I N	Agenc	y Nam		NSTON-SALEN	CIDENT/INVESTIGATION REPORT						OCA 2423773								
C	ORI	NG									Date / Time Reported SMTWTFS Month Day Yr Time								
D E			NC 034		T A# At Found 영제 대체 파티						07 04 2024 22:04 Hrs.								
N T	#1	Jiiiic i	,) Aslt Disch Fa/o	ı —	☐ Att At Found SMTMIFS Last Know Month I At Found SMTMIFS Last Know Month I At Found At Found								Day Yr Time 04 2024 22:03 Hrs.					
D D	#2	Crime I	ncident	11500 205000 1 000		711011110			_			f Incident	1 <u>2</u> 2	2.04 1113	1 07			Offense Tract	
A		~ · ·	• • • •					Com 1020 E Brookline St, Winston-sale											
T A	#3	zrime i	ncident					☐ Att Premise Type ☐ Com							Victim Residence Type ☐ Single Family ☐ Multi Family				
МО			d or Con											Forcible Yes	W NI/A	We	apon / Tools	· 	
WO	□ No																		
	# of Victims Type X Person Business Injury X None Minor Loss of Teeth Drug/Alcohol Use: Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Un																		
V	2		Rel	ligious 🔲 L.E. Off	icer I	Line of D			know	- 1	_	nternal 🔲			Cacera Other			_	
I C	Victim/Business Name (Last, First, Middle)											Victim of Crime #			Race	Sex	Relationship To Offender		
T I	V1		DA	TA OMITTED					<i>1</i> ,		44	W	$_{F}$		☐ Non-Resident				
M	Home	e Addre	ess									<u> </u>		ne Phone	Unknown				
	Employer Name/Address DATA OMIT														Business Phone				
	DATA OWI															Business I none			
	VYR	M	ake	Model	Sty	yle	Color		Lic	c/Lis				Vin					
T H E R S I N O L V E D	DATA OMITTED																		
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column	R = Recovered if recovered for other	D = I er juri	Damaged isdiction)	Z = Seized	B =	Burn	ed C=	Co	unterfeit / F	Forged	F = Found	d				
	Victim #	DCI		Property Description							Mak	e/Mo	odel Se	erial Number					
	1	"							M AND DOOR								DA	ATA OMITTED	
- P - R					_												IN	FOR FORMATION	
					+												117	SECURITY	
ο .																		PURPOSES	
P :																			
R T					_													VE PROPERTY	
Y ·					+												1 WEL	ITEMS ARE	
																	D	ISPLAYED ON	
																	F	2C REPORTS	
-	N11	or of T	objete C	tolon 0	Nive	abor V-1	alas Pas	d	0										
	Office	r	ehicles S	ID		nder Vehi	Cles Recovere Officer Sig		0 re				1	Supervisor	Signat	ıre			
ID	EG/	N, D	J. (160	012)		MULGRĔW, M. J. (J. (14746)					
Status	Comp	ıaınant	Signatur	e			Case Status Further X Inact Closed	r Inve ive /Clea	ared				ded by Ai by Ai	Locarrest □	Refuse ther Ag	gency	looperate	Page 1	