I N	Agenc	y Nam		NSTON-SALEN	IN	INCIDENT/INVESTIGATION							OCA 2426254						
C I	ORI	NC	NC 034				1			RE	PO	RT			Date / Mon	Time	Day Yr	SMT#TFS	
D E		NC Crime I			│ Att │ At Found │ S M T M T F S Month Day Yr Time							07 24 2024 09:17 Hrs. Last Known Secure S M T H T F S Month Day Yr Time S M T H S S M T H S S M T H S S M T H S S M T H S S M T H S S M T H S S M T H S S M T H S M S M S M S M S M S M S M S M S M S							
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D	#2	Crime I	ncident	~ <u>F.1</u>	-0				_			f Incident	+ 02	7.17	- 07			Offense Tract	
Α		7 I	! 4 4					_	Com			Fifth St, V	Vinsto	on-salem	NC 27		Winding Don'd	111	
T A	#3	Jillie I	ncident						Com	Premis	гту	pe					Victim Reside	nce Type ly ∏Multi Family	
МО			d or Con											Forcible Yes	X N/A	We	apon / Tools		
	# of Victims Type Person X Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															lcohol Use:			
	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown															es Unknown			
V I		Victim		igious L.E. Off Name (Last, First,			uty 🔲 Othe	er/Un	know	n	<u> </u>	victim of		nscious B / Age	Other Race	<u> </u>		N/A Resident Status	
C T	V1											Crime #		371180	114400	20.1	To Offender		
I M			DA	ΓΑ OMITTED								1,					1ST	☐ Non-Resident☐ Unknown	
IVI	Home Address DATA OMI									ГТЕD						Home Phone			
•	Employer Name/Address DATA ON								 ITTED						Business Phone				
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H E R S I N V O L V E D	DATA OMITTED																		
Status Codes																			
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ID	Office SER		, A. J. (ID 16078)	#		Officer Sig	Officer Signature Supervisor Signature WHELAN, L. T. (15232)											
ıν			Signatur		Case Statu							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,						
Status	_						☐ Further ☐ Inact ☐ Closed	tive /Clea	ıred			☐ Unfour☐ Cleared☐ Cleared	ided I by Ai I by Ai	Loc rrest rrest by Ander] Refuse other Ag	gency	Cooperate	Page 1	