I N C	Agenc	y Name		NSTON-SALE	OLICE	INCIDENT/INVESTIGATION REPORT							OCA 2425365 Date / Time Reported SM TW TF SM Month Day Yr Time					Fs	
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E			ncident(s				. I	At Found	Islm	I T W	T F S	07				TWTF			
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D	#2	rime I	ncident	<i>T</i>				☐ At	٠ ا		of Incident			377	2071	0.5		nse Tract	
Α.				Trespassi	ng			X Co	_		Liberty St	t, Wu	iston-sal	em NC				222	
T A	#3	Crime I	ncident <i>Violat</i>	tion Of City/cou	Ordinan	ice	Ce Att Premise Type □ X Com						Victim Residence Type ☐ Single Family ☐ Multi Family						
	How A	Attacke	d or Com	mitted					•				Forcible		Wea	pon / Tools			
MO	DATA OMITTED Yes																		
	# of Victims Type Person Business Injury None Minor Loss of															h Drug/A	Alcoho	ol Use:	
	Society Government Financial Institute Broken Bones																		<i>w</i> n
V															nons Major		_	N/A	
İ																Relationship	_	sident Stat	tus
C						,					Crime #		. 8			To Offender		Resident	
T I	VI DATA OMITTED $ \begin{array}{c} \text{Clinic } \# \\ 1,2,3 \end{array} $																Non-Resid		
M ·											1,2,3					731	Unknown	<u>1</u>	
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	Emplo	yer Na	me/Addi	ress			ATA OMITTED						Business Phone					_	
	VYR	M	ake	Model	St	tyle	Color		Lic/I	Lis			Vin						
				•															
H E R S I N V O L V E D							DATA												
Status Codes	L = Lo	ost S	= Stolen	R = Recovered	D=	Damaged	Z = Seized	$\mathbf{B} = \mathbf{B}$	urne	$\mathbf{C} = \mathbf{C}$	ounterfeit / F	orged	F = Foun	ıd					
Souts	Victim				Ť	ĺ													
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Status	Compl	aınant	Signature	•			Case Status Further Inact Closed	r Investi tive /Cleare	d	on	Case Dispos Unfoun Cleared Cleared Death o	ded by Ar by Ar	rest by And] Refuse other Ag	gency	ooperate Г		on Declino	ied