I N	Agenc	y Name		STON-SALEN	IN	INCIDENT/INVESTIGATION							OCA 2438118						
C .	ORI	NC					1	REPORT								Date / Time Reported SMTHTFS Month Day Yr Time			
D E			NC 034			☐ Att At Found SMT₩TFS Month Day Yr Time								10   23   2024   12:55 Hrs.   Last Known Secure   S M T H T F S   Month Day Yr   Time   Time   Month Day Yr   Month Day Yr   Month Day   Month Day					
N T	#1			, Trespassi	ng			_	Com	Month 10	Γ			lime 2:55  Hrs			Day Yr 🖰	Time $12:54$ Hrs.	
D.	#2	Crime I	ncident	1					Att	Location	n of	Incident						Offense Tract	
A T		Trime I	ncident					_	Com	916 N			Av, V	Vinston-s	alem N		7101 Victim Resider	411	
A	#3	Jime i	nerdent				☐ Att Premise Type ☐ Com							☐ Single Family ☐ Multi Family					
МО			d or Con MITTEI						•					Forcible Yes	X N/A	We	apon / Tools		
																cohol Use:			
	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow																		
V I		Victim/		igious L.E. Off			ity 🔲 Othe	er/Un	know	n _		ternal   Victim of			Other			□N/A Resident Status	
C T	Victim/Business Name (Last, First, Middle)  Victim of Crime #  DOB / Age Crime #														Race	sex	To Offender	☐ Resident	
I	` -		DA	ΓA OMITTED								1,						☐ Non-Resident ☐ Unknown	
М -	Home Address DATA OMI									TTED						Home Phone			
	Emplo	me/Add	ATA OMI	A OMITTED							Business Phone								
•	VYR	M	Color Lic/Lis Vin							Vin									
O T																			
Н																			
E R																			
S	DATA OMITTED																		
I	DATA OMITTED																		
N																			
V O																			
L V																			
E D																			
Status																			
Codes	Victim			f recovered for other	Ť	ĺ								T		Make/Model Serial Number			
	# DCI Status Value OJ QTY						Property Description								Mak	e/Mo		rial Number TA OMITTED	
P - R - O																		FOR	
																		FORMATION	
																		SECURITY PURPOSES	
P																		1 UKI OSES	
E - R																	ON	LY THE FIRST	
Т																	TWEL	VE PROPERTY	
Y																		ITEMS ARE	
-					-													SPLAYED ON 2C REPORTS	
-																	P	2C REFURIS	
	Numb	er of V	ehicles S	tolen 0	Nui	mber Vehi	cles Recovere	d	0										
ID	Office:		MAN R	ID 2. M. (15796)	Officer Sig	Officer Signature Supervisor Signature WAGONER, S. D. (15802)													
ID			Signatur		Case Statu							777100	OIVER, S. D. (13002)						
Status	-														Extr	adition Declined			
siaius							Closed	☐ Inactive ☐ Cleared by Arrest ☐ Kells ☐ Closed/Cleared ☐ ☐ Cleared by Arrest by Another A ☐ Closed/Leads Exhausted ☐ ☐ Death of Offender ☐ Prose							gency		Page 1		