I N	Agenc	y Name		ISTON-SALEN	OLICE] IN	INCIDENT/INVESTIGATION							OCA 2431237							
I C															Date / Mon	ate / Time Reported S M T W T F S					
D E			ncident(s					Att At Found SMTWTFS Month Day Yr Time								Day 11 Time 19 19 19 19 19 19 19 1					
N T	#1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ieraem(s	, Discharging F	irea	ırm		ı —	Com	Month 09	D								Time $23:00$		
D .	Crime Incident														7 00		1 202		Offense		
A		7 T						_	Com				ston-	salem NC	2710		(/: -t' D -	-: 4	122		
T A	#3	Jime I	ncident			Att Premise Type Com							Victim Residence Type ☐ Single Family ☐ Multi Family								
МО	DATA OMITTED													Forcible Yes No	s 🔼 N/A						
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															se:					
V	1			ciety Government Gious L.E. Off			inancial Institu		know		•	oken Bone		Severe	Lacera Other		–		_	nknown	
I	Victim/Business Name (Last, First, Middle) Victim of DOB / Age Rac															Sex Relationship Resident Status					
C T	V1		DA	ΓΑ OMITTED							(Crime #					To Offen		□ Res	ident 1-Resident	
I M ·																Uı				known	
	Home	Addre	SS		ГТЕD								Home Phone								
•	Employer Name/Address DATA OM									 TTED						Business Phone					
•	VYR Make Model Style						Color Lic/Lis Vin						Vin								
O T H E R S	DATA OMITTED																				
V E D Status L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found																					
Status Codes	(Chec	k "OJ"	= Stolen column i	f recovered for othe	r juri	isdiction)	Z = Seized	В=	Burn	ed C=0	Cou	interfeit / F	orged	F = Foun	d						
	Victim # DCI Status Value OJ QTY						Property Description								Mak	ce/Mc	odel	Ser	ial Nun	nber	
-															DA	FOR					
P - R					\dashv													INI	FORMA		
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																		P2	C REP	ORTS	
-	Nima	C X 7	-1-: -1 C	4-1 0	N	37-1-:	-1 D	.1	0												
	Number of Vehicles Stolen 0 Number Vehicles Recovered 0 Officer ID# Officer Signature Supervisor Signature																				
ID	LY, I	P. A. (15929)							1			ČHUE, V. N. (15139)							
Status	Compl	lainant	Signatur	e			Case Statu: Further Inact Closed	r Inve ive /Clea	red				ded by Ai by Ai	Loc rest rest by And] Refuse other Ag	gency	Cooperate		dition I	Declined	