| I<br>N                | Agenc   | y Namo                                  |               | VSTON-SALE          | TM F   | POLICE      | INCIDENT/INVESTIGATION<br>REPORT |   |           |                    |                     | OCA 2442538   |                      |                                    |
|-----------------------|---|---|---------------|---------------------|--------|-------------|----------------------------------|---|-----------|--------------------|---------------------|---|----------------------|------------------------------------|
| С                     | ORI   |   | <b>VV 1</b> 1 | 151 OIV-SALL        |        | OLICL       |                                  |   |           |                    |                     | Date / Time Reported SM TW TFs<br>Month Day Yr Time |                      |                                    |
| I<br>D                | OKI   | NC                                      | NC 034        | 40200               |        |             |                                  |   |           |                    |                     | Month Day Yr Time<br>11   25   2024  12:15 Hrs.     |                      |                                    |
| Е                     | Crime Incident(s)   |   |               |                     |        |             |                                  | 🗆 Att   | At Four   | nd S⊉              | TWTFS               |   | nown Secure          | SMTWTFS                            |
| N<br>T                | #1 Possessing/concealing Stolen Property II Com   |   |               |                     |        |             |                                  |   |           |                    | Time<br>[ 12:15  Hr |   |                      | Time<br>24  12:14  Hrs.            |
| D                     | #2 Crime Incident   |   |               |                     |        |             |                                  |   |           |                    |                     |   |                      | Offense Tract                      |
| А                     | Trespassing IP50 S Stratford Rd, Winston-   |   |               |                     |        |             |                                  |   |           |                    |                     |   |                      | 323                                |
| T<br>A                | #3 Crime Incident <i>Misuse Of 911</i>  |   |               |                     |        |             |                                  | Att   | Premise   | Туре               |                     |   |                      | idence Type<br>amily ⊓Multi Family |
|                       | How Attacked or Committed   |   |               |                     |        |             |                                  |   |           |                    | Forcible            |   | Weapon / Too         | · <b>·</b> ·                       |
| MO                    | DATA OMITTED  |   |               |                     |        |             |                                  |   |           |                    |                     | X N/A   | weapon / 100         | <i></i>                            |
|                       |   |   |               |                     |        |             |                                  |   |           |                    |                     |   |                      |                                    |
|                       | $\Box$ Society $\Box$ Government $\Box$ Financial Institute $\Box$ Broken Bones $\Box$ Sovern Lease |   |               |                     |        |             |                                  |   |           |                    |                     |   |                      | Yes Unknown                        |
| v                     |   |   |               |                     |        |             |                                  |   |           |                    |                     |   |                      | $ N_0  \square N/A$                |
| I                     | Victim/Business Name (Last, First, Middle) Victim of DOB / Age                                      |   |               |                     |        |             |                                  |   |           |                    |                     |   |                      | hip Resident Status                |
| C<br>T                | V1 DATA OMITTED   |   |               |                     |        |             |                                  |   |           |                    |                     |   | To Offen             | der X Resident                     |
| I<br>M                |   |   | DII           |                     |        |             |                                  |   |           | 1,                 |                     |   |                      |                                    |
| IVI ·                 | Home Address DATA OMITTED   |   |               |                     |        |             |                                  |   |           |                    |                     |   | Home Phone           |                                    |
|                       |   |   |               |                     |        |             |                                  |   |           |                    |                     |   | Business Phor        | e                                  |
|                       | Employer Name/Address DATA OMITTED  |   |               |                     |        |             |                                  |   |           |                    |                     |   | Business I noi       |                                    |
|                       | VYR   | M                                       | ake           | Model               | S      | tyle        | Color                            | Li  | c/Lis     |                    | Vin                 |   |                      |                                    |
|                       |   |   |               |                     |        |             |                                  |   |           |                    |                     |   |                      |                                    |
| O<br>T<br>H           |   |   |               |                     |        |             |                                  |   |           |                    |                     |   |                      |                                    |
| H<br>E                |   |   |               |                     |        |             |                                  |   |           |                    |                     |   |                      |                                    |
| R<br>S                |   |   |               |                     |        |             |                                  |   |           |                    |                     |   |                      |                                    |
| 3                     |   |   |               |                     |        |             |                                  |   |           |                    |                     |   |                      |                                    |
| Ι                     | DATA OMITTED  |   |               |                     |        |             |                                  |   |           |                    |                     |   |                      |                                    |
| Ν                     |   |   |               |                     |        |             |                                  |   |           |                    |                     |   |                      |                                    |
| V<br>O                |   |   |               |                     |        |             |                                  |   |           |                    |                     |   |                      |                                    |
| L                     |   |   |               |                     |        |             |                                  |   |           |                    |                     |   |                      |                                    |
| V<br>E                |   |   |               |                     |        |             |                                  |   |           |                    |                     |   |                      |                                    |
| D                     |   |   |               |                     |        |             |                                  |   |           |                    |                     |   |                      |                                    |
|                       |   |   |               |                     |        |             |                                  |   |           |                    |                     |   |                      |                                    |
| Status                |   |   |               | R = Recovered       |        |             |                                  | $\mathbf{B} = \mathbf{B}\mathbf{u}\mathbf{r}\mathbf{r}$ | ned C =   | Counterfeit / Fe   | orged F = Fou       | nd  |                      |                                    |
| Codes                 | (Chec<br>Victim   | k "OJ"                                  | column        | if recovered for ot | her ju | risdiction) |                                  |   |           |                    |                     |   |                      |                                    |
| -<br>-<br>-<br>-      | #   | DCI                                     |               | Value               | OJ     | QTY         |                                  | 1 7   | Descripti | ion                |                     | Make  | e/Model              | Serial Number                      |
|                       | 1 77 5 1 SHOPPING CART  |   |               |                     |        |             |                                  |   |           |                    | DATA OMITTED        |   |                      |                                    |
|                       |   |   |               |                     |        |             |                                  |   |           |                    |                     |   |                      | FOR<br>INFORMATION                 |
|                       |   |   |               |                     |        |             |                                  |   |           |                    |                     |   |                      | SECURITY                           |
| R<br>O                |   |   |               |                     |        |             |                                  |   |           |                    |                     |   |                      | PURPOSES                           |
| Р <sup>-</sup><br>Е - |   |   |               |                     |        |             |                                  |   |           |                    |                     |   |                      |                                    |
| R                     |   |   |               |                     |        |             |                                  |   |           |                    |                     |   |                      | ONLY THE FIRST                     |
| T<br>Y·               |   |   |               |                     |        |             |                                  |   |           |                    |                     |   | TW                   | ELVE PROPERTY                      |
| 1.                    |   |   |               |                     |        |             |                                  |   |           |                    |                     |   |                      | ITEMS ARE                          |
| -                     |   |   |               |                     |        |             |                                  |   |           |                    |                     |   |                      | DISPLAYED ON<br>P2C REPORTS        |
| -                     |   |   |               |                     |        |             |                                  |   |           |                    |                     |   |                      |                                    |
| -                     | Number of Vehicles Stolen     0     Number Vehicles Recovered     0                                 |   |               |                     |        |             |                                  |   |           |                    |                     |   |                      |                                    |
| ID                    |   | Officer ID# Officer Signature Supervise |               |                     |        |             |                                  |   |           |                    |                     |   | re 5478              |                                    |
| ID                    | BURAK, A. B. (15776)     DAY,       Complainant Signature     Case Status                           |   |               |                     |        |             |                                  |   |           |                    |                     | T. Ă. (1:   | J+/0J                |                                    |
|                       | $\Box$ Further Investigation $\Box$ Unfounded $\Box$ Lo   |   |               |                     |        |             |                                  |   |           |                    |                     | cated   |                      | Extradition Declined               |
| Status                |   |   |               |                     |        |             | □ Inact                          |   |           |                    | by Arrest by Ar     | other Age   | to Cooperate<br>ency |                                    |
|                       |   |   |               |                     |        |             |                                  |   | hausted   | $\square$ Death of | Óffender            | Prosect   | ution Declined       | Page 1                             |