I N	Agenc	y Name		NSTON-SALEN	OLICE] IN	INCIDENT/INVESTIGATION								OCA 2423763					
C	N/C \ N/C \ (1)3/1(1)2(1()																e Reporte Day	d S Yr	MTWIFS	
D E			ncident(s		Att At Found SMTWIFS Month Day Yr Time								Day 17 Time O7 O4 2024 19:58 Hrs Last Known Secure S M T W F Time Month Day Yr Time Time Time O7 O7 O7 O7 O7 O7 O7 O							
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D	#2	Crime I	ncident						- 1	Location	n of	Incident							Offense Tract	
A T		'rime I	ncident					_	Com Att	246 Fremise			Cr, W	inston-sa	ilem N		7105 Victim Re	esiden	ce Type	
A	#3	inne i	iicideiit						Com	Tremise	- 71	,							y □Multi Famil	
МО			d or Com MITTEI											Forcible Yes	X N/A	We	apon / To	ools		
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use															cohol Use:				
V I		lictim/		-			ity 🔲 Othe	er/Un	know	'n 🗆		ternal Victim of			Other Race	<u> </u>		No ohin	□N/A Resident Status	
C T	Crime #														Race	Sex	To Offer	nder	☐ Resident	
I	` -		DA	ΓA OMITTED		1,										☐ Non-Resider ☐ Unknown				
M	Home	Addre		ATA OMI	TTED								Home Phone							
	Employer Name/Address DATA ON															Business Phone				
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O T H E R S I N V O L V E D	DATA OMITTED																			
Status Codes																				
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ID	Officer PER	Officer Sig	Officer Signature Supervise STUM								or Signature MP, J. K. (14922)									
	Comp	ainant	Signatur	e			Case Status		notic -	tion		Case Dispos						Evrt	dition Decline 1	
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	ared				by Ai	Test by Ander] Refuse other Ag	gency	cooperate		Page 1	