I N	Agenc	y Name		NSTON-SALEN	OLICE] IN	INCIDENT/INVESTIGATION							OCA 2441421					
C	NC NC 03/0200														Date / Time Reported SMTWTFS Month Day Yr Time				
D E	Crime Incident(s)						Att At Found SMTWTFS Month Day Yr Time								11 16 2024 18:50 Hr Last Known Secure				
N T	#1		`	Discharging F	irea	ırm		ı —	Com	Month	D			ime 3:50 Hrs				T	ime 8:49 Hrs
D	#2	Crime I	ncident						Att	Location	of	Incident					0 1202	Offe	ense Tract
A T		'rime I	ncident					_	Com	4354 7 Premise 7			nston	-salem N	C 271		Victim Res		122 Type
A	#3	Jime I	nerdent						Com	Trennse	- ур	,]Multi Famil
МО	DATA OMITTED													Forcible Yes No	s XN/A				
	# of V	ictims	Type	☐ Person	ПΕ	Business				Injury	y	☐ None			Loss o	f Tee	th Drug	g/Alcoh	nol Use:
* 7	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown															_			
V I		Victim/		Name (Last, First,			ity U Otne	er/Un	Know	n	_	ternal Victim of		S / Age	Race				□N/A esident Status
C T	V1			ΓA OMITTED		,						Crime #	201	, 11ge	14400	2011	To Offend	ler 🗀	Resident
I M			DA	IA OMITTED	1,										☐ Non-Resi				
IVI	Home Address DATA OMI									TTED						Home Phone			
	Employer Name/Address DATA C								MITTED						Business Phone				
,	VYR	Color Lic/Lis Vin						Vin											
H E R S I N V O L V E D	DATA OMITTED																		
Status Codes																			
Cours	Victim	Property Description								Mak	e/Mo		Sorial	Number					
- - P -	#	# DCI Status Value OJ QTY Property Description									Ivian	C/ IVIC			OMITTED				
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T																	TW		PROPERTY
Υ .					_														EMS ARE
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-	Numb	er of V	ehicles S	tolen 0	Nun	nber Vehic	cles Recovere	d	0										
ID	Officer ID# Officer Signature ID REED, E. D. (16105)											Supervisor Signature BRUNER, K. M. (15921)							
ID			D. (10) Signatur				Case Status	s			С	ase Dispos	sition:	DKUNI	∴Λ, Λ.	IVI.	13921)		
Status	P		<i>G</i>				☐ Further ☐ Inact ☐ Closed ☐ Closed	r Inve ive /Clea	ıred			☐ Unfoun ☐ Cleared ☐ Cleared	ded by Ai by Ai	Test by And	Refuse other Ag	gency	ooperate		Page 1