I N	Agenc	y Name		NSTON-SALEN	CIDENT/INVESTIGATION						OCA 2425153								
I C	ORI	NC	NC 02/	10200		1	REPORT						Date / Time Reported SMTWTFS Month Day Yr Time						
D E		NC NC 0340200  Crime Incident(s)								Att At Found S M T W T F S Month Day Yr Time						07   15   2024   09:25 Hrs.  Last Known Secure Month Day Yr Time  Time  Time  Time  Time  Time  Time			
N T	#1			ing & Entering	With	nout For	·ce	_	Com	Month 07	Day			ime :25  Hrs			Day Yr 🖰	Time $09:24$ Hrs.	
D.	#2	Crime I	ncident	0 0					$\rightarrow$	Location	of Incid	lent						Offense Tract	
A T	Crime Incident Com 820 E Twenty-fifth St, Winston-sale																27105 Victim Reside	112	
A	#3	Jillie I	iicideiii						Com	rieillise i	ype					- 1		ly □Multi Family	
МО			d or Com					Forcible Yes						☐ Yes [	Weapon / Tools				
	# of V	ictims	Туре	☐ Person	LALE B	Business				Injury	□N	Jone	<u> </u>	□ No	Loss o	f Tee	th Drug/A	lcohol Use:	
	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow																		
V I		Jictim/		-			ity 🔲 Othe	er/Un	know	n 🗆	1				Other Race				
C T	Victim/Business Name (Last, First, Middle)  Victim of Crime #  DOB / Age  Crime #														Kace	Sex	To Offender	☐ Resident	
I	1		DA	ΓA OMITTED				1,							☐ Non-Resident				
М -	Home Address DATA OMIT									TTED						Home Phone			
	Employer Name/Address DATA OMI														Business Phone				
•	VYR	M	Model	Color Lic/Lis Vin						Vin									
O T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column i	R = Recovered if recovered for other	D = I er juri	Damaged sdiction)	Z = Seized	B =	Burn	ed $C = C$	Counterfo	eit / Fo	orged	F = Foun	d				
	Victim # DCI Status Value OJ QTY						Property Description								Mak	e/Mo	del So	erial Number	
- - P - R																	DA	ATA OMITTED	
					_												IN	FOR FORMATION	
					+												11	SECURITY	
0					$\dashv$													PURPOSES	
Р <sup>-</sup> Е -																			
R																		ILY THE FIRST	
Т Ү -					$\dashv$												TWEL	VE PROPERTY	
1					+	+											D	ITEMS ARE ISPLAYED ON	
-					$\dashv$													2C REPORTS	
-																			
	Number of Vehicles Stolen 0 Number Vehicles Recovered 0																		
ID	Office: HEL	F, C	R. (14 <sup>9</sup>	ID 995)	Officer Sig	Officer Signature Supervisor Signature WAGONER, K. B. (15655)													
	HELF, C. R. (14995)  Complainant Signature Case State									Case Disposition:									
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	tive /Clea	red				by Ar by Ar	rest by Ander	Refuse other Ag	gency	ooperate	Page 1	