I N	Agenc	y Name	e WIN	IN	INCIDENT/INVESTIGATION							OCA 2429391								
C	ORI	NC	NC 03/	10200			1	REPORT								Date / Time Reported SMTWTFS Month Day Yr Time				
D E		NC NC 0340200 Crime Incident(s)								Att At Found SMTWTFS Month Day Yr Time							Day Yr Time 17 2024 22:34 Hrs. Last Known Secure S M T W T F S Month Day Yr Time 18 Month Day Yr Time 19 Month Day Yr Time			
N T	#1			Discharging F	irec	arm		_	Com	Month 08	D			lime 2:34 Hrs			Day Yr - 17 2024	Time		
D	#2	Crime I	ncident	0 0					Att	Location	ı of	Incident					7 2021	Offense Tract		
A T		'rime I	ncident					_	Com	305 P			ıston	-salem N	C 271		Victim Reside	121		
A	#3	Jime I	nerdent					☐ Att Premise Type ☐ Com							☐ Single Family ☐ Multi Family					
МО			d or Com MITTEL									Forcible Yes	X N/A	We	apon / Tools					
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															lcohol Use:				
																es 🗖 Unknown				
V I		Victim/		igious L.E. Off Name (Last, First,			ity Othe	er/Un	know	n 🗆		ternal Victim of		scious B / Age	Other Race					
C T	V1	. 10 11111			,			Crime #					J / IIgc	Race	БСХ	To Offender	☐ Resident			
I	DATA OMITTED											1,						☐ Non-Resident ☐ Unknown		
M	Home Address DATA OMI									ГТЕО						Home Phone				
	Employer Name/Address DATA OM								 ITTED						Business Phone					
1	VYR	M	Color Lic/Lis Vin							Vin										
O 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 column i	R = Recovered f recovered for other	D = i er jur	Damaged isdiction)	Z = Seized	B =	Burn	ed $C = 0$	Cou	interfeit / F	orged	F = Foun	d					
	Victim # DCI Status Value OJ QTY						Property Description								Mak	e/Mo	odel S	erial Number		
- - P - R													Da	ATA OMITTED						
					_												T.	FOR NFORMATION		
					-												- 11	SECURITY		
ο .																		PURPOSES		
P :																				
R					_													NLY THE FIRST		
Т Ү .					\dashv												TWEI	VE PROPERTY ITEMS ARE		
-					\dashv												D	ISPLAYED ON		
-																		2C REPORTS		
			ehicles S	=		nber Vehi	cles Recovere		0					C	C:	144.5				
ID	Office:		GAN, 1	ID M. R. (16168)	Officer Sig	Officer Signature Supervisor Signature WILLIAMS, K. A. (15631)														
		lainant		Case Status	S Case Disposition:															
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	tive /Clea	ıred				by A	Loc rrest rrest by And	Refuse other Ag	gency	ooperate	Page 1		