I N	Agenc		NSTON-SALEN	CIDENT/INVESTIGATION						OCA 2428417									
I C	ORI	NC	NC 034	10200		1		REPORT						Date / Time Reported SMTWTFS Month Day Yr Time					
D E			ncident(s		☐ Att						O8 O9 2024 21:49 Hrs. Last Known Secure SMTWTFS Month Day Yr Time								
N T	#1			, Trespassi	ng			_	Com	Month 08	D			lime :49 Hrs			Day 2024	Time	
D.	#2	Crime I	ncident			Att	Location	n of	Incident					(Offense Tract				
A T		'rima I	Violat ncident	tion Of City/cou	nty	Ordinan	ice	_	Com	499 A		•	w Fij	th St, Wi	nston-		n NC Victim Resider	111	
A	#3	Time I	iicideiit					_	Att Com	Fielilise	туţ	je -				- 1		y □Multi Family	
МО			d or Com											Forcible Yes	X N/A	We	apon / Tools		
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															cohol Use:			
V I		liatim/		igious L.E. Off Name (Last, First,			uty 🔲 Othe	er/Un	know	n _		ternal Victim of		nscious B / Age	Other Race			□N/A Resident Status	
C T	V1	v ictiiii/			uic)						Crime #	DOI	o / Age	Race	sex	To Offender	☐ Resident		
I	` -		DA	ΓA OMITTED					1,2						☐ Non-Resident				
М -	Home Address DATA OMIT									TTED						Home Phone			
	Employer Name/Address DATA OMI															Business Phone			
•	VYR	Color Lic/Lis Vin						Vin											
		<u> </u>			<u> </u>														
O																			
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	DATA OMITTED																		
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O L																			
V E																			
D																			
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column	R = Recovered f recovered for other	D = er jui	Damaged risdiction)	Z = Seized	B =	Burn	ned C=	Cou	ınterfeit / F	orged	F = Foun	d				
	Victim # DCI Status Value OJ QTY						Property Description								Mak	e/Mo	odel Se	rial Number	
P - R - O		Toperty Best														DA	TA OMITTED		
																	TNI	FOR	
																		FORMATION SECURITY	
																		PURPOSES	
Р ⁻ Е -																			
R																		LY THE FIRST	
Y																		VE PROPERTY ITEMS ARE	
																		SPLAYED ON	
-																		2C REPORTS	
-																			
	Numb		ehicles S	-		mber Vehi	cles Recovere		0				ı	Supervisor	Signati	ıre			
ID	MATHEWS, C. K. (15509)								(0)							or Signature			
	Complainant Signature Case State									Case Disposition: □ Unfounded □ Located □						□ Extr	adition Declined		
Status					tive	Cleared by Arrest Refuse to C						ooperate							
			/Clea		hausted					Another Agency Prosecution Declined Page 1									