I N	Agenc	y Namo		NSTON-SALE	OLICE	IN	INCIDENT/INVESTIGATION REPORT								OCA 2436147					
C	ORI	NC	NC 034	40200						KEP	OF	X I					Reported			WTF:
D E	10		ncident(s						\++ I	At Found	d	SI	11 W	T F S	10				<i>09::</i>	me 28 Hrs WTF:
N T	#1			Arson					- 1	Month 10 I		ay Yr	Т	'ıme			n Secure Day Yr		Time	
	#2	Crime I	ncident	11,50,1	Att Location of Ir									10 08 2024 09:27 Hrs Offense Tract						
D A	Com 2202 N Patterson Av, Winston-sale														salem					
T A	#3	Crime I	ncident							Premise 7	Гуре	e				Victim Residence Type ☐ Single Family ☐ Multi Family				
	How Attacked or Committed Forcible															_	apon / Too		/ ШМ	iiti Famii
MO	DATA OMITTED Yes XI N/A																			
	# of Victims Type Person X Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															Jse:				
	, Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown																			
V	Provided the second of the se															I/A				
I C	Victim/Business Name (Last, First, Middle) Victim of Crime # Rac														Race		Relations To Offen	hip ler	Reside	ent Status sident
T I	V1		DA	TA OMITTED													10 011011			n-Reside
M	Цот	e Addre	100									1,				Home Phone				
	пош	e Addic	388			D	ATA OMI	ΓΤΕΙ)							Home Fhone				
	Employer Name/Address DATA OMITTED													Business Phone						
	VYR	M	ake	Model	Color Lic/Lis						Vin									
						-														
H E R S I N V O L V E D		DATA OMITTED																		
Status Codes	L = L	ost S	= Stolen	R = Recovered if recovered for oth	D=	Damaged	Z = Seized	B = I	Burne	ed C = C	Coun	nterfeit / F	orged	F = Foun	ıd					
	Victin	1			Ť	Ĺ	Property Description								3.6.1	Make/Model Serial Numb				
-	# DCI Status Value OJ QTY 1 77 2 1 1 1 1						TRASH PILE								Mak	ake/Model Serial Number DATA OMITTED				
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Р.																				ATION
R .																			SECUE	
O P .																		ŀ	PURPO	OSES
Е.																		ONI	YTH	E FIRST
R T Y																				OPERTY
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	NT 1	-CT	abi-1 C	Stolon C	N.T	mbo: 17 1 '	alaa D :	a ·	0											
	Office		ehicles S	Stolen 0		moer veni	cles Recovered Officer Sig)				Т	Supervisor	Signat	ıre				
ID	SAI	N, <i>C</i>	J. (1634	48)	Ŭ	ÀRN							DT, V. A. (15514)							
Status	Comp	lainant	Signatur	e			Case Status Further Inact Closed	r Inves ive /Clear	ed			se Dispos Unfoun Cleared Cleared Death o	ded by Ar by Ar	Loc rest [rest by And] Refuse other Ag	gency	ooperate	Extra	dition Pag	Declined ge 1

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