I N	Agenc	y Nam		NSTON-SALE!	CIDENT/INVESTIGATION						OCA 2424236									
C	ORI	NC	NC 02	40200			7	REPORT							Date / Time Reported S M T W T F S Month Day Yr Time					
D E	NC NC 0340200  Crime Incident(s)							☐ Att   At Found   S -241 T W T F S								Day 1 Time 13:39 Hrs.  Last Known Secure S M T W T F S Month Day Yr Time				
N	#1	Jillie I	•			Att Com	Month	ı I			T F S					Time				
T		Crime I	ncident	aking & Enterin	un Fore	_	07 Locatio	_	08   202 f Incident	4   13	3:39  Hrs	s} <i>07</i>	(	08   2		13:38 Hr Offense Tract	s.			
D A	Wandalism 002 Piak Av. Wington salam NC 27															01			222	
T	#3	Crime I	ncident					_	Att	Premise							Victim F	Residen	се Туре	$\neg$
A								Com					ı		_			y ∏Multi Fam	ily	
МО			d or Con MITTEI		Forcible						Weapon / Tools									
	# of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:															cohol Use:				
	1			ciety Governm			Financial Instit			-	_	roken Bon		☐ Severe				_	Unknow	n
V I		Victim		igious L.E. Of			outy   Otne	er/Un	iknow	' <sup>n</sup>   [	<u> </u>	victim of			Other Race	<u> </u>		No nchin	□N/A Resident Statu	
C	Crime #														Race	SCA	To Off	ender	☐ Resident	
T I	* 1		DA	TA OMITTED								1,2							☐ Non-Resid☐ Unknown	ent
M	Home	ess										Home Phone								
	DATA OMIT									ſTED										
	Employer Name/Address DATA OMI									ΓΤΕD					Business Phone					
,	VYR Make Model Style Color						Color	Lic/Lis V					Vin							
H E R S I N V O L V E D	DATA OMITTED																			
Status Codes															٦					
Cours	Victim					Í	r	December December 1							Make/Model Serial Number					$\dashv$
P - R - O -	# DCI Status Value OJ QTY  1 77 7							Property Description  TOVE							Mak	ce/Mc	oaei		rial Number ΓΑ ΟΜΙΤΤΕD	$\dashv$
	1	77	7				REFRIGERATOR								UNKNO	OWN			FOR	-
	1	29	4			10	EXTERIOR WINDOWS									INFORMATION				
	1	29	4				EXTERIOR DOORS									SECURITY				
	1	29	4			1	SHEET ROCK												PURPOSES	_
E ·																		ONI	V THE EIDS	_
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			ehicles S	-		mber Veh	icles Recovere		0					Care	. C:					4
ID	Office: ROE		SON, B	. W. (16352) ID	# 		Officer Sig	natur	e						or Signature LINS, A. B. (14763)					
			Signatur		S	4.	4:	(	Case Dispo							. dial				
Status							☐ Furthe: ☐ Inact ☐ Closed ☐ Closed	tive l/Clea	ared				l by A l by A	☐ Loc rrest ☐ rrest by Ander ☐	] Refuse other Ag	gency	Cooperat	ē —	Page 1	:d