| I<br>N  | Agenc  | y Name                 | WIN                | IN                                  | INCIDENT/INVESTIGATION |  |                                      |              |      |          |       |                    | OCA 2445969   |                              |  |                |                               |                                      |  |
|---|--|------------------------|--------------------|-------------------------------------|------------------------|--|--------------------------------------|--------------|------|----------|-------|--------------------|---|------------------------------|--|----------------|-------------------------------|--------------------------------------|--|
| I<br>C  | ORI  | NC                     | NC 034             | 10200                               |                        |  | REPORT                               |              |      |          |       |                    |   |                              | Date / Time Reported SMTWTFS Month Day Yr Time |                |                               |                                      |  |
| D<br>E  |  |                        | ncident(s          |                                     |                        | │ Att │ At Found │ S M T W T F S Month Day Yr Time             |                                      |              |      |          |       |                    | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ |                              |  |                |                               |                                      |  |
| N<br>T  | #1   |                        | (                  | Discharging F                       | irea                   | ırm  |                                      | ı —          | Com  | Month 12 | D     |                    |   | Time $5:24$   Hrs            |  |                |                               | Time $4 \mid 05:24 \mid \text{Hrs}.$ |  |
| D.  | #2   | Crime I                | ncident            | 0 0                                 |                        |  |                                      |              | Att  | Location | ı of  | Incident           |   |                              |  |                | •                             | Offense Tract                        |  |
| A<br>T  | Crime Institut   |                        |                    |                                     |                        |  |                                      |              |      |          |       |                    |   |                              |  |                | <i>n-salem</i><br>Victim Resi | 211                                  |  |
| A   | #3   | Jime I                 | iicident           |                                     |                        |  |                                      |              | Com  | Tiennse  | тур   | DE .               |   |                              |  | - 1            |                               | nily                                 |  |
| МО  |  |                        | d or Com<br>MITTED |                                     |                        |  |                                      |              |      |          |       |                    |   | Forcible Yes                 | X N/A  | We             | apon / Tool                   | S                                    |  |
|   | # of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:  |                        |                    |                                     |                        |  |                                      |              |      |          |       |                    |   |                              |  | Alcohol Use:   |                               |                                      |  |
|   |  |                        |                    |                                     |                        |  |                                      |              |      |          |       |                    |   |                              |  | Yes Unknown    |                               |                                      |  |
| V<br>I  |  | Victim/                |                    | igious  L.E. Off Name (Last, First, |                        |  | ity   Othe                           | er/Un        | know | n 🗆      |       | ternal   Victim of |   | scious   B / Age             | Other<br>Race                                  |                |                               |                                      |  |
| C<br>T  | V1   | , 1001111              |                    |                                     | Crime #                |  |                                      |              |      | J / IIgc | Ruce  | Bex                | To Offende  | Resident                     |  |                |                               |                                      |  |
| I   |  |                        | DA.                | ΓA OMITTED                          |                        |  |                                      |              |      | 1        |       |                    |   |                              |  | ☐ Non-Resident |                               |                                      |  |
| М -   | Home Address DATA OMI  |                        |                    |                                     |                        |  |                                      |              | TTED |          |       |                    |   |                              |  | Home Phone     |                               |                                      |  |
| •   | Employer Name/Address DATA   |                        |                    |                                     |                        |  |                                      | TA OMITTED   |      |          |       |                    |   |                              | Business Phone                                 |                |                               |                                      |  |
| •   | VYR  | M                      | ake                | Model                               | Sty                    | yle  | Color                                |              | Lic  | :/Lis    |       |                    |   | Vin                          |  |                |                               |                                      |  |
| T<br>H<br>E<br>R<br>S<br>I<br>N<br>V<br>O<br>L<br>V<br>E<br>D | DATA OMITTED   |                        |                    |                                     |                        |  |                                      |              |      |          |       |                    |   |                              |  |                |                               |                                      |  |
| Status<br>Codes   | L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found (Check "OJ" column if recovered for other jurisdiction) |                        |                    |                                     |                        |  |                                      |              |      |          |       |                    |   |                              |  |                |                               |                                      |  |
|   | Victim # DCI Status Value OJ QTY   |                        |                    |                                     |                        |  | Property Description                 |              |      |          |       |                    |   |                              | Mak  | e/Mo           | ndel                          | Serial Number                        |  |
| -<br>-<br>P -   | π  | " Troperty Bescription |                    |                                     |                        |  |                                      |              |      |          | 11141 | .0, 1,10           |   | DATA OMITTED                 |  |                |                               |                                      |  |
|   |  |                        |                    |                                     |                        |  |                                      |              |      |          |       |                    |   |                              |  |                |                               | FOR                                  |  |
|   |  |                        |                    |                                     |                        |  |                                      |              |      |          |       |                    |   | +                            |  |                |                               | INFORMATION SECURITY                 |  |
| R<br>O  |  |                        |                    |                                     |                        |  |                                      |              |      |          |       |                    |   |                              |  |                |                               | PURPOSES                             |  |
| Р <sup>-</sup><br>Е -   |  |                        |                    |                                     |                        |  |                                      |              |      |          |       |                    |   |                              |  |                |                               |                                      |  |
| R   |  |                        |                    |                                     | _                      |  |                                      |              |      |          |       |                    |   |                              |  |                |                               | ONLY THE FIRST                       |  |
| Т<br>Ү  |  |                        |                    |                                     | _                      |  |                                      |              |      |          |       |                    |   |                              |  |                | IWI                           | ELVE PROPERTY ITEMS ARE              |  |
| -   |  |                        |                    |                                     | -                      |  |                                      |              |      |          |       |                    |   |                              |  |                |                               | DISPLAYED ON                         |  |
| -   |  |                        |                    |                                     |                        |  |                                      |              |      |          |       |                    |   |                              |  |                |                               | P2C REPORTS                          |  |
| -   |  |                        |                    |                                     |                        |  |                                      |              |      |          |       |                    |   |                              |  |                |                               |                                      |  |
|   | Numb   |                        | ehicles S          | tolen 0                             |                        | nber Vehi  | cles Recovere                        |              | 0    |          |       |                    | - 1   | Supervisor                   | Signat   | ıre            |                               |                                      |  |
| ID  |  |                        | L. A. (            | (16350)                             | Officer Sig            | Officer Signature Supervisor Signature MITCHELL, J. R. (15672) |                                      |              |      |          |       |                    |   |                              |  |                |                               |                                      |  |
|   | Comp   | ainant                 | e                  | Case Status                         |                        | Case Disposition:  |                                      |              |      |          |       |                    | xtradition Declined                                   |                              |  |                |                               |                                      |  |
| Status  |  |                        |                    |                                     |                        |  | ☐ Further  ☐ Inact ☐ Closed ☐ Closed | ive<br>/Clea | ıred |          |       | Cleared            | by Ai   | Loc<br>rrest<br>rrest by And | Refuse<br>other Ag                             | gency          | ooperate                      | Page 1                               |  |