I N	Agenc	y Name		VSTON-SALEN	DLICE	INCIDENT/INVESTIGATION							OCA 2426156					
C	ORI	NC					REPORT							Date / Time Reported SMIWTFS Month Day Yr Time				
D E			NC 034			X Att At Found SMIWTFS							07 23 2024 12:25 Hrs.					
N T	#1 Robbery									X Att At Found S M I W T F S Last Known Secure S M I Time Month Day Yr Time Month Day Yr Time O7 23 2024 12:25 Hrs O7 23 2024 12:25 Hrs O7 CON C								
D	#2	Crime I	ncident					_	Att Location of Incident Offense T								Offense Tract	
A T	#3 Crime Incident Com 2898 Reynolda Rd, Winston-sail														n NC 27106 114 Victim Residence Type			
A									Com					☐ Single Family ☐ Multi Family				
МО			d or Com					Forcible						Weapon / Tools				
V I C	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																	
	1 Society Government Financial Institute Broken Bones Severe Lacerations Wes Unknown Internal Unconscious Other Major No NA															_		
		Victim/	Business	Name (Last, First,	e)			Victim of DOB / Age			Race	Sex	Relationship	Resident Status Resident				
T I	V1		DA	ΓA OMITTED				1,					20	$\mid W \mid$	$_{F}$	1RU	Non-Residen	
M	Home	Addre	SS										ne Phone	Unknown				
					D	ATA OMI	ITTED						D : N					
	•	oyer ina	me/Addı	ress	D	ATA OMITTED							Business Phone					
·	VYR	M	ake	Model	Styl	le	Color		Lic	/Lis			Vin					
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 for other	D = D r juris	amaged diction)	Z = Seized	B =	Burn	ed C = C	ounterfeit / F	orged	F = Found	d				
	Victim # DCI Status Value OJ QTY						Property Description							Mak	e/Mo	del Se	rial Number	
P - R - O -													DA	TA OMITTED FOR				
					+											IN	FORMATION	
																	SECURITY	
					_												PURPOSES	
E - R					+											ON	LY THE FIRST	
T Y					\top												VE PROPERTY	
																	ITEMS ARE	
					_												SPLAYED ON	
					+											P.	2C REPORTS	
•	Numb	er of V	ehicles S	tolen 0	Numl	ber Vehic	cles Recovere	d	0				<u> </u>					
ID	Office:	r LDS 1	!. O. (1.	ID 5835)		Officer Sig	Officer Signature Supervisor Signature WAGONER, K. B. (15655)											
עו		Signatur		1	Case Status Case Disposition:						,							
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	tive /Clea	red			by Ai	rrest by Ano	Refuse ther Ag	gency	ooperate	Page 1	