I N	Agenc	y Name		NSTON-SALEN	OLICE	IN	INCIDENT/INVESTIGATION							OCA 2424681					
C ·	ORI	NG						REPORT							Date / Time Reported SMTWTFS Month Day Yr Time				
D E		NC .	10200		☐ Att At Found							Day Time 19:24 Hrs. Last Known Secure SMTMIFS SMTMIFS							
N T	#1			, Drug Viola	tion	S		ı —	Com	Month 07 I	D			ime 7:52 Hrs			Day Yr 🖰	Time $17:52$ Hrs.	
D.	#2	Crime I	ncident						- 1	Location	of	Incident						Offense Tract	
A T		'rime I	ncident					_	Com	5700 Premise		_	rry R	2d - BLK,	Winst		alem NC Victim Reside	nce Type	
A	#3	ornine i	nerdent					☐ Att Premise Type ☐ Com							☐ Single Family ☐ Multi Family				
МО			d or Con MITTEI									Forcible Yes No	X N/A	We	apon / Tools				
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															lcohol Use:			
V	1			ciety Governm			inancial Institu		know			oken Bone		Severe	Lacera Other		. –	Unknown	
I	Victim/Business Name (Last, First, Middle) Victim of DOB / Age														Race	<u> </u>	Relationship	Resident Status	
C T	V1		DA	ΓΑ OMITTED	Crime #								To Offender	☐ Resident ☐ Non-Residen					
I M ·												1,						Unknown	
	Home Address DATA OMI									ГТЕD						Home Phone			
	Emplo	yer Na	ress	ATA OMI	ITTED							Business Phone							
	VYR	M	Model	Color Lic/Lis Vin							Vin								
T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes	L = L	ost S k "OJ"	= Stolen	R = Recovered f recovered for other	D = er iur	Damaged risdiction)	Z = Seized	B =	Burn	ed $C = 0$	Cou	ınterfeit / F	orged	F = Foun	d				
	Victim # DCI Status Value OJ QTY						Property Description								Mak	e/Mo	odel Se	erial Number	
- - P - R	"													ATA OMITTED					
																	IN	FOR FORMATION	
																		SECURITY	
0																		PURPOSES	
Р ⁻ Е -																			
R T					\dashv													VE PROPERTY	
Y ·																	1 WEL	ITEMS ARE	
-																	D	ISPLAYED ON	
																	I	2C REPORTS	
-	NT .	637	-1-: 1 ~	4-1	, , ,	h - 37 1 '	-1 P		0										
	Numb Office:		ehicles S	tolen 0		mber Vehi	cles Recovere Officer Sig		e e				I	Supervisor	Signati	ıre			
ID	HUI			МССОRМІСК, Т. В. (15692)										2)					
Status	Comp	laınant	Signatur	2	Inact	r Investigation Unfounded Located E. tive Cleared by Arrest Refuse to Cooperate							ooperate	radition Declined					
							☐ Closed			nausted				rest by And nder □				Page 1	