I N	Agenc	y Name		VSTON-SALEN] IN	INCIDENT/INVESTIGATION							OCA 2424598					
I C	ORI	NC	NC 034	10200			1	REPORT							Date / Time Reported SMTWIFS Month Day Yr Time			
D E			ncident(s				│								Day Yr Time Mark Secure SMT MIT S Mark Secure SMT MIT S MIT MIT MIT S MIT MIT			
N T	#1			, Aggravated A	ı —	☐ Att At Found SM TW = FS Last Kn Month Nonth Nonth								h Day Yr Time $ 11 2024 07:28 $ Hrs.				
D.	#2	Crime I	ncident						Att	Location	of I	ncident	·					Offense Tract
A T	Crime Incident Crime Incident Com 4218 High Point Rd, Winston-sale																	214
A	#3	JIIIIC I	ncident					☐ Att Premise Type ☐ Com							Victim Residence Type ☐ Single Family ☐ Multi Family			
МО			d or Con											Forcible Yes	X N/A	We	apon / Tools	
	No No															111 11		
	# of Victims Type Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: Broken Bones Severe Lacerations Yes Unknown																	
V	1		Rel	igious 🔲 L.E. Off	ïcer L	Line of Du			know	. –				scious	Other	Majo	r 🛛 🗓 N	N/A
I C		Victim/	Business	Name (Last, First,	Victim of Crime #					DOE	3 / Age 70	Race	Sex	Relationship To Offender				
T I	V1		DA	ΓA OMITTED		1,						70	$\mid w \mid$	$_{F}$	1GP	☐ Non-Resident		
M ·	Home Address														L''		ne Phone	Unknown
	DATA ON														Business Phone			
					ATA OMITTED								Dusiness Flione					
	VYR	M	ake	Model	Sty	/le	Color		Lic	/Lis				Vin				
O T H E R S I N V O L V E D	DATA OMITTED																	
Status Codes	(Chec	k "OJ"	= Stolen column	R = Recovered for other	D = I r juri:	Damaged sdiction)	Z = Seized	B =	Burn	ed C = 0	Coun	nterfeit / F	orged	F = Found	d			
	Victim # DCI Status Value OJ QTY						Property Description								Mak	e/Mo	del S	erial Number
- - P - R													D	ATA OMITTED				
																	11	FOR NFORMATION
																		SECURITY
0																		PURPOSES
Р ⁻ Е -																		
R.					_													VE PROPERTY
Т Ү					-												IWEI	ITEMS ARE
					_												D	ISPLAYED ON
-																		P2C REPORTS
	Numb		ehicles S	tolen 0		ber Vehic	cles Recovere		0				- 1	Superviser	Signat	ıre		
ID	GIL	r LIS, S		Officer Sig	Officer Signature Supervise GEDI								r Signature DINGS, H. L. (14851)					
	Comp	lainant	Signatur	e	Case Status	us Case Disposition:												
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	red			Cleared Cleared	by Ar	Test Loca rest by Ano	Refuse ther Ag	gency	ooperate	Page 1