| I<br>N   | Agenc  | y Name          | e WIN                | . IN                                 | INCIDENT/INVESTIGATION  |                    |                                     |                          |              |        |                                   | OCA 2423659                  |   |                            |                    |                                      |                             |                           |  |
|--|--|-----------------|----------------------|--------------------------------------|---|--------------------|-------------------------------------|--------------------------|--------------|--------|-----------------------------------|------------------------------|---|----------------------------|--------------------|--------------------------------------|-----------------------------|---------------------------|--|
| C I  | ORI  | NG              |                      |                                      |   | REPORT             |                                     |                          |              |        |                                   |                              | Date / Time Reported SMTMTFS<br>Month Day Yr Time                 |                            |                    |                                      |                             |                           |  |
| D<br>E   | 10   |                 | NC 034               |                                      |   |                    | X Att   At Found                    |                          |              |        |                                   |                              |   | 07   03   2024  17:13 Hrs. |                    |                                      |                             |                           |  |
| N<br>T   | #1   |                 | (S                   | ,<br>All Other F                     | X Att       At Found Month       S M T ₩ T F S         □ Com       07   03   2024   17:13   Hrs |                    |                                     |                          |              |        |                                   |                              | Last Known Secure SMT型TFS Month Day Yr Time Time 12024 17:12 Hrs. |                            |                    |                                      |                             |                           |  |
| D  | #2   | Crime I         | ncident              |                                      |   |                    |                                     |                          | Locatio      | n of   | f Incident                        |                              |   |                            |                    |                                      | Offense Tract               |                           |  |
| A<br>T   | Crime Incident Com 3583 N Patterson Av, Winston-sa   |                 |                      |                                      |   |                    |                                     |                          |              |        |                                   |                              |   |                            |                    | m NC 27105 121 Victim Residence Type |                             |                           |  |
| A  | #3   | Jime i          | nerdent              |                                      |   |                    | Com                                 | Treimse                  | , <b>1 y</b> | pc     |                                   |                              |   |                            |                    | ly □Multi Family                     |                             |                           |  |
| МО   |  |                 | d or Com             |                                      |   |                    |                                     |                          |              |        |                                   |                              |   | Forcible  Yes              | ¥ N/A              | Weapon / Tools<br>N/A                |                             |                           |  |
|  | No No  |                 |                      |                                      |   |                    |                                     |                          |              |        |                                   |                              |   |                            |                    |                                      |                             |                           |  |
| V  | # of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Society   Government   Financial Institute   Broken Bones   Severe Lacerations |                 |                      |                                      |   |                    |                                     |                          |              |        |                                   |                              |   |                            |                    |                                      | lcohol Use: s   Unknown     |                           |  |
|  | 1  |                 | ☐ Rel                | igious 🔲 L.E. Of                     | icer l  | Line of D          |                                     |                          | know         |        | _                                 |                              |   | scious [                   | Other              | Majo                                 | r 🛛 🗖 No                    | N/A                       |  |
| I<br>C   | Victim/Business Name (Last, First, Middle)  Victim of DOB / Age Crime #  |                 |                      |                                      |   |                    |                                     |                          |              |        |                                   |                              |   | 3 / Age<br>45              | Race               | Sex                                  | Relationship<br>To Offender | Resident Status  Resident |  |
| T<br>I   | V1 DATA OMITTED  |                 |                      |                                      |   |                    |                                     |                          |              |        |                                   | 1,                           |   | 73                         | W                  | M                                    |                             | Non-Residen               |  |
| M  | Home   | Addre           | ess                  |                                      |   |                    |                                     |                          |              |        | W   W   □ Unknown<br>  Home Phone |                              |   |                            |                    |                                      |                             |                           |  |
|  | Emple  | oyer Na         | ress                 | ATA OMI                              |   |                    |                                     |                          |              |        |                                   | Business Phone               |   |                            |                    |                                      |                             |                           |  |
|  |  |                 |                      |                                      |   |                    | ATA OMITTED                         |                          |              |        |                                   |                              |   | Business I none            |                    |                                      |                             |                           |  |
|  | VYR  | M               | ake                  | Model                                | St  | yle                | Color                               |                          | Lic          | c/Lis  |                                   |                              |   | 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  | (Chec  | k "OJ"          | = Stolen<br>column i | R = Recovered if recovered for other | D = l<br>er juri  | Damaged isdiction) | Z = Seized                          | B =                      | Burn         | ied C= | Coı                               | unterfeit / F                | orged   | F = Foun                   | d<br>              |                                      |                             |                           |  |
|  | Victim<br>#  | DCI             | Status               | Value                                | Property Description  |                    |                                     |                          |              |        |                                   |                              | Mal   | ce/Mo                      | del Se             | rial Number                          |                             |                           |  |
| -<br>P -<br>R  |  | 21 EVID 1 CHECK |                      |                                      |   |                    |                                     |                          |              |        |                                   |                              |   |                            |                    |                                      | DA                          | TA OMITTED                |  |
|  |  |                 |                      |                                      | $\dashv$  |                    |                                     |                          |              |        |                                   |                              |   | -                          |                    |                                      | IN                          | FOR<br>FORMATION          |  |
|  |  |                 |                      |                                      |   |                    |                                     |                          |              |        |                                   |                              |   |                            |                    |                                      |                             | SECURITY                  |  |
| O<br>P -   |  |                 |                      |                                      |   |                    |                                     |                          |              |        |                                   |                              |   |                            |                    |                                      |                             | PURPOSES                  |  |
| E ·  |  |                 |                      |                                      | _   |                    |                                     |                          |              |        |                                   |                              |   |                            |                    |                                      | ON                          | ILY THE FIRST             |  |
| R<br>T   |  |                 |                      |                                      | $\dashv$  |                    |                                     |                          |              |        |                                   |                              |   |                            |                    |                                      |                             | VE PROPERTY               |  |
| Y ·  |  |                 |                      |                                      | _   |                    |                                     |                          |              |        |                                   |                              |   |                            |                    |                                      |                             | ITEMS ARE                 |  |
|  |  |                 |                      |                                      |   |                    |                                     |                          |              |        |                                   |                              |   |                            |                    |                                      | D                           | ISPLAYED ON               |  |
|  |  |                 |                      |                                      | [   |                    |                                     |                          |              |        |                                   |                              |   |                            |                    |                                      | P                           | 2C REPORTS                |  |
| -  | Numh   | er of V         | ehicles S            | tolen 0                              | Niin  | nber Vehi          | cles Recovere                       | d                        | 0            |        |                                   |                              |   |                            |                    |                                      |                             |                           |  |
|  | Office   | r               |                      | ID                                   |   | , 6111             | Officer Sig                         |                          | -            |        |                                   |                              |   | Supervisor                 | Signat             | ure                                  | 14062)                      |                           |  |
| ID   |  |                 | J. W. (              | (15579)                              |   |                    | Case Statu                          | JA(                      |              |        |                                   |                              |   | JACOE                      | OBS, A. P. (14962) |                                      |                             |                           |  |
| Status   | Comp   |                 | Signatul(            | _                                    |   |                    | ☐ Further ☐ Inact ☐ Closed ☐ Closed | r Inve<br>tive<br>I/Clea | ared         |        |                                   | ☐ Unfoun ☐ Cleared ☐ Cleared | ded<br>by Ai<br>by Ai   | Locarrest                  | Refuse<br>ther Ag  | gency                                | ooperate                    | Page 1                    |  |