OJ"	= Stolen column i	R = Recovered f recovered for othe	D = I r juri	Jamaged sdiction)	Z = Seized	В=	Burn	ed $C = C$	Coun	nterfeit / F	orged	F = Found	i 				
	Victim # DCI Status Value OJ QTY						Property Description								Mak	e/Mo	del Se	rial Number	
- - P - R													DA	TA OMITTED FOR					
					\dashv												IN	FORMATION	
					\dashv													SECURITY	
O .																		PURPOSES	
E ·					_												ON	LY THE FIRST	
R T					+													VE PROPERTY	
Υ .					\dashv													ITEMS ARE	
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					_												P	2C REPORTS	
-	Numb	er of V	ehicles S	tolen 0	Nun	nber Vehi	cles Recovere	d	0										
	Officer ID# Officer Signature Supervisor Signature																		
ID			<i>Y, J. D.</i> Signatur		Case Status							ĞRIFFIÑ, B. K. (15429)							
Status	Comp	uiit	~1511utul1	-			☐ Further ☐ Inact ☐ Closed ☐ Closed	r Inve ive /Clea	red			Unfoun Cleared Cleared	ded by Aı by Aı	Locarrest rest by Ano	Refuse ther Ag	gency	ooperate	Page 1	