I N	Agenc	y Name		STON-SALEN	CIDENT/INVESTIGATION						OCA 2443182									
C I	ORI	NC					1	REPORT						Date / Time Reported SMTWTFS Month Day Yr Time						
D E	10		NC 034				Λ++ I	At Foun	nd	Islm	l Tl W		11		30   202	Time 4  16:49 Hrs. SMTWTFs				
N T	#1		$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$												Month Day Yr Time					
D	#2		ncident		,				$\rightarrow$	Location	of	Incident						Offense Tract		
A	Com 301 Medical Center Bv, Winston-sa																C 27157 Victim Reside	312		
T A	#3	Jillie 1	ncident					☐ Att Premise Type ☐ Com							☐ Single Family ☐ Multi Family					
МО			d or Com						Forcible Yes					Forcible Yes	Weapon / Tools					
																11-1				
	# of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:   Broken Bones   Severe Lacerations   Yes   Unknown																			
V	1		☐ Rel	igious 🔲 L.E. Off	ïcer I	Line of Du			know		•		Unco	nscious	Other	Majo	r 🛛 🗓 N			
I C		Victim/	Business	Name (Last, First,	le)						Victim of Crime #	DOI	3 / Age 47	Race	Sex	Relationship To Offender				
T I	V1		DA	ΓA OMITTED					1,		,,	$\mid_{B}\mid$	$_{F}$	10K	☐ Non-Resident					
M	Home	Addre	SS									Home Phone			Unknown					
	Employer Name/Address  DATA OMI'															Business Phone				
	DATA OIVI									Lic/Lis				1.37			2 45111655 1 110116			
	VYR	M	аке	Model	Sty	yie	Color		Lic	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 i	R = Recovered for other	D = I r juri	Damaged sdiction)	Z = Seized	B =	Burn	C = 0	Cou	interfeit / F	orged	F = Found	d					
	Victim # DCI Status Value OJ QTY						Property Description							Mak	e/Mo	odel S	erial Number			
- - P - R													Da	ATA OMITTED						
					$\dashv$												II	FOR FORMATION		
																		SECURITY		
O P -																		PURPOSES		
E ·																				
R T					_													VE PROPERTY		
Y ·					$\dashv$												1 WEI	ITEMS ARE		
					$\dashv$												D	ISPLAYED ON		
																	I	2C REPORTS		
					$\Box$		1 5	1												
	Numb		ehicles S	tolen 0		nber Vehic	cles Recovere Officer Sig		e e				1	Supervisor	Signati	ıre				
ID	HUI	VTLE:		(16087)		МССАКТНҮ, D. J. (15427)														
	Complainant Signature Case State									tion		ase Dispos		□ Loca	ated		□ Ext	radition Declined		
Status							☐ Inact	ive /Clea	ared			☐ Cleared ☐ Cleared	by A	rrest Dece	Refuse ther Ag	gency	ooperate	Page 1		