I N	Agenc		STON-SALEN	CIDENT/INVESTIGATION						OCA 2441493									
C I	ORI	NC					REPORT							Date / Time Reported SMTWTFS Month Day Yr Time					
D E	10		NC 034			Att At Found Month Day Yr Time								In lay Yr Time 11 17 2024 09:22 Hrs. Last Known Secure SMTWTFS Month Day Yr Time					
N T	#1	annie n	ieraem(s	, Disorderly C	ondi	uct		ı —	Com	Month	Ι			ime :22 Hrs			Day Yr	Time $09:21$ Hrs.	
D	#2	Crime I	ncident	•				_	Att			Incident	r 03				2024	Offense Tract	
A		7 T		tion Of City/cou	ice		Com	1100 Premise			ı Av -	BLK, Wi	nston			411			
T A	#3	Jillie 1	ncident						Att Com	Premise	ТУJ	pe				- 1	Victim Resido Single Fam	ily ∏Multi Family	
МО			d or Com						!					Forcible Yes	X N/A	We	apon / Tools		
	No No															11-177			
	# of Victims Type Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use Person Society Government Financial Institute Broken Bones Severe Lacerations Yes Unlarge Very Unlarge Very Unlarge Very Unlarge Very Ver																		
V	2		☐ Rel	igious 🔲 L.E. Off	icer	Line of D			nknow		_			scious	Other	Majo	r 🛛 🖂 N	0 □N/A	
I C		Victim/	Business	Name (Last, First,	Mido	dle)						Victim of Crime #	DOI	3 / Age 65	Race	Sex	Relationship To Offender	Resident Status Resident	
T I	V1		DA	ΓA OMITTED					1,		0.5	B	M		☐ Non-Residen				
M	Home	Addre	ss		4.E.4. O.1.E.					1,			Ь		ne Phone	Unknown			
	Employer Name/Address DATA OMI'															Business Phone			
	DATA OMI														Business I none				
	VYR	M	ake	Model	St	yle	Color		Lie	c/Lis				Vin					
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=	Cot	ınterfeit / F	orged	F = Found	d 				
	Victim # DCI Status Value OJ QTY						Property Description								Mal	ce/Mo	del S	erial Number	
- - P - R													D.	ATA OMITTED					
					\dashv												I	FOR NFORMATION	
																		SECURITY	
ο .																		PURPOSES	
P -																			
R.																		NLY THE FIRST LVE PROPERTY	
T Y					-												1 WE	ITEMS ARE	
																	Г	OISPLAYED ON	
																		P2C REPORTS	
					\Box														
	Numb		ehicles S			mber Vehi	cles Recovere Officer Sig		0 re				Ī	Supervisor	Signat	ure			
ID	ANDERSON, B. R. (15633)								WAGONĔR, S. D. (15802)										
	Complainant Signature Case State									tion		Case Dispos		□ Loca	ated		□ Ext	radition Declined	
Status							☐ Inact	ive /Clea	ared			☐ Cleared	by Ai	rest	Refuse ther Ag	gency	ooperate	Page 1	