I N	Agenc	y Name		NSTON-SALEN	IN	INCIDENT/INVESTIGATION							OCA 2442270							
C I	ORI	NC					1	REPORT							Date / Time Reported SMTWTFS Month Day Yr Time					
D E	10		NC 034		Att At Found								11 22 2024 23:52 Hrs							
N T	#1	orinic r	ieraem(s	, Drug Viola	tions	S		_	Com	Month 11	Γ							<u>.</u> –	Time 23:51	
D	Crime Incident														- 11		22 20.		Offense Ti	
Α	Trespassing \(\times\) Com 2301 W Clemmonsville Rd, Winsto															v-salem NC 323 Victim Residence Type				
T A	#3	Jime i	ncident						Com	Premise	туļ	pe				- 1	Vicum Ke		• •	Family
МО			d or Com										Forcible Yes	X N/A	_	apon / To				
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol															ohol Use	. ·			
			IX So	ciety Governm	ent	□ F:	inancial Instit] Bı	roken Bone	es	Severe	_			-	Unk	
V I	$\frac{I}{I}$	Viotim/		igious L.E. Off			ity 🔲 Othe	er/Un	know	n _		ternal Vistim of			Other	r Major No N/A Sex Relationship Resident Status				
C T	V1	v ictiii/			Victim of Crime # DOB / Age						o / Age	Race	sex	To Offen	der	☐ Resid	lent			
I	DATA OMITTED											1,2							□ Non-I □ Unkn	
M	Home Address DATA OMI									TTED						Home Phone				
,	Emplo	me/Add		OMITTED							Business Phone									
,	VYR Make Model Style						Color Lic/Lis Vin						Vin							
T H E R S I N V O L V E D	DATA OMITTED																			
Status Codes																				
Cours	Victim		Property Description								Mal	Make/Model Serial Number				nor.				
	#	# DCI Status Value OJ QTY Property Description								Wiar	C/IVIC	dei		TA OMIT						
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ID	Office: HIN		. J. (16	1D 247)		Officer Sig									or Signature <i>IV., J. L. (15605)</i>					
		lainant		Case Status	s Case Disposition:							,								
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	red				by A	Test by Ander] Refuse other Ag	gency	Cooperate		dition De	