I N	Agenc	y Name	WIN] IN	INCIDENT/INVESTIGATION							OCA 2425754							
I C	ORI	NC	NC 034	10200			1	REPORT								Date / Time Reported SMTWTFS Month Day Yr Time			
D E			ncident(s			☐ Att At Found							Day Time Time O7 19 2024 22:58 Hrs. Last Known Secure S M T W T F S						
N T	#1			Discharging F	_	Month Day Yr Time Month Day Yr Tir									Time				
D.	#2	Crime I	ncident	0 0					Att	Location	of	Incident						Offense Tract	
A T	Crime Incident Com 49 Park Bv/shawnee St, Winston-																C 27127 Victim Reside	311	
A	#3	Jillie I	neident					☐ Att Premise Type ☐ Com							☐ Single Family ☐ Multi Family				
МО			d or Con MITTEI		Forcible Yes No						Weapon / Tools								
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															lcohol Use:			
V	1			ciety Governm			inancial Institu		know	. –		oken Bone		Severe	Lacerar Other		. –	s □Unknown	
I	Victim/Business Name (Last, First, Middle) Victim of														Race	-	Relationship	Resident Status	
C T	V1		DA	ΓΑ OMITTED	Crime #								To Offender	☐ Resident ☐ Non-Resident					
I M ·													1,					Unknown	
	Home Address DATA OMI									ГТЕD						Home Phone			
	Employer Name/Address DATA O								MITTED						Business Phone				
	VYR	Color Lic/Lis Vin							Vin										
H E R S I N V O L V E D	DATA OMITTED																		
Status Codes	L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found (Check "OJ" column if recovered for other jurisdiction)																		
	Victim #			Property Description								Mak	e/Mo	ndel Se	rial Number				
	π	# DCI Status Value OJ QTY Property Description									11141	.0, 1,10		TA OMITTED					
- P -					_												TN.	FOR	
					_												IN	FORMATION SECURITY	
R O																		PURPOSES	
Р ⁻ Е -																			
R T					_													ILY THE FIRST VE PROPERTY	
Y -					\dashv													ITEMS ARE	
-					+													ISPLAYED ON	
_																	P	2C REPORTS	
-					\Box														
	Numb		ehicles S	tolen 0		nber Vehic	cles Recovere Officer Sig		0 e				Ī	Supervisor	Signati	ıre			
ID	KIN	G, A.	P. (157	789)		Officer Signature Supervisor Signature REYNOLDS, S. A.									. (15618)				
	Comp	lainant	Signatur	e	Case Status								adition Declined						
Status							☐ Closed	tive /Clea	ıred			☐ Cleared ☐ Cleared	by Ai	rest by And] Refuse other Ag	gency	looperate	Page 1	