I N	Agenc	y Name		VSTON-SALEN	OLICE	INCIDENT/INVESTIGATION							OCA 2425997				
I C	ORI	NC	NC 034	10200			REPORT							Date / Time Reported SMTWTFS Month Day Yr Time			
D E			ncident(s			☐ Att   At Found							07   21   2024   22:44 Hrs.    Last Known Secure   S M T W T F S				
N T	#1			, Aggravated A		Att   At Found   S M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F S   M T W T F						Month Day Yr Time					
D.	#2	Crime I	ncident					Att Location of Incident Offens								Offense Tract	
A T	Com 2715 Peters Creek Pw, Winston-s															C 27127 Victim Resider	313
A	#3	Jillie i	neident					☐ Att   Premise Type   ☐ Com					☐ Single Family ☐ Multi Family				
МО			d or Com										Forcible Yes	X N/A	We	apon / Tools	
V I	□ No															cohol Use	
	# of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:    Society   Government   Financial Institute   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:   Yes   Unknown																
	$\frac{I}{I}$			igious L.E. Off			ity 🔲 Othe	er/Unl	know	n 🗆	Internal		nscious	Other	Majo		
Ċ	V1	V ictim/		Name (Last, First,	le)		Victim of Crime #					3 / Age 29	Race	Sex		Resident Status Resident	
T I	V 1		DA	ΓA OMITTED										$\mid w \mid$	M	1AQ	☐ Non-Resident ☐ Unknown
М -	Home	Addre	ess			ATA OMIT								Home Phone			
	Emplo		TA OMITTED TA OMITTED						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	(Chec	k "OJ"	= Stolen column i	R = Recovered frecovered for other	D = L r juri	Samaged sdiction)	Z = Seized	В=	Burn	ed $C = C$	ounterfeit / F	orged	F = Found	i 			
	Victim # DCI Status Value OJ QTY						Property Description							Mak	e/Mo		rial Number
- - P - R													DA	TA OMITTED FOR			
					_											IN	FORMATION
					$\dashv$												SECURITY
O P -																	PURPOSES
Р Е -					_											ON	LV THE FIRST
R T					$\dashv$												LY THE FIRST VE PROPERTY
Y ·					$\dashv$												ITEMS ARE
-					-												SPLAYED ON
																P.	2C REPORTS
-	N7 -		1 . 1	. 1	<u>``</u>	1 37.11	1 5	1									
	Numb		ehicles S	tolen 0		nber Vehic	cles Recovered Officer Sig		<u>о</u>			Ī	Supervisor	Signati	ıre		
ID	НОС	CHMU		. C. (16307)								REYNC	ÕĽĎS,	Š. A	. <i>(15618)</i>		
	Comp	Signatur	e	1	Case Status Case Disposition:  ☐ Further Investigation ☐ Unfounded ☐ Located								□ Extra	adition Declined			
Status							☐ Inact	ive /Clea	red		☐ Cleared	by Ai	rest   rest by Ano	Refuse ther Ag	gency	ooperate	Page 1