I N C	Agenc	y Nam		NSTON-SALE	M P	OLICE	] IN	INCIDENT/INVESTIGATION REPORT							OCA 2423785					
I	ORI	NC	NC 034	40200												Reported Day Yr		W		
D E			ncident(s					A1	<sub>ff</sub>	At Found	SN	ı ı w	∓ F S	07			4  23 S  M  T			
N	#1								N N	Month	Day Yr	Т	'ıme			n Secure ay Yr	Time	e		
T	#2	Crime I	ncident	Discharging 1	1100			☐ A1	<del>-</del>		04   2024 of Incident	<del>1</del>   23	2:05   Hrs	s} 07	0	4   2024 	23:0	e Tract		
D A	#4								- 1	102 Lai	ke View B	v, Wi	nston-sal	lem N	C 271	05	22	4		
T	#3 Crime Incident														Victim Residence Type					
A	☐ Com															☐ Single Family ☐ Multi Family				
MO			d or Con MITTEI										Forcible Yes	X N/A	Wea	pon / Tools				
	# of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:															Use:				
	☐ Society ☐ Government ☐ Financial Institute ☐ Broken Bones ☐ Severe Lacerations ☐ Yes ☐ Unknown																			
V	T ☐ Religious ☐ L.E. Officer Line of Duty ☐ Other/Unknown ☐ Internal ☐ Unconscious ☐ Other Major ☐ NO ☐ N/A																			
I C															e Sex Relationship Resident Status To Offender Resident					
T	V1		DA	TA OMITTED							Crime #					10 Offender		on-Resident		
I M											1,				Unknown					
141	Home Address DATA OMITTED														Hom	e Phone				
	Empl	oyer Na	me/Add	ress	D	ATA OMI	'A OMITTED						Business Phone							
,	VYR Make Model Style						Color Lic/Lis Vin					Vin								
T H E R S I N V O L V E D	DATA OMITTED  L=Lost S=Stolen R=Recovered D=Damaged Z=Seized B=Burned C=Counterfeit/Forged F=Found																			
Status Codes	(Chec	k "OJ"		if recovered for oth			Z = Seized	р = р	urnec	1 C=C	Junterrent / F	orgea	F = Foun	ıu						
	Victim #	DCI	Status	Value	Property Description							Mak	e/Mod	iel S	erial Nu	ımber				
		13	(9MM) SPENT	OMM) SPENT SHELL CASINGS							IPLE DATA OMITTED									
		13	EVID	4 (	(40) SPENT SHELL CASINGS							S&W SI								
P																INFORMATION				
R.																	SECU			
0																	PURP	OSES		
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			ehicles S	-		mber Vehi	cles Recovere	-					C '	C:						
ID	Office PER		. T. (16	5206) II	<b>)</b> #		Officer Sig	nature					Supervisor STUM	Signati P. J. K	ire (14	922)				
עוו			Signatur				Case Status	Case Status Case Disposition:							MP, J. K. (14922)					
Status	p		<i>G</i>				☐ Further ☐ Inact ☐ Closed ☐ Closed	r Invest ive /Cleare	d	on	☐ Unfoun☐ Cleared☐ Cleared	ded by Ar by Ar	Loc rest [ rest by And	] Refuse other Ag	gency	ooperate r		Declined		

DCI-600F