I N	Agenc	y Nam		NSTON-SALEN	OLICE	. IN	INCIDENT/INVESTIGATION							OCA 2439498							
C I	C REPORT														Date / Mon	Time	Reported	S Yr	_ , , ,	TF\$	
D E	<u> </u>				│ │ ☐ Att │ At Found │ SMTWTFЫ								11 02 2024 16:37 Hrs.								
N T																onth Day Yr Time					
D .	Crime Incident														3 11	Offense Tract					
A		~ · ·						_	Com				Pw,	Winston-	-salem	NC 27103 412 Victim Residence Type					
T A	#3	Jrime I	ncident						Att Com	Premise	тур	pe				☐ Single Family ☐ Multi Family					
МО			d or Con											Forcible	T NI/A	_	apon / Too	_			
МО	DATA OMITTED Yes NV/A															,					
	# of Victims Type																				
V	1																				
I C	Victim/Business Name (Last, First, Middle) Victim of DOB / Age R														Race	Sex	Relations To Offen		Resident Resid	t Status	
T I	V1		DA	ΓΑ OMITTED							'						10 Offen		□ Non-l		
M	Home	Addre	ess									1,				Home Phone					
	Employer Name/Address DATA OMI									TTED											
	Emplo	oyer Na	ame/Add	ress		D	ATA OMI	TTE.	D							Business Phone					
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	1	1 08 7 1 TOBACCO PRODUCTS									RAZ VAPE/Tn FOR										
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ID	Office REA		MAN. R	ID R. M. (15796)	Officer Sig	Officer Signature Supervisor Signature WAGONER, S. D. (15802)															
11/			Signatur			Case Statu															
Status												rrest Loc	Located								
Juius	☐ Closed/Cleared ☐ Cleared by Arrest ☐ ☐ Closed/Cleared ☐ Cleared by Arrest by Anot												other Ag	gency			Page	1			