| I<br>N  | Agenc  | y Name  |                    | NSTON-SALEN        | IN       | INCIDENT/INVESTIGATION |                            |                        |   |           |               |                             | OCA 2436639           |                            |   |   |                    |                                 |  |
|---|--|---------|--------------------|--------------------|----------|------------------------|----------------------------|------------------------|---|-----------|---------------|-----------------------------|-----------------------|----------------------------|---|---|--------------------|---------------------------------|--|
| C   | ORI  | NC      |                    |                    |          |                        | 1                          | REPORT                 |   |           |               |                             |                       |                            | Date / Time Reported SMTWTFS<br>Month Day Yr Time |   |                    |                                 |  |
| D<br>E  | NC NC 0340200 Crime Incident(s)  |         |                    |                    |          |                        |                            |                        |   | ☐ Att     |               |                             |                       |                            |   | Last Known Secure   SMTMTFS   Month Day Yr Time |                    |                                 |  |
| N<br>T  | #1   |         |                    | ,<br>Drug Viola    | tions    | S                      |                            | ı —                    | Com   | Month 10  | D             |                             |                       | ime<br>2:31  Hrs           |   |   | Day Yr<br>11   202 | Time                            |  |
| D   | #2   | Crime I | ncident            |                    |          |                        |                            |                        |   | Location  | n of          | Incident                    |                       | •                          |   |   | •                  | Offense Tract                   |  |
| A<br>T  |  | 'rime I | ncident            |                    |          |                        |                            | _                      | ☐ Com 199 Inverness St/bon Air Av, W ☐ Att Premise Type |           |               |                             |                       |                            | inston  | ton-salem NC   121   Victim Residence Type      |                    |                                 |  |
| A   | #3   |         |                    |                    |          |                        |                            |                        | Com   | 110111150 | -71           |                             |                       |                            |   | - 1   |                    | mily                            |  |
| МО  |  |         | d or Com<br>MITTEE |                    | -        |                        |                            |                        |   |           | Forcible  Yes | Ŋ N/A                       | We                    | apon / Tool                | s   |   |                    |                                 |  |
|   | # of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:  |         |                    |                    |          |                        |                            |                        |   |           |               |                             |                       |                            |   | /Alcohol Use:                                   |                    |                                 |  |
| **  |  |         |                    |                    |          |                        |                            |                        |   |           |               |                             |                       |                            |   | Yes Unknown                                     |                    |                                 |  |
| V<br>I  |  | Victim/ |                    | Name (Last, First, |          |                        | ity U Otne                 | er/Un                  | iknow   | n   _     |               | ternal   Victim of          |                       | S / Age                    | Race  |   |                    |                                 |  |
| C<br>T  | V1   |         | D۸۲                | ΓA OMITTED         | Crime #  |                        |                            |                        |   | Ü         |               |                             | To Offend             | Resident Non-Resident      |   |   |                    |                                 |  |
| I<br>M  |  |         |                    |                    |          |                        |                            |                        |   |           |               | 1,                          |                       |                            |   |   |                    | Unknown                         |  |
|   | Home Address DATA OMI  |         |                    |                    |          |                        |                            |                        |   | ГТЕО      |               |                             |                       |                            |   | Home Phone                                      |                    |                                 |  |
|   | Employer Name/Address DATA OM  |         |                    |                    |          |                        |                            |                        | <br>ITTED   |           |               |                             |                       |                            | Business Phone                                    |   |                    |                                 |  |
| ,   | VYR  | M       | ake                | Model              | St       | yle                    | Color                      |                        | Lic   | :/Lis     |               |                             |                       | Vin                        |   |   |                    |                                 |  |
| T<br>H<br>E<br>R<br>S<br>I<br>N<br>V<br>O<br>L<br>V<br>E<br>D | DATA OMITTED   |         |                    |                    |          |                        |                            |                        |   |           |               |                             |                       |                            |   |   |                    |                                 |  |
| Status<br>Codes   | L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found (Check "OJ" column if recovered for other jurisdiction) |         |                    |                    |          |                        |                            |                        |   |           |               |                             |                       |                            |   |   |                    |                                 |  |
|   | Victim # DCI Status Value OJ QTY   |         |                    |                    |          |                        | Property Description       |                        |   |           |               |                             |                       |                            | Mak   | e/Mo  | del                | Serial Number                   |  |
| -<br>-<br>P -<br>R  |  |         |                    |                    |          |                        |                            |                        |   |           |               |                             | J                     | DATA OMITTED               |   |   |                    |                                 |  |
|   |  |         |                    |                    | $\dashv$ |                        |                            |                        |   |           |               |                             |                       |                            |   |   |                    | FOR INFORMATION                 |  |
|   |  |         |                    |                    | $\dashv$ |                        |                            |                        |   |           |               |                             |                       |                            |   |   |                    | SECURITY                        |  |
| O<br>P -  |  |         |                    |                    |          |                        |                            |                        |   |           |               |                             |                       |                            |   |   |                    | PURPOSES                        |  |
| E ·   |  |         |                    |                    | _        |                        |                            |                        |   |           |               |                             |                       |                            |   |   |                    | ONL V THE EIDET                 |  |
| R<br>T  |  |         |                    |                    | $\dashv$ |                        |                            |                        |   |           |               |                             |                       |                            |   |   |                    | ONLY THE FIRST<br>ELVE PROPERTY |  |
| Y ·   |  |         |                    |                    | _        |                        |                            |                        |   |           |               |                             |                       |                            |   |   | 1,,,               | ITEMS ARE                       |  |
|   |  |         |                    |                    |          |                        |                            |                        |   |           |               |                             |                       |                            |   |   |                    | DISPLAYED ON                    |  |
|   |  |         |                    |                    |          |                        |                            |                        |   |           |               |                             |                       |                            |   |   |                    | P2C REPORTS                     |  |
| -   | Numb   | er of V | ehicles S          | tolen 0            | Nun      | nher Vebi              | rles Recovers              | d                      | 0   |           |               |                             |                       |                            |   |   |                    |                                 |  |
|   | Officer ID# Officer Signature Supervisor Signature   |         |                    |                    |          |                        |                            |                        |   |           |               |                             |                       |                            |   |   |                    |                                 |  |
| ID  |  |         | AN, L.<br>Signatur | T. (16273)         |          | Case Status            |                            |                        |   | 10        | Case Dispos   | ition                       | WILLI                 | 4 <i>MS</i> , .            | K. A.   | . (15631)                                       |                    |                                 |  |
| Status  | Comp   | iamant  | oignatur(          |                    |          |                        | ☐ Further ☐ Inact ☐ Closed | r Inve<br>ive<br>/Clea | ared  |           |               | ☐ Unfoun☐ Cleared☐ Cleared☐ | ded<br>by Ai<br>by Ai | Loc<br>rest<br>rest by And | Refuse<br>other Ag                                | gency   | ooperate           | xtradition Declined Page 1      |  |