| I N | Agenc | e WII | . IN | INCIDENT/INVESTIGATION | | | | | | | OCA 2431337 | | | | | | | | |
|--|---|-------------------------|--------------------|------------------------------------|-------------|----------------------|-------------------------------------|---------------|------|--|------------------------|-----------------------------|-----------------------|--------------------------------|----------------------|---|------------------------|-----------------------------|--|
| C | ORI | NC | NC 02 | 40200 | | | 1 | REPORT | | | | | | | | Date / Time Reported SMTWTFS Month Day Yr Time | | | |
| D E | NC NC 0340200 Crime Incident(s) | | | | | | | | | Att At Found SMTWTFS Month Day Yr Time | | | | | | Day Time 17 17 17 18 19 19 19 19 19 19 19 | | | |
| N T | #1 | | | Discharging I | - Fired | ırm | | _ | Com | Month 09 | Γ | | | lime 1:13 Hrs | | | Day Yr 01 2024 | Time | |
| D | #2 | Crime I | ncident | 0 0 | | | | | Att | Location | n of | Incident | | • | • | | • | Offense Tract | |
| A T | Crime Incident Com 1678 E Twenty-fifth St, Winston-sa | | | | | | | | | | | | | | | | C 27105 Victim Resi | dance Type | |
| A | #3 | Jillie I | ncident | | | | | | Com | 1 Tellise | 1 91 | pe | | | | | | nily | |
| МО | | | d or Con MITTEI | | | | | | | | Forcible ☐ Yes ☐ No | | | | | | | | |
| V | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | | | | |
| | 1 | | | ciety Governm ligious L.E. Of | | | Financial Instit | | know | | - | roken Bone | | Severe | | tions Yes Unknown Major No NA | | | |
| I | Victim/Business Name (Last, First, Middle) Victim of DOB / Age F | | | | | | | | | | | | | | Race | <u> </u> | Relationsh | ip Resident Status | |
| C T | V1 | | DA' | TA OMITTED | | | | | | Crime # | | | | | To Offende | Resident Non-Residen | | | |
| I M | | | | | | | | | 1, | | | | | | Unknown | | | | |
| | Home Address DATA OMI | | | | | | | | | ГТЕD | | | | | | Home Phone | | | |
| | Employer Name/Address DATA OMI | | | | | | | | TTED | | | | | | Business Phone | | | | |
| , | VYR | Color | Color Lic/Lis Vin | | | | | | Vin | | | | | | | | | | |
| H E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | |
| Status Codes | | | | | | | | | | | | | | | | | | | |
| Codes | Victim | | Status | Value | | Property Description | | | | | | | Mal | ce/Mo | vdel | Serial Number | | | |
| - - P - | | | | | | | (9MM) SHELL CASINGS | | | | | | | | PPU | (C) 1V1 | | DATA OMITTED | |
| | 1 | 1 13 EVID 2 (9MM) SHELL | | | | | | | | | | | | | | NCHESTER FOR | | | |
| | 1 | 13 | EVID | | | 1 | SHELL CASINGS | | | | | | | | BLAZE. | ZER INFORMATION SECURITY | | | |
| R O | | | | | | + | | | | | | | | | | | | PURPOSES | |
| Ρ. | | | | | | | | | | | | | | | | | | | |
| E · | | | | | | | | | | | | | | | | | (| ONLY THE FIRST | |
| T Y | | | | | | | | | | | | | | | | | TWI | ELVE PROPERTY | |
| | | | | | _ | | | | | | | | | | | | | ITEMS ARE | |
| | | | | | | - | | | | | | | | | | | | DISPLAYED ON P2C REPORTS | |
| | | | | | | | | | | | | | | | | | | 120 1121 01112 | |
| • | Numb | er of V | ehicles S | Stolen 0 | Nur | nber Vehi | cles Recovere | d | 0 | | | | | • | | | | | |
| ID | Office ROS | r E.E. T | C. (16) | ID 290) | Officer Sig | natur | re | | | | | Supervisor ALLEN | | | 5431) | | | | |
| ענ | ROSE, T. C. (16290) Complainant Signature Case State | | | | | | | | | ALLEN, W. A. (15431) Case Disposition: | | | | | | | | | |
| Status | - | | | | | | ☐ Further ☐ Inact ☐ Closed ☐ Closed | tive /Clea | ared | | | ☐ Unfoun☐ Cleared☐ Cleared☐ | ded by Ai by Ai | Loc crest crest by Ander |] Refuse other Ag | gency | Cooperate | xtradition Declined Page 1 | |