| I N | Agenc | y Nam | | NSTON-SALEN | CIDENT/INVESTIGATION | | | | | | OCA 2442550 | | | | | | | | | |
|---|--|-----------------|--------------------|--------------------------------------|--|----------------------|---------------|---------------|------------|------------|---|-----------------------------------|---------------|--|---------------------|--------------------|---------------------------|----------------------------------|--|--|
| C · | ORI | N.C. | | | | 02102 | - | REPORT | | | | | | Date / Time Reported SMTWTFS Month Day Yr Time | | | | | | |
| D E | 10 | | NC 034 | | ☐ Att At Found S M T W T F S Month Day Yr Time | | | | | | 11 25 2024 12:57 Hrs. Last Known Secure SMTWTFS Month Day Yr Time | | | | | | | | | |
| N T | #1 | Jiiiic i | | ning Money By | _ | Com | Month | D | | | lime 2:57 Hrs | | | | Time $ 08:00 $ Hrs. | | | | | |
| D . | #2 | Crime I | ncident | ung money by | 2 000. | <i>ye 1 rever</i> | , isc | | | Location | _ | | <i>†</i> 12 | 2.37 1113 | 11 | | 3 2024 | Offense Tract | | |
| A | ☐ Com 3505 N Patterson Av, Winston-so | | | | | | | | | | | | | | | | | 121 | | |
| T A | #3 | zrime i | ncident | | | | | | Att Com | Premise ' | Тур | oe . | | | | - 1 | Victim Resid | ience Type nily ∏Multi Family | | |
| МО | | | d or Con | | | | | | | | | | | Forcible Yes | V N/Δ | We | apon / Tools | <u> </u> | | |
| WO | □ No | | | | | | | | | | | | | | | | | | | |
| | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | | | | | |
| V | T ☐ Religious ☐ L.E. Officer Line of Duty ☐ Other/Unknown ☐ Internal ☐ Unconscious ☐ Other Major ☐ No ☐ N/ | | | | | | | | | | | | | | | _ | | | | |
| I C | Victim/Business Name (Last, First, Middle) Victim of DC Crime # | | | | | | | | | | | | | | Race | Sex | Relationshi To Offende | | | |
| T I | V1 | | DA | TA OMITTED | | | | | 1, | | 63 | W | M | 1RU | ☐ Non-Resident | | | | | |
| М - | Home | e Addre | ess | | | | 4 T 4 O 1 T | | | | | 1, | | | | | ne Phone | Unknown | | |
| | Employer Name/Address DATA OMIT DATA OMIT | | | | | | | | | | | | | | | Business Phone | | | | |
| | DATA OWI | | | | | | | | | | | | | | | | Business I none | | | |
| | VYR | M | ake | Model | St | yle | Color | | Lic | c/Lis | | | | Vin | | | | | | |
| T 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 | B = | Burn | C = 0 | Cou | interfeit / F | orged | F = Foun | d | | | | | |
| | Victim # | DCI | Status | Value | | Property Description | | | | | | | Mak | ce/Mo | del | Serial Number | | | | |
| - | 1 | | | | | | | | SH | | | | | | | | Е | OATA OMITTED | | |
| P - R | | | | + | | | | | | | | | | | | | | FOR INFORMATION | | |
| | | | | | | | | | | | | | | | | | | SECURITY | | |
| 0 | | | | | | | | | | | | | | | | | | PURPOSES | | |
| Р ⁻ Е - | | | | | | | | | | | | | | | | | | | | |
| R T | | | | | | | | | | | | | | | | | | NLY THE FIRST LVE PROPERTY | | |
| Y · | | | | | | | | | | | — | | | | | | 1 W E | ITEMS ARE | | |
| - | | | | | | | | | | | | | | | | | | DISPLAYED ON | | |
| _ | | | | | | | | | | | | | | | | | | P2C REPORTS | | |
| - | | | | | \Box | | | | | | _ | | | | | | | | | |
| | Numb | | ehicles S | tolen 0 | | mber Vehi | cles Recovere | | 0 re | | _ | | 1 | Supervisor | Signati | ure | | | | |
| ID | <i>LY</i> , . | (15929) | | BOG | | | | | | | | or Signature ER, J. C. (14943) | | | | | | | | |
| | Comp | lainant | Signatur | e | Case Status | | estice | tion | | ase Dispos | | □ Loca | ated | | | tradition Declined | | | | |
| Status | | | | | | | ☐ Closed | tive /Clea | ared | | | ☐ Cleared ☐ Cleared | by A | rrest by And | Refuse other Ag | gency | ooperate | Page 1 | | |