| I N | Agenc | y Nam | e WIM | IN | INCIDENT/INVESTIGATION | | | | | | | 1 | OCA 2483196 | | | | | | | | |
|-----------------|--|-------------------------------------|-----------|-------------------------|------------------------|----------------|--|------------------|------------|-------------|---------------------------------------|------------------------|-------------|--|-------------------|--------------------------|----------------|-------------|------------------|--------------------------|--|
| C | ORI | NG | | | | | REPORT | | | | | | | Date / Time Reported SMTWTFS Month Day Yr Time | | | | | | | |
| D E | NC NC 0340200 Crime Incident(s) | | | | | | Att At Found SMTWTFS Month Day Yr Time | | | | | | | | Fl-Sl | 09 15 2024 11:32 Hr | | | | | |
| N T | #1 | ornine r | nerdeni(s | Lost Prope | ertv | | | ı — | Com | Month | ΙI | | | | me 00 Hrs | | | Day 14 | Yr 🗀 | Time 16:00 Hrs | |
| D | #2 | Crime I | ncident | | | | | | _ | | | Inciden | | 10.0 | 00 1120 | 1 09 | | 14 | | Offense Tract | |
| A | | 7 I | ncident | | | | | _ | Com | 475 Premise | | | v, Win | stoi | n-salem | NC 2 | | | n Resider | 121 | |
| T A | #3 | Jillie 1 | ncident | | | | | | Att Com | Premise | 2 I y | pe | | | | | | | | ice Type y | |
| МО | How Attacked or Committed DATA OMITTED | | | | | | | | | | | | | 10 | Forcible Yes No | X N/A | Weapon / Tools | | | | |
| | # of V | ictims | Туре | Person | □ F | Business | | | | Inju | ry | ☐ Noi | ne 🔲 | Min | _ | Loss o | f Tee | th | Drug/Al | cohol Use: | |
| * 7 | O Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown | | | | | | | | | | | | | | | | | | | | |
| V I | | Victim/ | | Name (Last, First, | | | ину 🔲 Онн | 21/ ()11 | ikilow | 11 [| | Victim | _ | | Age | Race | <u> </u> | | □ No tionship | □N/A Resident Status | |
| C T | V1 | | | ΓΑ OMITTED | | | | | | | - 1 | Crime # | | | 6. | | | | Offender | ☐ Resident ☐ Non-Residen | |
| I M | | | DA | IA OMITIED | | | | | | | | | | | | | | | | ☐ Unknown | |
| IVI · | Home Address DATA OMIT | | | | | | | | | TTED . | | | | | | | Home Phone | | | | |
| | Employer Name/Address DATA OMI | | | | | | | | | | | | | | | Business Phone | | | | | |
| | VYR | Color Lic/Lis Vin | | | | | | | Vin | | | | | | | | | | | | |
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| R S | R S | | | | | | | | | | | | | | | | | | | | |
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| DATA OMITTED | | | | | | | | | | | | | | | | | | | | | |
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| Status Codes | L = L (Chec | ost S | = Stolen | R = Recovered | D = I | Damaged | Z = Seized | B = | Burn | ed C= | : Coı | unterfeit | t / Forge | ed 1 | F = Found | d | | | | | |
| | Victim | | Status | Value | Property Description | | | | | | | | | Mak | e/Mo | ndel | Se | rial Number | | | |
| , | | | | | | | | ENTITY DOCUMENTS | | | | | | | | IVIUN | .0/1110 | Juci | | TA OMITTED | |
| P - R . | 1 | 1 65 LOST 1 PURSES/HANDBAGS/WALLETS | | | | | | | | | | | | | FOR | | | | | | |
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| Ρ. | | | | | \dashv | | | | | | | | | | | | | | | 1 014 0525 | |
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| | | | ehicles S | tolen 0 | | nber Vehi | cles Recovere | | 0 | | | | | 10 | | Ciam - | 180 | | | | |
| ID | Office ALE | Officer Sig | | | | | | | | | or Signature CANDER, J. C. (15741) | | | | | | | | | | |
| | Comp | lainant | Signatur | e | | | Case Statu | | estine | tion | | Case Dis | | | □ Loca | ated | | | □ Evte | adition Declined | |
| Status | | | Inact | ctive Cleared by Arrest | | | | | | st 🗌 | Refuse to Cooperate | | | | | | | | | | |
| | | | | | | Closed/Cleared | | | | | | rest by Another Agency | | | | | | | | | |