I N	Agenc	y Name		NSTON-SALEN] IN	INCIDENT/INVESTIGATION							OCA 2436594							
I C	ORI	NC	NC 034	10200			1	REPORT								Date / Time Reported SMTWTES Month Day Yr Time				
D E			ncident(s		Att At Found								10 11 2024 16:02 Hrs.							
N T	#1		(Indecent Exp	osui	re		ı —	Com	Month 10 I	Da			ime $5:02 \mid \text{Hrs}$				'r 🗕	Time $16:01$ Hrs	
D.	#2	Crime I	ncident	1					Att	Location	of l	Incident		•					Offense Tract	
A T		'rima I	ncident					_	Com	3601 S			Winst	on-salem	NC 2		7 Victim R	osidon	313	
A	#3	Jime I	iicident						Att Com	Tiennse	тур	C							ce Type y	
МО			d or Com MITTED								Forcible Yes No	X N/A	We	apon / To	ools					
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															cohol Use:				
3.7	1 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Internal Unconscious Other Major															_				
V I	Victim/Business Name (Last, First, Middle) Victim of DOB / Age Rac															Sex Relationship Resident Status				
C T	V1		D۸۲	LY UMILLED	Crime #								To Offe	nder	☐ Resident ☐ Non-Residen					
I M ·																			Unknown	
	Home Address DATA OMI									ГТЕО						Home Phone				
•	Employer Name/Address DATA OM								 ITTED							Business Phone				
•	VYR	Color Lic/Lis Vin							Vin											
O T H E R S I N V O L V E D							DATA	V C	ЭM	ITTE	ED)								
	s 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	R = Recovered if recovered for other	D = I r juri	Damaged isdiction)	Z = Seized	В=	Burn	ed $C = 0$	Cou	nterfeit / F	orged	F = Foun	.d					
	Victim # DCI Status Value OJ QTY							Pro	perty	Description	on				Mak	ake/Model Serial Number				
- P - R														DA	FOR					
					-													IN	FOR FORMATION	
																			SECURITY	
O P -																			PURPOSES	
Р Е -					_													011	WELL ELDON	
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Y ·					\dashv												1		ITEMS ARE	
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-	N7 .		111 ~	1 .		1 77.11		1	^											
	Numb Office:		ehicles S	tolen 0		nber Vehic	cles Recovere Officer Sig		e e				Ī	Supervisor	Signat	ure				
ID	DAV		LEACH,								, J. M. (15710)									
Status	Comp	ainant	Signatur	e			Case Status	r Inve		tion	[ase Dispos ☐ Unfoun ☐ Cleared	ded by Aı	Loc	Refuse	e to C	ooperate	Extra	ndition Declined	
							☐ Closed			nausted				rest by And				d [Page 1	