I N	Agenc	y Name	e WIN] IN	INCIDENT/INVESTIGATION							OCA 2504851							
C	ORI	NC	NC 034	10200			1	REPORT								Date / Time Reported SMIWTFS Month Day Yr Time			
D E	10		ncident(s					Δtt I	At Foun	nd	SM	1 I W	TFS	02	 Know	11 2025	Time 22:25 Hrs. M		
N T	#1		iioidoini(s	, Disorderly Co	ondu	ıct		ı —	Com	Month 02	D			T F S Time 2:25 Hrs			yn Secure Day Yr 11 2025	Time	
D	#2	Crime I	ncident						-	Location) 22	23 1111	7 02	1		Offense Tract	
Α		· · ·		Trespassi		™ Com 301 Medical Center Bv, Winsto						n-sale							
T A	#3	Jrime I	ncident		☐ Att Premise Type ☐ Com							Victim Residence Type ☐ Single Family ☐ Multi Family							
МО			d or Com									Forcible Yes	X N/A		apon / Tools	, ,			
	# of Victims Type Person X Business Injury None Minor Loss of Teeth Drug/Alcohol Use															lcohol Use:			
	2 Society Government Financial Institute Broken Bones Severe Lacerations Yes U															s Unknown			
V				igious L.E. Off			ity 🔲 Othe	er/Un	know	n 🗆		ternal 🔲		scious [Other	Majo			
I C		Victim/	Business	Name (Last, First,	Victim of Crime #					3 / Age	Race	Sex	Relationship To Offender	Resident Status Resident					
T I	V1		DA	ΓA OMITTED	1,2									☐ Non-Resident					
M	Home Address														Home Phone Unknown				
	DATA OMI														Business Phone				
				OMITTED															
	VYR	M	ake	Model	Sty	yle	Color		Lic	:/Lis				Vin					
T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes																			
	Victim			Property Description								Mak	e/Mo	ndel Se	rial Number				
,	#	DCI Status Value OJ QTY Property Description							IVIAN	.C/ 1V1C		TA OMITTED							
P - R - O																		FOR	
					_													FORMATION SECURITY	
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Ρ.																			
E ·																	ON	ILY THE FIRST	
T																		VE PROPERTY	
Y					_													ITEMS ARE	
					+													SPLAYED ON 2C REPORTS	
-					+														
	Numb	er of V	ehicles S	tolen 0	Nun	nber Vehic	cles Recovere	d	0										
ID	Office	r OBS	TRI	ID (5814)	Officer Sig									or Signature					
ID	JACOBS, T. R. (15814) Complainant Signature Case State								Case Disposition:										
Status	•		-				☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	red			☐ Unfoun☐ Cleared☐ Cleared☐	ded by Ai by Ai	Loc crest crest by Ander	Refuse other Ag	gency	looperate	Page 1	