I N	Agenc	y Name		VSTON-SALEN	OLICE] IN	INCIDENT/INVESTIGATION							OCA 2440158				
C	ORI	NC	NC 034	10200			REPORT							Date / Time Reported SMTWIFS Month Day Yr Time				
D E			ncident(s				☐ Att At Found SMTW3FS Month Day Yr Time							In Day II Time 11 07 2024 13:36 Hrs. Last Known Secure S M T W I F S Month Day Yr Time				
N T	#1		Ì	Trespassi	ng					Month	D			ime 3:36 Hrs			Day Yr	Time 13:35 Hrs.
D	#2	Crime I	ncident							Location		Incident		•				Offense Tract
A T	u 2 (Crime I	ncident						Com Att	3/36 Premise		~	Winst	on-salem	NC 2		Victim Reside	114 nce Type
A	#3							Com		,,					- 1		ly □Multi Family	
МО			d or Con MITTEI					Forcible Yes							Weapon / Tools			
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															lcohol Use:		
V	2 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Internal Unconscious Other Major															_		
I	Victim/Business Name (Last, First, Middle) Victim of DOB / Age Rac														Race	<u> </u>	Relationship	Resident Status
C T	V1		DA	ΓA OMITTED			Crime #									To Offender		
I M																	1RU	Unknown
	Home	Addre	SS		ATA OMI	IITTED								Home Phone				
	Emplo	oyer Na	me/Add	ATA OMI	TA OMITTED							Business Phone						
,	VYR	M	ake	Model	Sty	le	Color		Lic	:/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 = D	Damaged sdiction)	Z = Seized	B =	Burn	ed C=	Cou	ınterfeit / F	orged	F = Foun	d			
	Victim # DCI Status Value OJ QTY						Property Description								Mak	e/Mo	odel So	erial Number
- - P - R													DA	ATA OMITTED				
					+												IN	FOR FORMATION
					+													SECURITY
O P -																		PURPOSES
E ·																	01	H V THE EIDOT
R T					+													VE PROPERTY
Y ·																	TWEE	ITEMS ARE
																	D	ISPLAYED ON
																	I	2C REPORTS
-	Numb	er of V	ehicles S	tolen 0	Num	her Vehic	cles Recovere	d	0									
	Office	r		ID		OCI V CIIIC	Officer Sig		-				Ī	Supervisor	Signati	ıre		
ID			. <i>O. (1.</i> Signatur			Case Status							MATT	ATTISŎN, G. M. (15167)				
Status	Comp	iumalli	Signatul(☐ Further ☐ Inact ☐ Closed	r Inve ive /Clea	red			☐ Unfoun☐ Cleared☐ Cleared☐	ded by Ai by Ai	Loc rest rest by And] Refuse other Ag	gency	looperate	Page 1