I N C	Agenc	y Name		NSTON-SALE	1 P	OLICE	IN	INCIDENT/INVESTIGATION REPORT							OCA 2441264					
I	ORI	NC	NC 034	40200						KEF	JKI					Reported		M T V	W 기 <u>ച</u> S ne 2 <i>1</i> Hrs.	
D E			ncident(s						Arr I	At Found	SI	4 T W	TI ¥IS	11 Last				13:2 M T V		
N T	#1									Month			T≢S Time P.21 Hrs			n Secure Day Yr	· —-	Time		
D	#2	Crime I	ncident				□ Att   Location of Incident						1.21	Hrs. 11   15   2024   13:20   Hrs. Offense Tract						
Α	☐ Com 3970 Bradford Ct, Winston-sales																	114		
T A	#3 Crime Incident														Victim Residence Type  ☐ Single Family ☐ Multi Family					
	How	Attacke	d or Corr	nmitted				П	om	Forcible					Weapon / Tools					
MO	DATA OMITTED																			
	# of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:															Ise:				
	□ Society □ Government □ Financial Institute □ Broken Bones □ Savers Locarations □ Yes □ Unknow,																			
V	Religious L.E. Officer Line of Duty Other/Unknown Internal Unconscious Other Major No N/A															/A				
I C	Crime #														e Sex Relationship Resident Status To Offender Resident				ent Status sident	
T I	V1		DA	TA OMITTED							Crime "					10 011011			n-Resident	
M	Home	e Addre													Home Phone					
	поше	e Addre	SS		D.	)						Home Fholie								
,	Empl	oyer Na	me/Add	ress	D.	ATA OMITTED								Business Phone						
	VYR	M	Model	Color   Lic/Lis   Vin						Vin										
						yle														
H E R S I N V O L V E D	DATA OMITTED																			
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column	R = Recovered if recovered for other	D = er jur	Damaged isdiction)	Z = Seized	$\mathbf{B} = \mathbf{I}$	Burne	C = C	ounterfeit / l	Forged	F = Foun	ıd						
	Victim #	DCI	Value	Property Description							Mak	e/Mo	del	Seri	al Nun	nher				
P - R .	# DCI Status Value OJ QTY						Troporty Description							1,141					ITTED	
																		FOF		
					_														ATION	
					$\dashv$													ECUR		
O P					$\dashv$												Р	UKPU	)SES	
E - R					$\dashv$												ONL	Y THI	E FIRST	
T .																			PERTY	
Y																		TEMS		
																			ED ON	
																	P20	C REP	ORTS	
•	Numb	er of V	ehicles S	Stolen 0	Nur	mber Vehic	cles Recovere	d /	)											
	Office	r		ID			Officer Sig		_				Supervisor	Signat	ıre					
ID				(16357)			Comment	<u> MATI</u>							TSÓN, G. M. (15167)					
Status	Comp	iainant	Signatur	e			Case Status Further X Inact Closed Closed	Investive /Clear	ed		Case Dispo Unfour Cleared Cleared Death	ided l by Ar l by Ar	Locarest Carest by Ander	] Refuse other Ag	gency	ooperate	_	dition I	Declined ge 1	