I N	Agenc	y Name	WIN] IN	INCIDENT/INVESTIGATION							OCA 2425011							
C	ORI	NC	NC 034	10200			1	REPORT								Date / Time Reported SMTWTFS Month Day Yr Time			
D E			ncident(s					Δtt I	At Foun	nd	-S M	TFS	07	7 14 2024 01:19 Ha Known Secure SMTWTF th Day Yr Time					
N T	#1			, Discharging F	`irea	ırm		_	Com	Month 07	D			T F S Time 1:19 Hrs				Time ! 01:18 Hrs.	
D	#2	Crime I	ncident	88 -					\rightarrow	Location			+ 01	19	7 07		4 2025	Offense Tract	
A			.1.				Com 800 E Devonshire St - BLK, W. Att Premise Type						nston-	ston-salem NC 212 Victim Residence Type					
T A	#3	Jrime i	ncident						Att Com	Premise	тур	бе				- 1		nily ∏Multi Family	
МО			d or Com MITTEI			•					Forcible Yes No	X N/A	We	apon / Tools					
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															Alcohol Use:			
V	1			ciety Governmentigious L.E. Off			inancial Institu		know	. –	•	oken Bone ternal 🔲		Severe	Lacera Other			Yes □ Unknown	
I		Victim/		Name (Last, First,			ity 🔟 Ouk	217 (311	IKIIOW	<u>" </u>		Victim of		3 / Age	Race		Relationshi	p Resident Status	
C T	V1		DΔ	ΓΑ OMITTED				'	Crime #					To Offende	Resident Non-Resident				
I M				IA OMITIED					1,						Unknown				
	Home Address DATA OMI'									ГТЕD						Home Phone			
	Employer Name/Address DATA OM								 ITTED						Business Phone				
,	VYR	Color Lic/Lis Vin							Vin										
T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes																			
	Victim			Property Description								Mak	e/Mo	ıdel	Serial Number				
- - P -	#	# DCI Status Value OJ QTY							Troporty Description							.C/ 1V1C		ATA OMITTED	
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			ehicles S			nber Vehic	cles Recovere		0										
ID	Office:		. T. (16	ID 5206)	Officer Sig	Officer Signature Supervisor Signature JACOBS, T. R. (15814)													
ID		lainant		Case Status							5/1COI	(13014)							
Status	-						☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	ared			☐ Unfoun☐ Cleared☐ Cleared☐	ded by Ai by Ai	Loc crest crest by Ander] Refuse other Ag	gency	ooperate	tradition Declined Page 1	