I N	Agenc	y Nam		NSTON-SALEN	OLICE	] IN	CII	CIDENT/INVESTIGATION						OCA 2444173						
C ·	ORI	NC				1		REPORT						Date / Time Reported SMTWTFS Month Day Yr Time						
D E	10		NC 034		☐ Att						12									
N T	#1			, mon Law Robbe	2rv	strongai	rm	_	Com	Month 12	D			lime  :44  Hrs			Day Yr 🖰	Time $01:43$ Hrs.		
D.	#2	Crime I	ncident			<u> </u>			Att	Location	n of	Incident					, , = , = ,	Offense Tract		
A T		Trimo I	ncident					_	Com	420 S Premise			Vinst	on-salem	NC 2		Victim Reside	412		
A	#3	Jillie I	neident					Att Com	Tiennse	туļ	pe .				- 1		lice Type ly ∏Multi Family			
МО			d or Con MITTEI											Forcible  Yes  No	X N/A	We	apon / Tools			
	# of V	ictims	**	☐ Person	_	Business				Injur	-	None ∑		finor	Loss o	f Tee	-	lcohol Use:		
V	1 Society Government Financial Institute Broken Bones Severe Lacerations Unknown Internal Unconscious Other Major															_				
I	Τ,	Victim/		Name (Last, First,			<u>, 0</u>			<u> </u>		Victim of		3 / Age	Race		Relationship	Resident Status		
C T	V1		DA	ΓΑ OMITTED					Crime #		19			To Offender	☐ Resident ☐ Non-Resident					
I M ·												1,			В	M	1RU	Unknown		
	Home	e Addre	ess		ГТЕD							Home Phone								
•	Employer Name/Address DATA OMI									ГТЕD					Business Phone					
•	VYR	M	ake	Model	Sı	tyle	Color		Lie	c/Lis				Vin						
0																				
T H																				
E	E																			
R S																				
_							DATA	(	DΜ	ITTF	ΞĒ	)								
I N																				
V O																				
L V																				
E																				
D																				
<b>G</b>			G. 1	D D 1	D.	ъ 1	7 0 1			1 6	<u> </u>	. C: /F	, ,		,					
Status Codes	(Chec	k "OJ"	= Stolen column	R = Recovered if recovered for other	D =	Damaged risdiction)	Z = Seized	В=	= Burr	ied C=	Cou	interfeit / F	orged	F = Found	1					
	Victim #		Property Description							Mal	ce/Mo	del Se	rial Number							
- P - R	1 20 7 1 MONEY/CA								SH						DATA OMITTED FOR					
																	IN	FORMATION		
																		SECURITY		
0																		PURPOSES		
Р <sup>-</sup> Е -																				
R T																		VE PROPERTY		
Y -																		ITEMS ARE		
-																		ISPLAYED ON		
																	P	2C REPORTS		
-	NI. 1		(-1-1	4-1	N,		:-1 D.	1	0											
	Numb		ehicles S	tolen 0		mber Veh	Officer Sig		o re				I	Supervisor	Signat	ure				
ID	MERCADO, O. J. (16254)								<u>COLI</u>								IER, L. B. (15465)			
	Comp	ıaınant	Signatur	e	Case Status	r Inv	estiga	tion		Case Dispos	ded	Loca	ated		□ Extı	adition Declined				
Status				tive /Clea	ared			☐ Cleared		rrest \[ \] rrest by Ano	Refus	e to C gency	ooperate							
							☐ Closed			hausted				nder 🗀				Page 1		