I N	Agenc	y Name		NSTON-SALEN	OLICE	] IN	INCIDENT/INVESTIGATION							OCA 2425055						
I C	C REPORT														Date / Mon	Time	e Report	ted ≦ Yr		FS
D E	10											07   14   2024  10:38 Hrs								
N T	$\Pi \perp I$ $C = I \cup C = I \cup I$																	Yr 🖵	Time	Hrs.
D.	Crime Incident														- 07		14   2		Offense Trac	
A		7 T	: 1 4					_	Com			Liberty S	t, Wi	nston-sal	em NC			D: -l	222	
T A	#3	Jillie I	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 / T	Γools		
	# of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:																			
V	1															own				
I	Victim/Business Name (Last, First, Middle)   Victim of   DOB / Age   Rac														Race	<u> </u>	Relatio	onship	Resident St	tatus
C T	V1		DA	ΓΑ OMITTED								Crime #					To Off	fender	☐ Resident	
I M ·												1,							Unknow	
	Home	Addre		ATA OMI	ITTED								Home Phone							
	Emplo	oyer Na	me/Add	ress	D.	ATA OMI	TA OMITTED							Business Phone						
	VYR Make Model Style						Color Lic/Lis Vin						Vin							
T H E R S I N V O L V E D	DATA OMITTED																			
Status Codes																				
	Victim # DCI Status Value OJ QTY						Property Description								Mal	lake/Model Serial Number				
P - R - O	π	a topolog Bestipus									11111	10, 1, 10	, 401		TA OMITTE					
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					$\dashv$														FORMATIO SECURITY	
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	Number of Vehicles Stolen 0 Number Vehicles Recovered 0  Officer ID# Officer Signature Supervisor Signature																			
ID	MIN	TZ, J.	D. (16	5069)		KISE							or Signature R, C. N. (14944)							
Status	Comp	lainant	Signatur	Case Status  ☐ Further Investigation ☐ Inactive ☐ Closed/Cleared ☐ Closed/Cleared ☐ Cleared by Arrest ☐ Cleared by Another Agency ☐ Cleared by Arrest by Another Agency ☐ Cleared by Arrest by Another Agency							te	adition Decli	ined							
								/Lead	de Fyl	hausted	- 1	Death o	of Offe	nder 🗆	7 Prosec	nution	Declin	ed	Page 1	