Ι.	Agenc	y Name	<u> </u>				1	INCIDENT/INIVECTION TION						OCA						
N	rigene	y i vaiii		NSTON-SALE	OLICE	INCIDENT/INVESTIGATION REPORT							2424910							
I C	ORI				1			KEP()K I			Date /	Time	Reported Day	S	M T W T F				
D			NC 034								07 13 2024 08:36 Hrs.									
E N	#1	Crime I	ncident(s	•			Att At Found SMTWTFS Month Day Yr Time							Last Known Secure SMTWTFS Month Day Yr Time						
Τ.		⊃nima a L	n ai dant	Drug Viola	tion	S		⊠ C	- - '	07		4 08	3:36 Hr	s 07	1	3 202				
D	Com 1005 Hampton Inn Ct Wind														ton-salem NC 27103 Offense Tract 322					
A T	Crime Insident														Victim Residence Type					
A	#3							Com						☐ Single Family ☐ Multi Family						
MO	How A	Attacke	d or Con	nmitted					•				Forcible	NT/A	Wea	pon / Too	ols			
МО	DATA OMITTED See No. 1																			
	# of V	ictims	Туре	Person		Business				Injury	☐ None		linor [Loss of Teeth Drug/Alcohol Use:						
	1			ciety Governm		_	inancial Institu			. –	Broken Bone		□ Severe							
V I		Victim/		ligious L.E. Of Name (Last, First,			ity U Otne	er/Unki	nown		Internal Victim of			Other Race	<u> </u>	Relations	No hin	☐N/A Resident Status		
C T	T/1															To Offen	der	☐ Resident		
I	S I DATA OMITTED																	☐ Non-Resider ☐ Unknown		
М .	Home	e Addre	ss				I								Home Phone					
						D.	ATA OMI	ΓA OMITTED												
	Emple	oyer Na	me/Add	ress		D.	ATA OMITTED							Business Phone						
	VYR	M	ake	Model	St	yle	Color Lic/Lis Vin						Vin							
T H E R S I N V O L V E D							DATA	A O2	Μľ	ГТЕ	D									
Status																				
Codes	(Chec		column	if recovered for oth	er jur	risdiction)	T													
				Value	Value OJ QTY			Property Description			1							al Number		
P - R - O														DAI	FOR					
																	INF	ORMATION		
																	S	SECURITY		
																	F	PURPOSES		
Р ⁻ Е -																				
R T Y																TDXX		Y THE FIRST		
																1 V		E PROPERTY TEMS ARE		
																		PLAYED ON		
-																		C REPORTS		
-																				
			ehicles S			mber Vehic	cles Recovere						g :	G.						
ID	Office <i>RUI</i>		A. (158	ID 1869))# 		Officer Sig	Officer Signature Supervise BURI							or Signature KS, C. M. (15216)					
			Signatur				1	Case Status Case Disposition:												
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Cleare	ed		☐ Unfoun ☐ Cleared ☐ Cleared ☐ Death o	by Ai	rest by An] Refuse other Ag	gency	ooperate Declined		Page 1		