| I N | Agenc | e WIM | . IN | INCIDENT/INVESTIGATION | | | | | | | OCA 2439958 | | | | | | | | | |
|---------------------------------------------------------------|------------------------------------------------|-------------------|--------------------|------------------------|----------------------|-------------|---------------|-------------------------------------------|------------|----------------------------------------|------------------|-----------------------------|------------------------------------------|--------------|------------------------------------------------|----------------|-------------|-------------------------------|--|--|
| C I | ORI | NC | | | | 1 | REPORT | | | | | | | | Date / Time Reported SMTWTFS Month Day Yr Time | | | | | |
| D E | NC NC 0340200 Crime Incident(s) | | | | | | | | | Att At Found SMTMTFS Month Day Yr Time | | | | | | | 11 | | | |
| N T | #1 | | | , Larceny- All | ı — | Com | Month | D | | | ime 7:33 Hrs | | | | Time $ 15:32 $ Hrs. | | | | | |
| D | #2 | Crime I | ncident | | | | | | | Location | ı of | Incident | | | | | • | Offense Tract | | |
| A T | | rime I | ncident | | | | | 985 Peters Creek Pw, Winston Premise Type | | | | | Salem NC 27103 412 Victim Residence Type | | | | | | | |
| A | #3 | | | | | | | | Att Com | 110111130 | -71 | | | | | | | nily □Multi Family | | |
| МО | | | d or Con MITTEI | | | | | | | | | | Forcible Yes No | X N/A | We | apon / Tools | | | | |
| | # of Victims Type None Drug/Alcohol Use: | | | | | | | | | | | | | | | Alcohol Use: | | | | |
| V | 1 | | | | | | | | | | | | | | | _ | | | | |
| V I | | Victim/ | | Name (Last, First, | | | uty 🔲 Out | 21/ ()11 | IKIIOW | · I | | Victim of | | B / Age | Race | | Relationshi | p Resident Status | | |
| C T | V1 | | DA | ΓΑ OMITTED | | | | | Crime # | | 32 | | | To Offende | Resident Non-Resident | | | | | |
| I M | | | | | | | | | 1, | | | W | F | | Unknown | | | | | |
| | Home Address DATA OMI | | | | | | | | | ГТЕD | | | | | | Home Phone | | | | |
| | Employer Name/Address DATA OM | | | | | | | | | TTED | | | | | | Business Phone | | | | |
| , | VYR | Color Lic/Lis Vin | | | | | | | Vin | | | | | | | | | | | |
| T H E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | | |
| Status Codes | | | | | | | | | | | | | | | | | | | | |
| | Victim # | | Status | Value | Property Description | | | | | | | | Mak | e/Mo | odel | Serial Number | | | | |
| | т | 20 | US CURRENCY | | | | | | | | 11141 | 1110 | | OATA OMITTED | | | | | | |
| - P - R | | | | | | | | | | | | | | | | | | FOR INFORMATION | | |
| | | | | | | + | | | | | | | | | | | | SECURITY | | |
| ο . | | | | | | | | | | | | | | | | | | PURPOSES | | |
| P - | | | | | | | | | | | | | | | | | | | | |
| R T | | | | | _ | | | | | | | | | | | | | NLY THE FIRST LVE PROPERTY | | |
| Y · | | | | + | | | | | | | | | | | | | 1 111 | ITEMS ARE | | |
| - | | | | | | | | | | | | | | | | | | DISPLAYED ON | | |
| | | | | | | | | | | | | | | | | | | P2C REPORTS | | |
| - | Numb | er of V | ehicles S | tolen 0 | Niii | mber Veb | cles Recovere | d | 0 | | | | | | | | | | | |
| | Office | r | | ID | | INDEL VEII | Officer Sig | | - | | | | Ī | Supervisor | Signat | ıre | 450.0 | | | |
| ID | | | D. E. (| (16110) | | Case Status | | | | | | SMITH | ŠМІТН, Ď. G. (14704) | | | | | | | |
| Status | Comp | iaiiidiil | oignatuf | | | | ☐ Closed | r Inve tive /Clea | ared | | | ☐ Unfoun☐ Cleared☐ Cleared☐ | ded by Ai by Ai | Locarrest □ | Refuse ther Ag | gency | ooperate | tradition Declined | | |