| I N | Agenc | y Name | | NSTON-SALE | — И Р | OLICE | IN | CIE | CIDENT/INVESTIGATION | | | | | | OCA 2433041 | | | | | | | | |
|--|---|----------------------|--------------------|-------------------------|---------------|--------------------|-------------------------------------|--------------------------|---|--------------------------|-----|------------------------------|-------|---------------------------------|--------------------------------|--|-----------------------|-------------------|-----------|----------|--|--|--|
| I C | ORI REPORT Date Mo | | | | | | | | | | | | | | Date / Mon | te/Time Reported S M T W T F S | | | | | | | |
| D E | 10 | | ncident(s | | | TIFISI | 09 15 2024 12:12 Hrs. | | | | | | | | | | | | | | | | |
| N T | #1 | | | | | | | | ult Att At Found S M T W T F S Worth Day Yr Time 15 2024 12:12 H₁ | | | | | | | | | Month Day Yr Time | | | | | |
| D. | #2 | | ncident | | | | | | Att Location of Incident | | | | | | | | | | ffense T | | | | |
| A T | Larceny- All Other | | | | | | | | | | | | | | | ston-salem NC 123 Victim Residence Type | | | | | | | |
| A | #3 | Jillie I | ncident | | | | | ☐ Att Premise Type ☐ Com | | | | | | | ☐ Single Family ☐ Multi Family | | | | | | | | |
| МО | | | d or Com | | | | | | | | | | | Forcible Yes | N/A | We | apon / To | ols | | | | | |
| | No No | | | | | | | | | | | | | | | | | | | | | | |
| | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: Drug/Alcohol Use: Person Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown | | | | | | | | | | | | | | | I | | | | | | | |
| V | 1 | | Rel | igious 🔲 L.E. Of | ficer | Line of D | | | nknow | . – | - | ternal 🔲 | Unco | nscious _ | Other | Majo | r 🔯 | No | N/A | 4 | | | |
| C C | Crime # 24 | | | | | | | | | | | | | | Race | | Relations To Offen | | Resident | | | | |
| T I | V1 | | DA | ΓA OMITTED | | | | | | | | 1,2 | | 54 | $\mid_{B}\mid$ | $_{F}$ | 1FR | | ☐ Non- | Resident | | | |
| М - | Home Address DATA OMITTED | | | | | | | | | | | | | | | Home Phone Unknown | | | | iown | | | |
| | Employer Name/Address DATA O | | | | | | | | | | | | | | Business Phone | | | | | | | | |
| | VYR | I M | ake | Model | Color | | | | | | Vin | | | | | | | | | | | | |
| | VIK | IVI | arc | Woder | Si | yle | Color | | LI | C/LIS | | | | VIII | | | | | | | | | |
| O T H E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | | | | | |
| Status Codes | (Chec | k "OJ" | = Stolen column | R = Recovered for other | D = er jur | Damaged isdiction) | Z = Seized | B = | Burn | ned C = | Cou | ınterfeit / F | orged | F = Found | i | | | | | | | | |
| | Victim # | Property Description | | | | | | | Mak | Make/Model Serial Number | | | | | | | | | | | | | |
| - | 1 | 1 23 7 1 IPHONE | | | | | | | | | 1 | APPLE/Iphone 14 DATA OMITTED | | | | | | | | | | | |
| P - R | | | | | | | | | | | | | | | | | | INF | FORMA | TION | | | |
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| 0 | | | | | | | | | | | | | | | | | | I | PURPOS | ES | | | |
| Р ⁻ Е - | | | | | | | | | | | | | | | | | | | | | | | |
| R T | | | | | | | | | | | | | | | | | TV | | Y THE | | | | |
| Y · | | | | | | | | | | | | | | | TWELVE PROPERTY ITEMS ARE | | | | | | | | |
| - | | | | | \dashv | | | | | | | | | | | | | DISPLAYED ON | | | | | |
| - | | | | | | | | | | | | | | | | | | P2 | C REPO | RTS | | | |
| - | | | | | | | | | | | | | | | | | | | | | | | |
| | | | ehicles S | - | | mber Vehi | cles Recovere | | 0 | | | | | Cuparrias | Signat | ırc | | | | | | | |
| ID | Officer ID# Office BOYLES, E. W. (15832) | | | | | | | | fficer Signature Supervis | | | | | | | or Signature <i>DBS</i> , <i>A. P.</i> (14962) | | | | | | | |
| | Complainant Signature Case State | | | | | | | | | Case Disposition: | | | | | | | Cv-t | dition D | aglinad | | | | |
| Status | | | | | | | ☐ Further ☐ Inact ☐ Closed ☐ Closed | tive /Clea | ared | | | | by A | Loca rrest □ rrest by Ano | Refuse ther Ag | gency | ooperate | _ | dition De | | | | |