| I N | Agenc | y Name | | NSTON-SALE | , IN | NCIDENT/INVESTIGATION | | | | | | OCA 2445341 | | | | | | | | | |
|---|--|----------------------|--------------------|--------------------------------------|---------------|-----------------------|--------------------------------------|--|-------------------|-----------|---|--------------|--------------------------------|------------------|--|---------------------------------------|----------------------|--------------|---------------------|--------|--|
| C | ORI | NG | | | | 0 21 0 2 | | REPORT | | | | | | | Date / Time Reported SMTWTFS Month Day Yr Time | | | | | | |
| D E | | | NC 034 | | | | | Att At Found SMTMTFS Month Day Yr Time | | | | | | | 12 18 2024 03:57 Hrs. Last Known Secure S M T H T F S Month Day Yr Time | | | | | | |
| N | #1 | Time I | nerdent(s | , All Other F | rau | d | | ı — | Com | Month 12 | Da | | | ime 3:57 Hrs | | | | | Time 03:56 | Hrs. | |
| D . | U. Crime Incident | | | | | | | | | | | | | | 12 | | 10 20 | | Offense Tr | | |
| A | Com 1040 Hanes Mall Bv, Winston-salen | | | | | | | | | | | | | | | NC 27103 323 Victim Residence Type | | | | | |
| T A | #3 | rime i | ncident | | | | | | Att Com | Premise | Тур | e | | | | - 1 | | | ce Type y | Family | |
| МО | | | d or Con | | | | | | | | | | | Forcible | ¥ N/Δ | _ | apon / To | | | | |
| WIO | DATA GWITTED | | | | | | | | | | | | | | | | | | | | |
| V | # of Victims Type Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: Yes Unknown | | | | | | | | | | | | | | | | | | | | |
| | 1 | | Rel | igious 🔲 L.E. Of | ficer | Line of D | | | know | | • | | Uncor | nscious [| Other | Majo | or D | No | □N/A | | |
| I C | Victim/Business Name (Last, First, Middle) | | | | | | | | | | | | Victim of DOB / Age Crime # 69 | | | | Relation To Offer | ship ider | Resident Reside | | |
| T I | V1 | DA | TA OMITTED | | | | | 1, | | 0) | W | $_{F}$ | | | □ Non-R | Resident | | | | | |
| M | Home Address | | | | | | | | | | | | | | | Home Phone Unknown | | | | | |
| | Employer Name/Address DATA OMIT Employer Name/Address | | | | | | | | | | | | | | | Business Phone | | | | | |
| , | DATA OMI | | | | | | | | | | | | | | | Business I none | | | | | |
| | VYR Make Model Style Co | | | | | | | | 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 | nterfeit / F | orged | F = Foun | d | | | | | | |
| | Victim # DCI Status Value OJ QTY | | | | | | | Property Description | | | | | | | Mak | ake/Model Serial Number | | | | er | |
| P - R - O | 1 | 1 09 7 1 CREDIT CARI | | | | | | | | | | | | | | DATA OMITTED | | | | | |
| | 1 | 09 | 7 | | | | DEBIT CARDS | | | | | | | | | | | INT | FOR | TON | |
| | 1 | <i>65</i> | 7 | + | | | DEBIT CARDS DRIVER LICENSE | | | | | | | | | INFORMATION SECURITY | | | | | |
| | 1 | 65 | 7 | | | | SOCIAL SECURITY | | | | | | | | | | | | PURPOSE | | |
| P : E : | | | | | | | | | | | | | | | | | | | | | |
| R | | | | | | | | | | | | | | | | ONLY THE FIRST | | | | | |
| Т Ү : | | | | | | | | | | | | | | | | TWELVE PROPERTY | | | | | |
| | | | | | | | | | | | | | | | | | | | ITEMS AI SPLAYED | | |
| - | | | | + | | | | | | | | | | | | | | | C REPOR | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | ehicles S | | | mber Veh | icles Recovere | | 0 | | | | | | | | | | | | |
| ID | Office: | | ALINA | S, E. (16367) |)# | | Officer Sig | natur | e | | Supervisor Signature FLYNN, J. L. (15605) | | | | | | | | | | |
| 11/ | | | Signatur | | | | Case Statu | | Case Disposition: | | | | | | | | | \neg | | | |
| Status | | | | | | | ☐ Further ☐ Inact ☐ Closed ☐ Closed | tive /Clea | red | | j 1 | | by A | Trest by Ander | Refuse other Ag | gency | ooperate | Г | Page | | |