I N	Agenc	y Name		NSTON-SALEN	OLICE	IN	INCIDENT/INVESTIGATION							OCA 2438634					
C ·	ORI	NC					REPORT							Date / Time Reported SMTWTFS Month Day Yr Time					
D E			NC 034			Att At Found SMTWTFS Month Day Yr Time								$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$					
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D.	#2	Crime I	ncident						_	Location			1 10	7.30	10		.7 2029	Offense Tract	
A		7 T						_	Com			•	Win	ston-sale	m NC			122	
T A	#3	Jillie I	ncident						Com	Premise	туţ	ЭС				- 1	Victim Resid	nily ∏Multi Family	
МО			d or Com MITTEL				•					Forcible Yes No	X N/A	We	apon / Tools				
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															Alcohol Use:			
3.7	1			ciety Governm	ent	□ F:	inancial Instit		len ove		-	oken Bone		□ Severe				des □ Unknown	
V I		Victim/		Name (Last, First,			пу 🔲 Опи	21/ U11	KIIOW	11		ternal Victim of		S / Age	Other Race	<u> </u>			
C T	[c													e #			To Offende		
I M				IA OMITIED					1,						☐ Non-Resident				
IVI ·	Home Address DATA OMI									TTED						Home Phone			
•	Employer Name/Address DATA								OMITTED						Business Phone				
•	VYR	M	ake	Model	St	yle	Color		Lic	:/Lis				Vin					
T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes																			
Cours	Victim			Property Description								Mak	e/Mo	odal (Serial Number				
- - P -	#	# DCI Status Value OJ QTY						Troperty Description							IVIAN	C/IVIC		ATA OMITTED	
																		FOR	
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T Y																	TWE	LVE PROPERTY	
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	Numb	er of V	ehicles S	tolen 0	Nun	nber Vehi	cles Recovere	d_	0										
ID	Office		7 S A	(14880)	Officer Sig	Officer Signature Supervisor Signature MATTISON, G. M. (15167)													
ענו	Compl			Case Statu							171/11/11	11150N, G. M. (1510/)							
Status			-				☐ Further ☐ Inact ☐ Closed	tive /Clea	ıred			☐ Unfoun☐ Cleared☐ Cleared☐	ded by Ai by Ai	Test by Ander	Refuse other Ag	gency	ooperate	Page 1	