I N	Agenc	y Name		ISTON-SALEN	IN	INCIDENT/INVESTIGATION							OCA 2438487						
I C	ORI	NC	NC 03/	10200			_	REPORT							Date / Time Reported SMTWTF=SMonth Day Yr Time				
D E	NC NC 0340200 Crime Incident(s)									Att At Found SMTWTFS Month Day Yr Time						10			
N T	#1		·	50b Order Vi	olat	ion		ı —	Com	Month 10	Ι			ime 7:33 Hrs				Time $07:32$ Hrs.	
D	#2	Crime I	ncident						Att Com	Locatio	n of	f Incident						Offense Tract	
A T	" 2 (Crime I	ncident					4318 Stokesdale Av, Winston-s Premise Type					NC 27101 214 Victim Residence Type						
A	#3							☐ Att Premise Type ☐ Com							☐ Single Family ☐ Multi Family				
МО			d or Con MITTEI											Forcible Yes No	X N/A	We	apon / Tools		
	# of V	ictims	Туре	☒ Person		Business				Inju	ry	☐ None		_	Loss o	f Tee	th Drug/A	lcohol Use:	
**	2 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow															_			
V I	Victim/Business Name (Last, First, Middle) Victim/Business Name (Last, First, Middle) Victim/Business Name (Last, First, Middle)														Race			Resident Status	
C T	V1		$D\Delta'$	ΓA OMITTED	Crime #					25			To Offender						
I M ·									1,			W	M		Unknown				
	Home Address DATA OMI									ГТЕD						Home Phone			
	Employer Name/Address DATA OM								TTED					Business Phone					
	VYR	Color		Lic	c/Lis				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	R = Recovered for other	D = er jur	Damaged isdiction)	Z = Seized	B =	Burn	ned C=	Co	unterfeit / F	orged	F = Found	i				
	Victim # DCI Status Value OJ QTY						Property Description								Mak	ce/Mo	odel S	erial Number	
- - P - R													D.	ATA OMITTED					
																	T	FOR NFORMATION	
																		SECURITY	
O P -																		PURPOSES	
Р Е -																	0.	H M THE PID OT	
R T																		NLY THE FIRST LVE PROPERTY	
Y ·																	1 112	ITEMS ARE	
-																	Ε	ISPLAYED ON	
]	2C REPORTS	
-	Num	or of V	ahiolos C	tolen 0	N	mber Vak:	olas Pasavisis	d	0										
	Office	r	ehicles S	ID		moer veni	cles Recovere Officer Sig		0 re				I	Supervisor	Signat	ure			
ID	ALL					T a	0 P:	.,.	GEDD	INGS, H. L. (14851)									
Status	Comp	iainant	Signatur	ė			Case Statu Further Inact Closed	r Inve		tion		Case Dispos Unfoun Cleared	ded by A	Loca	Refuse	e to C	ooperate	radition Declined	
							Closed			hausted	1			nder 🗆				Page 1	