I N	Agenc	y Name		STON-SALEN	] IN	ICIDENT/INVESTIGATION						OCA 2438470							
C ·	ORI	NC	NC 02	10200			1	REPORT						Date / Time Reported SMTWTFS					
D E	10		NC 034				☐ Att   At Found   S M T W T F S								10   26   2024  02:49 Hrs.				
N T	#1			, Assault-non Agg	_	Month Day Yr Time Month Day Yr									Time $02:48$ Hrs.				
D.	#2		ncident		,				$\rightarrow$	Location			<del>7</del>   U2	<del>4</del> 9	10			Offense Tract	
A	Com 2505 Somerset Center Dr, Winston-																	323	
T A	#3	Time I	ncident						Com	Premise	тур	е				- 1	/ictim Reside Single Fam	ly □Multi Family	
МО			d or Com MITTEL					Forcible ☐ Yes ☐ No						☐ Yes [	Weapon / Tools				
	# of V	ictims	Type	<b>▼</b> Person	⊓В	Business				Injury	y	☐ None	ΙXΙΝ	_	Loss o	f Teet	th Drug/A	lcohol Use:	
* 7	1			ciety  Governm igious L.E. Off			inancial Instit		lenov	. –	•	oken Bone		Severe	Lacera	ions		es Unknown	
V I	1	Victim/		Name (Last, First,			пу 🔲 Опи	21/ U11	IKIIOW	' <sup>11</sup>   _	_	Victim of		nscious   B / Age	Race		r ⊠ No Relationship		
C T	V1		D۸۲	ΓA OMITTED				(	Crime #		38			To Offender					
I M ·	DATA OMITTED 1,														W	F	1XS	Unknown	
	Home Address DATA OMIT									ГТЕD						Home Phone			
•	Employer Name/Address DATA OM								TTED						Business Phone				
	VYR	Color Lic/Lis Vin						Vin											
T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column i	R = Recovered for other	D = I r juri	Damaged sdiction)	Z = Seized	B =	Burn	C = 0	Cou	interfeit / F	orged	F = Foun	d				
	Victim # DCI Status Value OJ QT					QTY	Property Description						Ma			e/Mo	del S	erial Number	
- - P - R													DA	ATA OMITTED					
																	11	FOR FORMATION	
					_													SECURITY	
0																		PURPOSES	
Р <sup>-</sup> Е -																			
R.					_													VE PROPERTY	
Т Ү					_	+											1 WEI	VE PROPERTY ITEMS ARE	
-					$\dashv$	+											D	ISPLAYED ON	
-																		2C REPORTS	
-																			
	Numb	Number of Vehicles Stolen     0     Number Vehicles Recovered     0       Officer     ID#     Officer Signature     Supervisor Signature																	
ID	PER	RELL	, A. J.	(16180)	Officer Sig	natui	e					SOME	RVILI	ле Е, Т	. J. (16036	)			
	Complainant Signature Case Stat									Case Disposition:							radition Daclina		
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	ared			☐ Cleared ☐ Cleared	by A	Locatest Locatest Trest by Ander	Refuse other Ag	gency	ooperate	Page 1	