I N	Agenc	y Name		NSTON-SALEN	IN	INCIDENT/INVESTIGATION							OCA 2423627							
I C	ORI	NC	NC 02	40200				REPORT								Date / Time Reported SMTWTFS Month Day Yr Time				
D E	NC NC 0340200 Crime Incident(s)									│							07   03   2024  12:59 Hrs.			
N T	#1	71111C 11		y Spd-disturbing	_	Month Day Yr Time Month Day Yr T									Time $12.58$ Hrs.					
D.	#2	Crime I	ncident	-F				_	Att	Location	_		<del>†</del>   12		7 07		<del></del>	Offense Tract		
A	Crime Incident Com 2115 Peters Creek Pw, Winston-s																	313		
T A	#3	nme i	ncident						Com	Premise	тур	e				- 1	Victim Resider Single Fami	y		
МО			d or Com					!						Forcible Yes	X N/A	We	apon / Tools			
	# of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol															cohol Use				
V		7 /		-			uty   Othe	er/Ur	nknow	n _		ternal 🔲		scious [	Other	Majo				
C	V1	v ictim/		Name (Last, First,	Mido	ile)		Victim of Crime #					DOF	B / Age Race Sex			Relationship To Offender	Resident Status  Resident		
T I	V 1		DA	ΓA OMITTED					1,						☐ Non-Resident ☐ Unknown					
М -	Home Address DATA OMI'									 FTED						Home Phone				
	Employer Name/Address DATA OM															Business Phone				
	VYR	Color Lic/Lis Vin						Vin												
O																				
T																				
H E																				
R S	R S																			
	DATA OMITTED																			
I N	DATA UMITTED																			
V	V																			
O L																				
V E																				
D																				
Status Codes																				
Cours	Victim			Property Description								Mak	e/Mo	odal Sa	rial Number					
	#	# DCI Status Value OJ QTY						Troperty Description							ivian	.C/IVIU		TA OMITTED		
P - R - O																		FOR		
																		FORMATION		
																		SECURITY PURPOSES		
P																		1011 0525		
E - R																	ON	LY THE FIRST		
T Y																		VE PROPERTY		
					_													ITEMS ARE		
-					$\dashv$													SPLAYED ON 2C REPORTS		
-																				
			ehicles S			nber Vehi	cles Recovere		0						G:					
ID	Office: ARA		C. A. (1.	ID 5658)	Officer Sig	Officer Signature Supervisor Signature BURKS, C. M. (									5216)					
	Complainant Signature Case Stat									Case Disposition:							ŕ	adition Dealined		
Status						Inact	☐ Inactive ☐ Cleared by Arrest ☐ Refuse to Cooperate							adition Declined						
							☐ Closed/Cleared ☐ Cleared by Arrest							by Another Agency Prosecution Declined Page 1						