I N	Agenc		STON-SALEN	CIDENT/INVESTIGATION						OCA 2430444										
I C	ORI	NC	NC 034	10200			1		REPORT						Date / Time Reported SMTWTFS Month Day Yr Time					
D E			ncident(s		Att At Found SMTWTFS Month Day Yr Time							TFS	O8 26 2024 06:39 Hrs. Last Known Secure S M T W T F S Month Day Yr Time							
N T	#1			, Trespassi	ng			ı —	Com	Month 08	D			ime 5:39 Hrs				Time $06:39$ Hrs.		
D.	#2	Crime I	ncident						Att	Location	n of	Incident					. [Offense Tract		
A T		Trima I	Violat ncident	tion Of City/cou	nty	Ordinan	ice	_	Com	520 N		•	Wins	ston-salei	n NC		01 Victim Reside	111		
A	#3	Jime I	neident						Com	Tremise	туŗ	pe .						ly □Multi Family		
МО			d or Con MITTEI			•					Forcible Yes	X N/A	We	apon / Tools						
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															lcohol Use:				
	2 Society Government Financial Institute Broken Bones Severe Lacerations Ves Unknown																			
V I		liotim/		igious L.E. Off Name (Last, First,			uty 🔲 Othe	er/Un	know	n _		ternal Victim of		nscious B / Age	Other Race	<u> </u>				
C T	V1	v ictiii/								Crime #	DOI	o / Age	Race	sex	To Offender	☐ Resident				
I	I DATA OMITTED																	☐ Non-Resident		
М -	Home Address DATA OMIT									 ITED						Home Phone				
	Employer Name/Address DATA OMI															Business Phone				
	VYR	M	Color Lic/Lis Vin						Vin											
					_															
O																				
T H																				
E	E																			
R S	R S																			
	DATA OMITTED																			
I N																				
V O	V																			
L																				
V E																				
D																				
	s L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found																			
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column	R = Recovered f recovered for other	D = er jur	Damaged risdiction)	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	erial Number			
- - P - R													DA	ATA OMITTED						
																	11	FOR FORMATION		
																	- 11	SECURITY		
0																		PURPOSES		
Р ⁻ Е -																				
R.																		VE PROPERTY		
Т Ү -																	IWEL	VE PROPERTY ITEMS ARE		
-														-			D	ISPLAYED ON		
-																		22C REPORTS		
-																				
	Numb	Number of Vehicles Stolen 0 Number Vehicles Recovered 0 Officer ID# Officer Signature Supervisor Signature																		
ID	Officer ID# Offi LYNCH, T. M. (16201)								Officer Signature Supervis (0)							or Signature				
	Complainant Signature Case State									tion —		Case Dispos		□ Loc	ated		□ Evt	radition Declined		
Status	Inac									uon		Cleared	by Aı	rest	Refuse	e to C	ooperate	radition Decinica		
							☐ Closed			hausted				rest by And				Page 1		