I N	Agenc		NSTON-SALEN	CIDENT/INVESTIGATION						OCA 2424902									
C	ORI	NC	NC 034	10200	1	REPORT						Date / Time Reported S M T W T F S Month Day Yr Time							
D E			ncident(s		Att At Found SMTWTFS Month Day Yr Time						07 13 2024 08:35 Hrs. Last Known Secure S M T W T F S Month Day Yr Time								
N T	#1	Simple 1	_	Com	Month 07				lime 3:35 Hrs				Time $08:34$ Hrs.						
D	#2	Crime I	ncident				Att Com			Incident Main St	Wins	ton-salem	NC 1	710	5	Offense Tract 112			
A T	#3	Crime I	ncident					_	Att	Premise			vv iris	ion-saiem	IVC 2		Victim Resid		
A									Com					r				nily □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:																		
V	1			ciety Governm igious L.E. Off			inancial Institution		ıknow		_	roken Bone sternal \Box		Severe	Lacera Other	tions Maio		es □ Unknown Io □ N/A	
I C		Victim/		Name (Last, First,		Ī	Victim of DOB / Age			Race		Relationshi	Resident Status						
T	V1		DA	ΓA OMITTED					Crime #		33			To Offende	Resident Non-Resident				
I M	Home	Addre	cc						1,			B	F	1RU ne Phone	Unknown				
	DATA OMIT									ΓΤΕD									
	Employer Name/Address DATA OMI									TTED						Business Phone			
1	VYR	M	ake	Model	St	yle	Color		Lie	c/Lis				Vin					
T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes	(Chec	k "OJ"	= Stolen column	R = Recovered for other	D = 1 er jur	Damaged isdiction)	Z = Seized	B =	= Burr	ied C=	Cou	unterfeit / F	orged	F = Found	d				
	Victim # DCI Status Value OJ QTY						Property Description							Mak	e/Mo		Serial Number		
- P - R _													D	ATA OMITTED FOR					
]	NFORMATION	
																		SECURITY	
O P .																		PURPOSES	
E - R																	О	NLY THE FIRST	
T					\neg													LVE PROPERTY	
Y																		ITEMS ARE	
					_													DISPLAYED ON	
-																		P2C REPORTS	
•	Numb	er of V	ehicles S	tolen 0	Nun	nber Vehic	cles Recovere	d	0					<u> </u>					
ID	Office		C (16	ID	Officer Sig	cer Signature Supervisor Signature													
ID	MAST, M. C. (16114) Complainant Signature Case State									JACOBS, A. P. (4902)		
Status	r		<u> </u>				☐ Further ☐ Inact ☐ Closed ☐ Closed	r Inv ive /Clea	ared			☐ Unfoun☐ Cleared☐ Cleared☐	ded by Ai by Ai	Loca	Refuse ther Ag	gency	ooperate	Page 1	