I N	Agenc	y Name		NSTON-SALEN	OLICE	, IN	INCIDENT/INVESTIGATION								OCA 2484392				
C ·	ORI	NC				02102	1	REPORT								Date / Time Reported SMTWFFS Month Day Yr Time			
D E	10		NC 034									12 26 2024 17:24 Hrs.							
N T	#1	Jimic I	nerdent(s	, All Other F	ı —	Att At Found S M T W T F S Last Known Secure S M T W T F S Last Known Secure S M T W T Time Month Day Yr Time 12 20 2024 15:30 Hrs 12 20 2024 15:30													
D .	#2	Crime I	ncident	1111 0 11101 1					\rightarrow	Location			# 1.	0.30 1113	12			15:30 Hrs. Offense Tract	
Α .	Com S20 Covington Ridge Rd, Winston-s																	214	
T A	#3	rime i	ncident						☐ Att Premise Type ☐ Com						Victim Residence Type ☐ Single Family ☐ Multi Family				
МО			d or Com											Forcible Yes	X N/A	We	apon / Tools		
	No No															Icohol Use			
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: Society Government Financial Institute Broken Bones Severe Lacerations Other Major None Minor Loss of Teeth Drug/Alcohol Use: Broken Bones Severe Lacerations Other Major None Minor Loss of Teeth Drug/Alcohol Use: Injury None Minor Loss of Teeth Drug/Alcohol Use: Injury None Minor Loss of Teeth Drug/Alcohol Use: Injury None Minor Loss of Teeth Drug/Alcohol Use: None Injury None Minor Loss of Teeth Drug/Alcohol Use: None None Minor Loss of Teeth Drug/Alcohol Use: None None Minor Drug/Alcohol Use: None None None Minor Drug/Alcohol Use: None None																		
V I	$\frac{I}{I}$	Viotina		igious L.E. Off			uty Othe	er/Un	know	n 🗆	_			nscious	Other	Majo		□N/A Resident Status	
C T	V1	v ictiiii/				Victim of Crime #				DOI	OB / Age Race		Sex	Relationship To Offender					
I	* 1		DA	ΓA OMITTED					1			$\mid B \mid$	F	RU	☐ Non-Resident ☐ Unknown				
М -	Home Address DATA OMIT									 TTED						Home Phone			
	Employer Name/Address DATA OM														Business Phone				
	VYR	Color Lic/Lis Vin							Vin										
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V E																			
D																			
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column	R = Recovered if recovered for other	D = er jur	Damaged risdiction)	Z = Seized	B =	Burn	ed $C = 0$	Cou	nterfeit / F	orged	F = Found	d				
	Victim #	DCI	Status	Value		Property Description								e/Mo	odel Se	rial Number			
	1	"							NEY/CASH								DA	TA OMITTED	
P -																	IN	FOR	
																		FORMATION SECURITY	
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R																		LY THE FIRST	
Т Ү -																		VE PROPERTY	
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-																		2C REPORTS	
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			ehicles S	-		mber Veh	icles Recovere		0						u. 				
ID	Office ALE		<u>DER,</u> J.	C. (15741)	Officer Sig	Officer Signature Supervisor Signature ALEXANDER, J. C. (15741)													
	Complainant Signature Case Stat									Case Disposition:								adition Devil	
Status					Inact	ctive Cleared by Arrest Refuse to Cooperate						ooperate	adition Declined						
	IS Closed/Cleared ☐ Closed/Leads F													rrest by Ano	ther Ag	gency		Page 1	