I N	Agenc	y Name		VSTON-SALEN	1 PC	OLICE	] IN	CIDENT/INVESTIGATION REPORT					OCA 2429014					
C	ORI	NC	NC 034	10200			1						Date / Time Reported SMTWIFS Month Day Yr Time					
D E	<u> </u>		ncident(s			│ Att │ At Found │ S M T W 五 F S Month Day Yr Time							Day YF Time   O8   15   2024   O0.16 Hrs.   Last Known Secure   S M T W T F S Month Day Yr Time   O8 M T W T S S S M T W T S S M T W T S S M T W T S S M T W T S S M T W T S S M T W T S M T M T W T S M T M T M T M T M T M T M T M T M T					
N T	#1			,  ity/county Ord	Noi	ise Rela	ted	ı —	Com	Month 08			Time 0:16  Hrs			Day Yr 🗀	Time $00:15$ Hrs.	
D	#2	Crime I	ncident						-	Location	of Incident			•			Offense Tract	
A T		Trima I	ncident					_	Com	299 Cr Premise T	repe Myrt	le Cr/	polo Rd,	Winste		llem NC Victim Resider	113	
A	#3	Jillie i	neident						Com	1 Tellise 1	урс						lv □Multi Family	
МО			d or Com MITTED					Forcible ☐ Yes ☐ No					Weapon / Tools					
	# of V	ictims	Type	☐ Person	⊓В	Business				Injury	☐ None			Loss o	f Tee	th Drug/A	lcohol Use:	
	1 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow Internal Unconscious Other Major															_		
V I																	□N/A Resident Status	
C T	V1			ΓA OMITTED					Crime #		. 6			To Offender	☐ Resident ☐ Non-Resident			
I M				IA OMITTED				1,						Unknown				
171	Home Address DATA OMI								ГТЕО						Home Phone			
,	Employer Name/Address DATA OMI													Business Phone				
	VYR	M	ake	Model	Sty	yle	Color		Lic	:/Lis			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 for other	D = I r juri:	Damaged sdiction)	Z = Seized	B =	Burn	ed $C = C$	ounterfeit /	Forged	F = Foun	d				
	Victim # DCI Status Value OJ QTY						Property Description							Mak	e/Mo	odel Se	rial Number	
- - P - R								1 7								DA	TA OMITTED	
																IN	FOR FORMATION	
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ο .																	PURPOSES	
P .																		
R																	LY THE FIRST	
Т Ү.					_												VE PROPERTY	
																	ITEMS ARE ISPLAYED ON	
																	2C REPORTS	
			ehicles S	tolen 0		nber Vehic	cles Recovere		0				<b>G</b> :	G.				
ID	Office WIS	Officer Sig								or Signature VER, K. M. (15921)								
	Complainant Signature Case State									Case Disposition:								
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	ıred			d by A d by A	☐ Loc rrest ☐ rrest by Ander ☐	] Refuse other Ag	gency	ooperate	Page 1	