I N	Agenc	y Name		NSTON-SALE	1 P	OLICE	INCIDENT/INVESTIGATION REPORT							OCA 2443847					
C	ORI	NC	NC 034	10200						KEF	JKI					Reported Day Y	-1	Time.	
D E	10		ncident(s						<u>и</u> I	At Found	LsLi	и т w	मा हो डो	12 Last				Time 18:34 н ТМД	
N	#1	Jimic II	icident(s	, Overdos			- 1	Month			IFS			n Secure	Ti	me			
T	<b>"0</b>	Crime I	ncident	Overdos	е		$\square$ Com $\begin{array}{ c c c c c c c c c c c c c c c c c c c$							Hrs 12   05   2024   18:33   Hrs Offense Tract					
D A	#2					Com 145 Stanley Av, Winston-sal						on-salem	NC 2	7101		1	2 <i>14</i>		
T	#3	Crime Levidout													Victim Residence Type				
A															☐ Single Family ☐ Multi Family				
МО			d or Con										Forcible Yes	X N/A	Wea	apon / Tool	S		
	DATA OMITTED															<u> </u>			
V	# of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:																		
	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown															wn			
V I	Victim/Business Name (Last, First, Middle)  Victim of DOB / Age Relationship Resident Statu															atus			
C	V1	, 1001111									Crime #		, rige	Race		To Offend	er 🗀	Resident	t
T I	* 1		DA	TA OMITTED														Non-Res	
M	Home	e Addre	SS												Home Phone				
						D.	ATA OMI	LTEL											
	Emple	oyer Na	me/Add	ress		D.	ATA OMITTED								Business Phone				
	VYR   Make   Model   Style						Color   Lic/Lis   Vin						Vin						-
																			$\dashv$
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 if recovered for other	D = er jur	Damaged risdiction)	Z = Seized	$\mathbf{B} = \mathbf{I}$	Burne	$\mathbf{d}  \mathbf{C} = \mathbf{C}$	ounterfeit / I	Forged	F = Foun	ıd					
	Victim #	DCI	Status	Value	Property Description							Mak	ce/Mo	del	Serial	Number			
- - P - R _	# DCI Status Value OJ (					QTY	11 11 11 11 11 11 11 11 11 11 11 11 11							1,141	10,1110			OMITTE	ED
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-	Numb	er of V	ehicles S	tolen 0	Nive	mber Vobi	cles Recovere	d (	)										—
	Office		emeies S	ID		moer venic						Т	Supervisor	Signat	ure				$\dashv$
ID			F. I. (1			Officer sig	Officer Signature Supervise MUL							or Signature GREW, M. J. (14746)					
			Signatur					Case Status Case Disposition:											
Status							☐ Further ☐ Inact ☐ Closed ☐ X Closed	ive /Clear	ed		☐ Unfour☐ Cleared☐ Cleared☐ Death o	l by Ar l by Ar	☐ Loc rest ☐ rest by And nder ☐	] Refuse other Ag	gency	ooperate		ion Declii Page 1	ned

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