| I<br>N  | Agenc   | e WIN                | IN        | INCIDENT/INVESTIGATION          |             |              |                                  |                        |            |  | OCA 2483249         |                                 |                       |                         |   |   |                    |                                       |  |  |
|---|---|----------------------|-----------|---------------------------------|-------------|--------------|----------------------------------|------------------------|------------|--|---------------------|---------------------------------|-----------------------|-------------------------|---|---|--------------------|---------------------------------------|--|--|
| C   | ORI   | NC                   | NC 03/    | 10200                           |             |              | 1                                | REPORT                 |            |  |                     |                                 |                       |                         | Date / Time Reported SMTWTFS<br>Month Day Yr Time |   |                    |                                       |  |  |
| D<br>E  | NC NC 0340200 Crime Incident(s)   |                      |           |                                 |             |              |                                  |                        |            | ☐ Att At Found SMT₩TFS Month Day Yr Time |                     |                                 |                       |                         |   | Day   17   Time   18   2024   20:35   Hrs.     Last Known Secure   S M T H T F S   Month Day Yr   Time   Time   S M T H T F S   S M T H T F S   S M T H T F S   S M T H T T T T T T T T T T T T T T T T T |                    |                                       |  |  |
| N<br>T  | #1  |                      |           | Larceny- All                    | Oth         | er           |                                  | ı —                    | Com        | Month 09                                 |                     |                                 |                       | lime<br>3:30  Hrs       |   |   |                    | Time $4 \mid 08:30 \mid \text{Hrs}$ . |  |  |
| D   | #2  | Crime I              | ncident   |                                 |             |              |                                  |                        |            | f Incident                               |                     | •                               |                       |                         | 27  | Offense Tract   |                    |                                       |  |  |
| A<br>T  | ща (  | Crime I              | ncident   |                                 |             |              |                                  | _                      | Com<br>Att | Premise                                  |                     |                                 | Win                   | ston-saler              | n NC  |   |                    | dence Type                            |  |  |
| A   | #3  |                      |           |                                 |             |              |                                  | Com                    |            |  |                     |                                 |                       |                         | ☐ Single Family ☐ Multi Family                    |   |                    |                                       |  |  |
| МО  |   |                      | d or Com  |                                 |             |              |                                  |                        |            |  | Forcible  Yes [  No | Weapon / Tools                  |                       |                         |   |   |                    |                                       |  |  |
|   | # of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use: |                      |           |                                 |             |              |                                  |                        |            |  |                     |                                 |                       |                         |   |   |                    |                                       |  |  |
| V   | 1   |                      |           | ciety  Governm ligious  L.E. Of |             |              | inancial Institution Institution |                        | know       | -  | _                   | roken Bone<br>nternal $\square$ |                       | Severe                  | Lacera<br>Other                                   | tions<br>Majo   |                    | Yes ☐ Unknown<br>No ☐ N/A             |  |  |
| I<br>C  |   | Victim/              | Business  | Name (Last, First,              | Victim of D |              |                                  |                        |            | DOI                                      | 3 / Age             | Race                            | Sex                   | Relationsh<br>To Offend |   |   |                    |                                       |  |  |
| T<br>I  | V1 DATA OMITTED   |                      |           |                                 |             |              |                                  |                        |            |  |                     | 1                               |                       | 25                      | W   | $_{F}$  | 1RU                | ☐ Non-Residen                         |  |  |
| M   | Home Address  |                      |           |                                 |             |              |                                  |                        |            |  |                     |                                 |                       |                         |   |   | ne Phone           | ☐ Unknown                             |  |  |
|   | DATA OMIT   |                      |           |                                 |             |              |                                  |                        |            | (TED                                     |                     |                                 |                       |                         |   |   |                    |                                       |  |  |
|   | Employer Name/Address DATA OMI  |                      |           |                                 |             |              |                                  |                        | TTED       |  |                     |                                 |                       |                         |   | Business Phone  |                    |                                       |  |  |
| ,   | VYR   | M                    | ake       | Model                           | St          | yle          | Color                            |                        | Lic        | c/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   |   |                      |           |                                 |             |              |                                  |                        |            |  |                     |                                 |                       |                         |   |   |                    |                                       |  |  |
|   | Victim<br>#   | Property Description |           |                                 |             |              |                                  |                        |            | Mal                                      | ce/Mo               | odel                            | Serial Number         |                         |   |   |                    |                                       |  |  |
| -<br>-<br>P -<br>R  |   |                      |           |                                 |             |              |                                  |                        | THER       |  |                     |                                 |                       |                         |   | Rb 40   | 00 ]               | DATA OMITTED                          |  |  |
|   |   |                      |           | +                               |             |              |                                  |                        |            |  |                     |                                 |                       |                         |   |   |                    | FOR INFORMATION                       |  |  |
|   |   |                      |           |                                 | $\dashv$    |              |                                  |                        |            |  |                     |                                 |                       |                         |   |   |                    | SECURITY                              |  |  |
| O .   |   |                      |           |                                 |             |              |                                  |                        |            |  |                     |                                 |                       |                         |   |   |                    | PURPOSES                              |  |  |
| Р<br>Е -  |   |                      |           |                                 | _           |              |                                  |                        |            |  |                     |                                 |                       |                         |   |   |                    | ONL WITHE FIDOR                       |  |  |
| R<br>T  |   |                      |           |                                 | $\dashv$    |              |                                  |                        |            |  |                     |                                 |                       |                         |   |   |                    | ONLY THE FIRST<br>ELVE PROPERTY       |  |  |
| Y ·   |   |                      |           |                                 |             |              |                                  |                        |            |  |                     |                                 |                       |                         |   |   | 1 11               | ITEMS ARE                             |  |  |
|   |   |                      |           |                                 |             |              |                                  |                        |            |  |                     |                                 |                       |                         |   |   |                    | DISPLAYED ON                          |  |  |
|   |   |                      |           |                                 | $\Box$      |              |                                  |                        |            |  |                     |                                 |                       |                         |   |   |                    | P2C REPORTS                           |  |  |
| -   | Numb  | er of V              | ehicles S | tolen 0                         | Nue         | nher Vah     | cles Recovere                    | d                      | 0          |  |                     |                                 |                       |                         |   |   |                    |                                       |  |  |
|   | Office  | r                    |           | ID                              |             | IIOCI V CIII | Officer Sig                      |                        | _          |  |                     |                                 |                       | Supervisor              | Signat  | ure   | /1 <b>=</b> /0 = : |                                       |  |  |
| ID  | BURTON, L. D. (15683)  Complainant Signature Case Stat  |                      |           |                                 |             |              |                                  |                        |            | BUK                                      |                     |                                 |                       |                         |   | TON, L. D. (15683)  |                    |                                       |  |  |
| Status  | Comp  | iaiiidiil            | oignatuf  |                                 |             |              | ☐ Further ☐ Closed ☐ Closed      | r Inve<br>ive<br>/Clea | ared       |  |                     | ☐ Unfoun ☐ Cleared ☐ Cleared    | ded<br>by Ai<br>by Ai | Locarrest               | Refuse<br>  ther Ag                               | gency   | ooperate           | xtradition Declined                   |  |  |