I N	Agenc	y Name		ISTON-SALEN	IN	INCIDENT/INVESTIGATION						OCA 2446295							
C	ORI	NC	NC 02	10200				REPORT								Date / Time Reported SMTWTFS Month Day Yr Time			
D E			NC 034		Att At Found SMTFTFS Month Day Yr Time						12   25   2024   15:00 Hrs.   Last Known Secure   S M T M T F S Month Day Yr Time								
N T	#1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		y Spd-disturbing	The	Peace		ı —	Com	Month 12	Day 25			ime $5:00$ Hrs			Day Yr 🖰	Time $14:59$ Hrs.	
D	#2	Crime I	ncident	~P				_	Att	Location			f   15	.00	12			Offense Tract	
A	Com 4604 Regal Ct, Winston-sales														NC 27		Victim Reside	313	
T A	#3	Jime i	ncident						Att Com	Premise	ı ype					- 1		nce Type ly	
МО			d or Con MITTEI						•					Forcible  Yes  No	X N/A	We	apon / Tools		
	# of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:															lcohol Use:			
* 7	1 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unkno Internal Unconscious Other Major															_			
V I		Victim/		Name (Last, First,			пу 🔲 Опи	21/ U1	IKHOW	<sup>/II</sup>		nal [		S / Age	Race			<del></del>	
C T	V1			ΓA OMITTED		,						rime #		. 8			To Offender	☐ Resident	
I M			DA	IA OMITIED					1	1,						☐ Non-Resident ☐ Unknown			
IVI ·	Home Address DATA OMI'									TTED						Home Phone			
,	Employer Name/Address DATA OM														Business Phone				
	VYR	Model	Color Lic/Lis Vin							Vin									
				l	<u> </u>														
О																			
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H E																			
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I N	DATA OMITTED																		
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O L																			
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D D																			
Status Codes																			
Coucs	Victim			Property Description								Mol	Make/Model Serial Number						
,	# DCI Status Value OJ QTY						Property Description							+	Mar	e/IVIC		ATA OMITTED	
- P -																		FOR	
																	II	FORMATION	
R O					$\dashv$													SECURITY PURPOSES	
Ρ.					$\dashv$													TORTOSES	
E - R																	Ol	NLY THE FIRST	
T																	TWEL	VE PROPERTY	
Υ .																	D	ITEMS ARE	
-					$\dashv$	+												ISPLAYED ON 2C REPORTS	
			ehicles S			nber Vehi	cles Recovere		0										
ID	Office: SMI		1. F. (1.	ID 5992)	Officer Sig	Officer Signature Supervisor S LANGE									Signature <i>OON, S. L. (15223)</i>				
-	Complainant Signature Case State									Case Disposition:								10.0 5 20.0	
Status					☐ Further	ther Investigation Unfounded Local Cleared by Arrest						rest Loc	cated Extradition Declined Refuse to Cooperate						
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							Closed	☐ Closed/Cleared ☐ Cleared by Arrest by A. ☐ Closed/Leads Exhausted ☐ Death of Offender						rest by And	nother Agency				