I N	Agenc	y Name		NSTON-SALEN	OLICE] IN	CIE	CIDENT/INVESTIGATION						OCA 2428303					
C	ORI	NC	NC 034	10200			1		REPORT						Date / Time Reported S M T W T F S Month Day Yr Time 08 09 2024 01:47 Hrs.				
D E			ncident(s				Att	At Fou	nd	SI	1 T W	Tæis	08				01:47 Hrs. TWT±S		
N T	#1		rce	_	Com	Month 08	. I			∏ቜ S Time :47 Hrs			n Secure Day Yr 09 202	Ti ₁ 4 01	me				
D	#2	Crime I	ncident	0 0					Att	Locatio	n of	Incident		•				Offe	nse Tract
A T	Com 1200 E Third St, Winston																<i>I</i> Victim Res		221 Type
A	#3	Jime I	iicident						Att Com	Tremise	. 1 y	pe				- 1			ype Multi Family
МО			d or Com											Forcible Yes					
																al Haar			
	# of Victims Type Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: Property Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown																		
V				igious L.E. Off			ity 🔲 Othe	er/Un	nknow	n [nscious	Other	Majo	r 🖂	No [¬ ¬N/A
C	V1	v ictim/		Name (Last, First,	Mido	ile)					- 1	Victim of Crime #	DOI	B / Age 57	Race	Sex	Relationsl To Offend		sident Status Resident
T I	VI	DA					1,			$\mid B \mid$	$_F$	1RU		Non-Residen Unknown					
M	Home	Addre	ss									Home Phone							
	Employer Name/Address DATA OMI'														Business Phone				
	VYR Make Model Style Color													Vin					
O T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes	(Chec	k "OJ"	= Stolen column i	R = Recovered frecovered for other	D = . er jur	Damaged isdiction)	Z = Seized	В=	Burn	ied C =	: Coi	unterfeit / F	orged	F = Found	d 				
	Victim # DCI Status Value OJ QTY						Property Description								Mak	ake/Model Serial Number			
- - P - R															OMITTED FOR				
																			RMATION
																			CURITY
O .																		PUF	RPOSES
E ·																		ONII W	THE EIDOT
R T																			THE FIRST PROPERTY
Y ·					\dashv												1,11		MS ARE
																			AYED ON
•																		P2C R	REPORTS
					\prod	\Box													
			ehicles S			nber Vehi	cles Recovere Officer Sig		<i>0</i>				1	Supervisor	Signat	ure			
ID	Officer ID# Officer GRABS, D. M. (16310)													CROKI			5602)		
	Comp	ainant	Signatur	e	Case Status		Case Disposition:							Twiters all 1	on Daaling J				
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	ared				by A	Loca rrest □ rrest by Ano	Refuse ther Ag	gency	ooperate		on Declined Page 1