I N	Agenc	y Name		NSTON-SALEN	л 1 Р	OLICE	, IN	INCIDENT/INVESTIGATION							OCA 2423843					
C ·	ORI REPORT Date Mon														Date /	e/Time Reported SMTWT星S				
D E	10				│ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │									07 05 2024 09:48 Hrs.						
N T																onth Day Yr Time				
D .	Crime Incident														<u> </u>		20 202		fense Tract	
A		~ · ·						_	Com				St, W	inston-sa	lem N	VC 27105 113 Victim Residence Type				
T A	#3 Crime Incident															☐ Single Family ☐ Multi Family				
МО	How Attacked or Committed Forci													Forcible Yes	s XN/A					
	# of Victims Type Person X Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															ohol Use:	-			
	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow															wn				
V I		Victim/		• –			uty Othe	er/Un	know	n [viotim of			Other Race	<u> </u>		No hin E	□N/A Resident Sta	atue
C T	T/1 Crime #														Race	SCA	To Offen	der 🛭	X Resident	
I	- 1		DA	TA OMITTED								1,							□ Non-Resi □ Unknowi	
М -	Home	Addre	ess			D	ATA OMI	ГТЕ	D							Home Phone				
	Employer Name/Address DATA O								MITTED						Business Phone					
	VYR	M	Color		Lic	c/Lis				Vin						\dashv				
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V E																				
D																				
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column	R = Recovered if recovered for other	D = er jur	Damaged isdiction)	Z = Seized	B =	Burn	ed C=	Cou	unterfeit / F	Forged	F = Foun	d					
	Victim #	DCI	Property Description								Mak	Iake/Model Serial Number								
								YGROUND EQUIPMENT								DATA OMITTEI				.D
P -																		INIE	FOR	
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R O					\dashv														URPOSES	—
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ID		<i>TH, A</i>	. B. (16		Officer Sig								or Signature <i>ER, J. C. (14943)</i>							
	Comp	lainant	e	Case Status	S Case Disposition:					□ Loc										
Status	Inactive											Cleared	by A	rest _] Refuse	e to C	Cooperate	_∧u au	iuon Deelli	icu
							☐ Closed			nausted				rest by And					Page 1	_