I N	Agenc	e WIN	. IN	INCIDENT/INVESTIGATION								OCA 2440459									
C	ORI	NG					-	REPORT								Date / Time Reported SMTWTFS Month Day Yr Time					
D E			NC 034											11 09 2024 12:56 Hrs.							
N	#1	Jime i	ncident(s		ortv		_	TT Com								nth Day Yr Time					
	Crime Incident														s 11	(09 2		11:20 Trac	Hrs. t	
D A	#2							_	Com				illage	Cr, Win	ston-sc				314		
T A	#3	Crime I	ncident		Att							Victim Residence Type ☐ Single Family ☐ Multi Family									
	How Attacked or Committed														Т	Weapon / Tools					
MO			MITTEL											Forcible Yes No	X N/A	¶ N/A					
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																				
3.7	0 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown No No NA															wn					
V I		Victim/		Name (Last, First,			uty 🔲 Out	21/ ()11	KIIOW	11		Victim of		3 / Age	Race	.			□N/A Resident St	atus	
C T	7/1 Crime #															~		fender	☐ Residen	ıt	
I			DA.	ΓA OMITTED															☐ Non-Res		
М	Home Address DATA OMIT															Home Phone					
	Employer Name/Address DATA OMI														Business Phone						
	VYR								Vin												
			ake	Model		yle															
O T H E R S I N V O L V E D	DATA OMITTED																				
Status Codes	(Chec	k "OJ"	= Stolen column i	R = Recovered for other	D = 1 er jur	Damaged isdiction)	Z = Seized	B =	Burn	ed C=	Cou	ınterfeit / F	orged	F = Foun	d						
	Victim #	Status		Property Description							Make/Model Serial Number										
P - R - O		65 LOST 2 IDENTITY D													DATA OMITTED					ED	
	1	25 20	LOST LOST			1 PURSES/HANDBAGS/WALLETS 1 MONEY/CASH									MICHA	EL K	ORS	IN	FOR	<u></u>	
	1	09	LOST	+			CREDIT/DEBIT CARDS								VARIO	INFORMATION OUS SECURITY					
	1	77	LOST				THUMBDRIVE									PURPOSES					
P :																					
R																			LY THE FII		
Т Ү																			/E PROPER		
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				+	\dashv														C REPORT		
-				+																_	
	Numb	er of V	ehicles S	tolen 0	Nur	nber Veh	cles Recovere	d_	0												
ID	Office:		J M V	. (16364)		Officer Sig	Officer Signature Supervisor Signature BURKS, C. M. (15216)														
ID			Signatur				Case Status	Case Status Case Disposition:							AD, C. IVI. (13210)						
Status			-				☐ Further ☐ Inact ☐ Closed	tive /Clea	ıred			☐ Unfoun☐ Cleared☐ Cleared	ded l by Aı l by Aı	Test by Ander] Refuse other Ag	gency	Coopera	te	Page 1	ned	