I N	Agenc	e WIM	E IN	INCIDENT/INVESTIGATION								OCA 2483626								
I C	ORI	NC	NC 02	40200				REPORT								Date / Time Reported SMIWTFS Month Day Yr Time				
D E	NC NC 0340200  Crime Incident(s)									☐ Att   At Found							$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			
N T	#1				_	Com	Month 10 I				lime 1:35  Hrs			Day Yr 🗀	Time 19:35  Hrs.					
D .	#2	Crime I	ncident						Att	Location	of In	ncident	•	•				Offense Tract		
A T	Coince Institute															inston-salem 112   Victim Residence Type				
A	#3	Time I	ncident						☐ Att   Premise Type ☐ Com						☐ Single Family ☐ Multi Family					
МО			d or Con MITTEI						•					Forcible Yes	X N/A	We	apon / Tools			
			Туре			Duaimaga				Injury	/ [	¬ None		□ No	Losso	f Too	th Drug/A	lcohol Use:		
V I	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow																			
	$\frac{I}{I}$	7		ligious L.E. Of			outy Othe	er/Un	know	n 🗆				nscious	Other	ner Major No N/A ce Sex Relationship Resident Status				
C	V1	v icum/		Name (Last, First,					rictim of rime #	DOI	3 / Age 64	Race	Sex	To Offender	Resident Status Resident					
T I	DATA OMITTED											1			$\mid w \mid$	$_F$	RU	Non-Resident     □ Unknown		
М -	Home Address DATA OMIT									 TTFD						Home Phone				
	Employer Name/Address DATA OMI														Business Phone					
	VYR	ake	Color	or Lic/Lis Vin						Vin										
O																				
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I N	DATA OMITTED																			
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L	O L																			
V E																				
D																				
Status Codes	L = Lo (Chec	ost S k "OJ"	= Stolen column	R = Recovered if recovered for other	D = er jur	Damaged isdiction)	Z = Seized	B =	Burn	ed $C = C$	Count	terfeit / F	orged	F = Found	d					
	Victim # DCI Status Value OJ QTY								Property Description						Mak	e/Mo	odel Se	rial Number		
P - R - O	1	"									osen puon							TA OMITTED		
	1	65N	7				IDENTITY DOCUMENTS											FOR		
	1 1	48N 64	7				DOCUMENTS/PERSONAL OR BUSINESS  CREDIT/DEBIT CARDS									INFORMATION SECURITY				
	1	48N	7		$\dashv$		DOCUMENTS/PERSONAL OR BUSINESS									PURPOSES				
Р -								,,												
E - R <sub>-</sub>																	ON	ILY THE FIRST		
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			ehicles S	-		mber Veh	icles Recovere		0						G!					
ID	Officer ALE		DER, J.	C. (15741)	Officer Sig	Officer Signature Supervisor Signature ALEXANDER, J. C. (15741)														
	Complainant Signature Case State									Case Disposition:										
Status							☐ Further	ive	Ū	non	l ∃	] Unfoun ] Cleared	by Aı	rest Loca	Refuse	e to C	ooperate	adition Declined		
							☐ Closed			nausted	=	Cleared	by Ai	rest by Ano	ther Ag	gency		Page 1		