I N	Agenc	y Name		STON-SALEN	IN	ICIDENT/INVESTIGATION						OCA 2437716						
C ·	ORI	NG				02102	1	REPORT						Date / Time Reported SMTWTFS Month Day Yr Time				
D E	10		NC 034				A 44	At Foun	d	LSI M	l Tl W	THES	10		20 2024	Time 4 14:37 Hrs. SMTWTFS		
N T	#1) Assault-non Agg	ı —	Month Day Yr Time Month Day Yr T									Time $14:36$ Hrs.			
D .	#2		ncident	1554411 11011 1188	,,,,,,			_	Att	10 Location			f 14	.3/ 1113	10			Offense Tract
A	Com 1499 New Walkertown Rd, Winston-																	222
T A	#3	rime I	ncident					☐ Att Premise Type ☐ Com						Victim Residence Type ☐ Single Family ☐ Multi Family				
МО			d or Com		☐ Yes						Forcible Yes	Weapon / Tools						
	# of V	ictims	Type	☐ Person		Business				Injury	y	□ None	ΓXΙΜ	□ No Iinor □	Loss o	f Tee	th Drug/A	lcohol Use:
	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow															_		
V I		Victim/		Name (Last, First,			ity 🗌 Othe	er/Ur	1know	/n		ernal Victim of		scious B / Age	Other			
C T	V1			ΓA OMITTED					Crime #	201	56	11466		To Offender	□ Resident			
I M ·			DA	IA OMITTED					1,			В	M	10K	☐ Non-Resident☐ Unknown			
141	Home	Addre	ГТЕО								Home Phone							
	Employer Name/Address DATA OMI								 TTED						Business Phone			
•	VYR	Color Lic/Lis V						Vin										
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L V																		
E																		
D																		
G	s L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found																	
Status Codes	(Chec	k "OJ"	column	if recovered for othe	r jur	isdiction)	Z = Seized	В=	= Burr	ied C=C	Cour	nterieit / F	orgea	F = Found				
	Victim # DCI Status Value OJ QT					QTY	Property Description							Mak	e/Mo		erial Number	
-													DA	TA OMITTED FOR				
P - R					-												IN	FORMATION IFORMATION
																		SECURITY
0																		PURPOSES
Р ⁻ Е -																		
R T																		VE PROPERTY
Y -																	1 WEL	ITEMS ARE
-					\dashv												D	ISPLAYED ON
-																	I	2C REPORTS
-	N7 .		1 . 1 . ~	1 .	<u>`</u>	1 77.11		1										
	Numb Office:	Number of Vehicles Stolen 0 Number Vehicles Recovered 0 Officer ID# Officer Signature Supervisor Signature																
ID	LAMB, L. N. (16119)																(15435)	
	Comp	ainant	Signatur	e	Case Statu		estiga	tion		ase Dispos		☐ Loca	ited		□ Ext	radition Declined		
Status					ive			Ιō	Cleared	by Aı	rest	Refuse	e to C	ooperate				
							☐ Closed			hausted				nder 🗆				Page 1