I N	Agenc	y Nam		NSTON-SALEN	OLICE	. IN	INCIDENT/INVESTIGATION							OCA 2484183					
I C	ORI	NC	NC 02	40200			1	REPORT								Date / Time Reported SMTWTFS Month Day Yr Time			
D E	NC NC 0340200 Crime Incident(s)									☐ Att At Found S M T W T F S Month Day Yr Time						12 09 2024 13:59 Hrs. Last Known Secure SMT WTFS			
N T	#1		, struction/damag	ı —	Com	Month 12	D			ime 3:50 Hrs			Day Yr 🗀	Time $13:50$ Hrs.					
D.	#2	Crime I	ncident		-, , .			_	Att			Incident	† 1.	0.50	12		 	Offense Tract	
A	Com 4360 Compton Dr, Winston-sale															NC 27107 213 Victim Residence Type			
T A	#3	Jillie 1	ncident						Com	Premise	тур	Эе				- 1		lice Type ly ∏Multi Family	
МО			d or Com					Forcible Yes							Weapon / Tools				
	No No															lcohol Use			
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow																		
V I	$\frac{I}{I}$			igious L.E. Off			uty Othe	er/Ur	nknow	n _	-			nscious	Other	ner Major No N/A ce Sex Relationship Resident Status			
Ċ	V1	v ictim/		Name (Last, First,	IVIIac	ne)						Victim of Crime #	DOI	3 / Age 36	Race		To Offender	Resident Status Resident	
T I	* 1		DA	ΓA OMITTED					1			W	$_F$	RU	☐ Non-Resident ☐ Unknown				
М -	Home	Addre	ess		ГТЕ	TTED						l	Home Phone						
	Employer Name/Address DATA OMI														Business Phone				
	VYR	Color Lic/Lis Vin							Vin										
					<u> </u>				1										
O																			
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							DATA	(M	TTTF	ΞĒ)							
I N	DATA OMITTED																		
V	v																		
O L																			
V E																			
D																			
Status Codes	L = Lost $S = Stolen$ $R = Recovered$ $D = Damaged$ $Z = Seized$ $B = Burned$ $C = Counterfeit / Forged$ $F = Found$ (Check "OJ" column if recovered for other jurisdiction)																		
	Victim		Status	Value	Property Description								Mak	e/Mo	del Se	rial Number			
	"							NCING							1,141	.0,1110		TA OMITTED	
- P -																		FOR	
					\dashv													FORMATION SECURITY	
R O					\dashv													PURPOSES	
P																		1 014 0525	
E - R																	ON	LY THE FIRST	
T Y																		VE PROPERTY	
1 .					_													ITEMS ARE	
-					\dashv													SPLAYED ON 2C REPORTS	
-																			
_			ehicles S	-		nber Vehi	cles Recovere		0										
ID	Office RAT		K. D.	ID (15687)	Officer Sig	Officer Signature Supervisor Signature RATLIFF, K. D. (15687)													
	Complainant Signature Case Sta									Case Disposition:									
Status					☐ Further X Inact								adition Declined						
					/Clea		hausted		Cleared	by A	rest by Ano	ther Ag	gency		Page 1				