| I N | Agenc | y Name | | NSTON-SALEN | 1 PC | OLICE | IN | INCIDENT/INVESTIGATION | | | | | | OCA 2484223 | | | | |
|---|--|---------------------------------|--------------------|--------------------|-------|-------------|--------------------------------------|-------------------------------|---------------|--|---------------------|---------------------|---|----------------------------|---|-------------|--|--|
| C · | ORI | NG | | | | | 1 | REPORT | | | | | | | Date / Time Reported SMTWFFS Month Day Yr Time | | | |
| D E | 10 | | NC 034 | | | | | ☐ Att At Found SM T | | | | | | 12 12 2024 10:04 Hrs. | | | | |
| N T | #1 Larceny Of Motor Vehicle Parts Or Accessories | | | | | | | | | ☐ Att At Found SMT₩TFS Last Known Secure SMT Month Day Yr Time Month Day Yr Time Month Day Yr Time 12 11 2024 15: | | | | | | | | |
| D. | #2 | | ncident | | | | | | \rightarrow | | of Incident | , 7 1. | 0.50 | 12 | 1 | | 15:30 Hrs. Offense Tract | |
| A | Com 660 W Fifth St Apt. 27101, Winston- | | | | | | | | | | | | | | | | 411 | |
| T A | #3 | Jillie I | ncident | | | | | Att Premise Type Com | | | | | Victim Residence Type ☐ Single Family ☐ Multi Family | | | | | |
| МО | | | d or Con MITTEI | | | | | | | | | | Forcible Yes [| Weapon / Tools | | | | |
| | # of V | ictims | Туре | ∏ Person | пв | Business | | | | Injury | ☐ None | | | Loss o | f Teet | h Drug/Al | cohol Use: | |
| | Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown | | | | | | | | | | | | | | | _ | | |
| V I | | Victim/ | | Name (Last, First, | | | uty U Otno | er/Un | Know | n | Internal Victim of | | nscious B / Age | | Sex Relationship Resident Status | | | |
| C T | V1 DATA OMITTED | | | | | | | | | | | | 29 | | | To Offender | Resident Resident | |
| I M · | | | | IA OMITTED | | | | | | | 1 | | | $\mid U \mid$ | F | RU | ☐ Non-Resident ☐ Unknown | |
| 141 | Home Address DATA OMI | | | | | | | | | TTED | | | | | Home Phone | | | |
| | Employer Name/Address DATA OM | | | | | | | | ITTED | | | | | Business Phone | | | | |
| | VYR | M | Model | Color Lic/Lis Vin | | | | | | Vin | | | | | | | | |
| T H E R S I N V O L V E D | | DATA OMITTED | | | | | | | | | | | | | | | | |
| Status Codes | L = L (Chec | ost S | = Stolen | R = Recovered | D = E | Damaged | Z = Seized | B = | Burn | ed $C = C$ | Counterfeit / | Forged | F = Found | d | | | | |
| 0040 | Victim | | Status | Value | OJ | QTY | Property Description | | | | | | | Make/Model Serial Number | | | | |
| | " | | | | | | | PARTS/ACCESSORIES | | | | | | IVIAN | .C/ 1V1O | | TA OMITTED | |
| P - | | SUV TARG 1 2021 WHI, JCJ8574 NC | | | | | | | (| GENE S | Sierra | | FOR | | | | | |
| | | | | | _ | | | | | | | | | | | | FORMATION SECURITY | |
| R O | | | | | | _ | | | | | | | | | | | PURPOSES | |
| Р ⁻ Е - | | | | | | | | | | | | | | | | | | |
| R | | | | | | | | | | | | | | | | | LY THE FIRST | |
| Т Ү - | | | | | _ | | | | | | | | | | | | VE PROPERTY | |
| ٠. | | | | | _ | | | | | | | | | | | | ITEMS ARE SPLAYED ON | |
| - | | | | | | | | | | | | | | | | | 2C REPORTS | |
| | | | | | | | | | | | | | | | | | | |
| | | | ehicles S | - | | nber Vehi | cles Recovere | | 0 | | | | | u. | | | | |
| ID | Office RAT | | <u>K</u> . D. | ID (15687) | | Officer Sig | natur | e | | | | Supervisor RATLI | Signati FF, K. | ire \underline{D} . (| (15687) | | | |
| | | | Signatur | | | | | Case Status Case Disposition: | | | | | | | | | | |
| Status | | | | | | | ☐ Further ☐ Inact ☐ Closed ☐ Closed | tive /Clea | red | | | d by A d by A | rrest by And | Refuse other Ag | ency | ooperate | Page 1 | |