I N	Agenc	y Name		NSTON-SALEN	1 P	OLICE] IN	INCIDENT/INVESTIGATION							OCA 2443102					
I C	ORI NC NC 0340200														Date / Mon	Date / Time Reported SMTWTFS Month Day Yr Time				
D E	10		ncident(s		Att At Found SMTWTFS Month Day Yr Time								11 29 2024 23:07 Last Known Secure S M T W Month Day Yr Time							
N T	#1		(, Trespassi	ng			_	Com	Month	D			ime 1:07 Hrs					Time 23:06	
D.	#2	Crime I	ncident			_	Location	ı of	Incident		•			•		ffense Tr				
A T		'rima I	ncident					_	Com				Winst	on-salem	<i>NC</i> 2			idone	124	
A	#3	Jime I	iicident		☐ Att Premise Type ☐ Com								Victim Residence Type ☐ Single Family ☐ Multi Family							
МО			d or Com MITTED				•					Forcible Yes	X N/A	We	apon / Too	ols				
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:):				
	2 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown															- 1				
V I		Victim/		Name (Last, First,			ity 🗌 Othe	er/Un	iknow	'n		ternal Victim of		scious Age	Other	<u> </u>		No hin	□N/A Resident	
C T	VI DATA OMITTED														14400	50.1	To Offen	der	☐ Resid	lent
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141	Home Address DATA OM									TTED						Home Phone				
•	Employer Name/Address DATA C														Business Phone					
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T H E R S I N V O L V E D	DATA OMITTED																			
Status Codes																				
Cours	Victim # DCI Status Value OJ QTY							Pro	nerty	Descripti	οn				Mak	e/Mo	ıdel	Seri	al Numb	ner .
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ID	SCH	AEFI		S. (16050)		ĞEC							or Signature GHEGAN, M. R. (16168)							
	Complainant Signature Case Sta ☐ Furtl															cated				
Status							☐ Inact	ive /Clea	ared			Cleared	l by Aı l by Aı	rest Esc rest by And	Refuse other Ag	gency	ooperate		Page	