I N	Agenc	y Name		STON-SALEN	OLICE	] IN	INCIDENT/INVESTIGATION							OCA 2425555					
C .	ORI	NC	NC 02	10200			1	REPORT							Date / Time Reported SMTWIFS Month Day Yr Time				
D E			NC 034			Att At Found SMTWIFS Month Day Yr Time								Day IF Time   O7   18   2024   14:31 Hrs.   Last Known Secure   SMTMFFS   Month Day Yr Time					
N T	#1			, Trespassi	ng			_	Com	Month 07	D			ime !:31  Hrs				Time   14:31  Hrs.	
D	#2	Crime I	ncident	•						Location	ı of	Incident		•				Offense Tract	
A T	Crime Incident Com 1499 New Walkertown Rd, Winston																<i>i NC</i> Victim Resid	ence Type	
A	#3								Com		71					- 1		nily □Multi Family	
МО			d or Com MITTED										Forcible  Yes  No	X N/A	We	apon / Tools			
	# of Victims   Type   Person   X Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:															Alcohol Use:			
3.7	2 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown															_			
V I	1	/ictim/		Name (Last, First,			пу 🔲 Оппе	21/ ()11	KIIOW	11		Victim of		B / Age	Race	<u> </u>		Resident Status	
C T	V1		DΔ	ΓA OMITTED					Crime #					To Offende					
I M ·									1,						Unknown				
	Home Address DATA OMI									ГТЕD						Home Phone			
	Employer Name/Address DATA O														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	L = L (Chec	ost S k "OJ"	= Stolen	R = Recovered for other	D = er iur	Damaged isdiction)	Z = Seized	B =	Burn	ed C=	Cou	ınterfeit / F	orged	F = Foun	d				
	Victim # DCI Status Value OJ QTY						Property Description								Mak	e/Mo	odel S	Serial Number	
- - P - R		"						1 7 1									D	ATA OMITTED	
					$\dashv$													FOR NFORMATION	
																		SECURITY	
0																		PURPOSES	
Р <sup>-</sup> Е -					$\perp$													NI WELLE EID GE	
R T					$\dashv$													NLY THE FIRST LVE PROPERTY	
Y -																	TWE	ITEMS ARE	
-					$\dashv$												I	DISPLAYED ON	
-																		P2C REPORTS	
-							1 5												
	Numb		ehicles S	tolen 0		nber Vehi	Cles Recovere		<i>0</i>				Ī	Supervisor	Signati	ıre			
ID			ER, A.	W. (16169)	Officer Sig	Officer Signature Supervis (0)							Signall	ai C					
	Complainant Signature Case Stat  ☐ Furth									Case Disposition: Unfounded Local							□ Fv	tradition Declined	
Status							☐ Inact	tive /Clea	ıred			☐ Cleared	by Ai	rest by And	Refuse other Ag	gency	ooperate	Page 1	