| I N | Agency N | ame WI | CE IN | INCIDENT/INVESTIGATION | | | | | | OCA 2482583 | | | | | | |
|----------|---------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------------|-----------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------|-----------|---------------|-------------------|--------------------------|------------------------------------------------|------------------|------------------------|-----------------------------|--------------|--|
| C | ORI | IC NC 02 | | REPORT Date Mo | | | | | | | ate / Time Reported SMTWTFS | | | | | |
| D E | | C NC 03 | | | | | | | | | 07 24 2024 07:04 Hrs. | | | | | |
| N | #1 | 1 — | Park Co | | | | | | Month Day Yr Time | | | | | | | |
| T . | цо Crin | ☐ Att | 107 | | 23 2024 of Incident | 4 13 | 0:00 Hrs | 1 07 | 2 | | 15:00 Hrs. Offense Tract | | | | | |
| D A | #2 Crime incident Att Location of incident Com 2401 Spaugh Industrial Dr, Winston- | | | | | | | | | | | | | n NC | 323 | |
| T A | #3 Crin | ne Incident | | | Att Premise Type | | | | | | Victim Residence Type | | | | | |
| А | How Atta | akad or Car | mmittad | | Con | Com | | | | | ☐ Single Family ☐ Multi Family Weapon / Tools | | | | | |
| MO | How Attacked or Committed DATA OMITTED Forcible ☐ Yes ☐ No | | | | | | | | | | | | | | | |
| | # of Victims Type Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | |
| | Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown | | | | | | | | | | | | | | | |
| V I | Religious L.E. Officer Line of Duty Uniter/Unknown Internal Unconscious Officer | | | | | | | | | | | | | , ', ' = , ' = ' | | |
| Ċ | V1 | | Victim of Crime # DOB / Age | | | | | Race | | To Offender | Resident Status Resident | | | | | |
| T I | V 1 | | 1 | | | | | $\mid w \mid$ | $_{F}$ | | Non-Resident | | | | | |
| M | Home Ac | | | | | | | | Hom | ne Phone | Unknown | | | | | |
| | E1 | 1 | TTED | | | | | | D : N | | | | | | | |
| | Employer Name/Address DATA OM | | | | | | TTED | | | | | Business Phone | | | | |
| · | VYR 2008 | Make HOND | Color SIL | | | | | | Vin 5 <i>FN</i>) | 7in 5FNYF18328BO13576 | | | | | | |
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| Status | | | | | | | | | | | | | | | | |
| Codes | (Check "C | OJ" column | if recovered for oth | ion) | | | | | | | | | | | | |
| | -" | CI Status | Y CATALYTIC | Property Description ATALYTIC CONVERTER | | | | | | Mak | e/Mo | | rial Number TA OMITTED | | | |
| - | 1 92 7 1 CATALYTIC CONVERTER 1 SUV TARG 1 2008 SIL, TCD3069 N | | | | | | | | | | | HOND | Pilot | DA | FOR | |
| P - R | | | | | , | | | | | | | · | | IN | FORMATION | |
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| R T | | | | | | | | | | | | | | | VE PROPERTY | |
| Y | | | | | | | | | | | | | | | ITEMS ARE | |
| | | | | | | | | | | | | | | | SPLAYED ON | |
| - | | | | | 1 | | | | | | | | | P2 | 2C REPORTS | |
| - | Number o | of Vehicles | Stolen 0 | Number | Vehicles Recover | red 0 | | | | | | | | | | |
| ID | Officer | | II | D# | | Officer Signature Supervisor Signature WADDELL, J. A. (15882) | | | | | | | | | | |
| ID | | ELL, J. A ant Signatur | 1. (15882) re | Case Stat | us | | | Case Dispos | sition: | WADD | ELL, | J. A. | (13882) | | | |
| ~. | 20piuili | 5.5 | | ☐ Furth | ☐ Further Investigation ☐ Unfounded ☐ Located ☐ Extra | | | | | | | adition Declined | | | | |
| Status | | | | Close | ∑Inactive | | | | | | | D. 1 | | | | |
| | | | | | I □ Close | d/Leads F | (x hauste | ed L | □ Death c | t Offe | nder \Box | 1 Prosec | cution | Declined | Page 1 | |