I N	Agenc	y Name		NSTON-SALEN	IN	INCIDENT/INVESTIGATION							OCA 2425046						
I C	ORI	NC	NC 02	10200				REPORT							Date / Time Reported SMTWTFS Month Day Yr Time				
D E			NC 034					I□ Att At Found SM TWTFS							07 14 2024 08:06 Hrs.				
N T	#1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ieraem(s	, Trespassi	_	TT Com							ast Known Secure $\begin{bmatrix} \boxed{\$} & $						
D.	#2	Crime I	ncident						_	Location			7 00	5.00	7 07			Offense Tract	
A		7 T	: 1 4					_	Com				ston-	salem NC	2710		(/:-4: D: 1	321	
T A	#3	Jillie 1	ncident					☐ Att Premise Type ☐ Com							Victim Residence Type ☐ Single Family ☐ Multi Family				
МО			d or Com MITTEI				•	•					Forcible Yes No	X N/A	We	apon / Tools			
	# of Victims Type Person X Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															cohol Use:			
* 7	2 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown															_			
V I		Victim/		Name (Last, First,			пу 🔲 Опи	21/ U11	KIIOW	¹¹ _		Victim of		S / Age	Race	-		□N/A Resident Status	
C T	V1 DATA OMITTED																To Offender		
I M			DA	IA OMITIED								1,						☐ Non-Resident☐ Unknown	
IVI ·	Home Address DATA OMI'									ГТЕD						Home Phone			
•	Employer Name/Address DATA OM														Business Phone				
	VYR	M	Model	Color Lic/Lis Vin						Vin									
O																			
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	DATA OMITTED																		
I N	DATA UMITTED																		
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V E																			
D																			
Status Codes																			
Cours	Victim			Property Description								Mak	e/Mo	vdal Sa	rial Number				
- - P -	#	# DCI Status Value OJ QTY Property Description								ivian	.C/ IVIC		TA OMITTED						
																		FOR	
																		FORMATION	
R O																		SECURITY PURPOSES	
Р -																		T CIKI OBEB	
E - R																	ON	LY THE FIRST	
T Y																		VE PROPERTY	
																		SPLAYED ON	
-																		2C REPORTS	
-																			
	Number of Vehicles Stolen 0 Number Vehicles Recovered 0																		
ID	Officer COX	r K, S. P	. (1481	(8)	Officer Sig	Officer Signature Supervisor Signature HARRISON, B. M. (15721)													
	Comp	lainant	e	Case Statu		Case Disposition:						ated		- Eve	adition Declined				
Status						Inact	☐ Further Investigation ☐ Unfounded ☐ Located ☐ Inactive ☐ Cleared by Arrest ☐ Refuse to Coope							Cooperate	admon Decimed				
								Closed/Cleared Closed/Leads Exhausted Death of Offender							nother Agency				