	Agency Name INCIDENT/INIVESTIGATION OCA																	
I N	Agenc	ey Namo		NSTON-SALE	M P	OLICE	INCIDENT/INVESTIGATION REPORT							OCA 2444193				
C I D E N	ORI	NG	NG 02	40200	1			REP(DRI		Ì	Date / Mon	Time	Reported S Day Yr	<u>, , , , , , , , , , , , , , , , , , , </u>			
	- 14		NC 034			Att At Found SMTWTF≤							12 07 2024 17:56 Hrs.					
	#1	Jillie I	ncident(s) Vandali:	C1111			□A DXIC	M	onth	Day Yr	Т	'ime			ay Yr 🗀	Time	
T	#2	Crime I	ncident	v anaan.	5111		12 07 2024 14:00 Ha						::00 HIS	75 11 23 2024 00:00 Hrs. Offense Tract				
D A T A								_ c		545 Me	entor St, W	insto	n-salem l	m NC 27105 122				
	#3	Crime I	ncident							remise T	ype					ictim Resider	* *	
	How	Attacke	d or Con	nmitted				□ C	om				Forcible		_	pon / Tools	y	
MO																pon, room		
V I C	# of Victims Type None Minor Loss of Teeth Drug/Alcohol Use:															cohol Use:		
	1		□ So	ciety 🔲 Governn	nent	□F	inancial Instit			_	Broken Bone	s	☐ Severe	e Lacerations				
		Victim/		ligious L.E. Of			uty Othe	er/Unkı	nown	I	Internal Victim of				ther Major No N/A ace Sex Relationship Resident Status			
	Victim/Business Name (Last, First, Middle) Victim of Crime # DOB / Age Crime # 72															To Offender		
I	' -		DA	ΓA OMITTED							1,			W	F	1RU	☐ Non-Resident ☐ Unknown	
M	Hom	e Addre	ess				ATA OMITTED								Home Phone			
	Empl	over Na	me/Add	ress										Business Phone				
	•	•				<u> </u>	OATA OMITTED							Business I none				
	VYR	M	ake	Model	S	tyle	Color		Lic/L	is			Vin					
H E R S I N V O L V E D		DATA OMITTED																
Status Codes				R = Recovered if recovered for oth			Z = Seized	B = E	Burned	C = C	ounterfeit / F	orged	F = Foun	d				
P - R O	Victin	1				QTY	Property Description							Mol	e/Mod	lal Sar	rial Number	
	# DCI Status Value OJ 1 77 4					1 GATE								IVIAN	e/Wioc		TA OMITTED	
																	FOR	
																	FORMATION SECURITY	
													+				PURPOSES	
Ρ.																		
E · R .																ON	LY THE FIRST	
T Y ·																	VE PROPERTY	
																	SPLAYED ON	
																	2C REPORTS	
			ehicles S	-		mber Vehi	cles Recovere						g :	G				
ID	Office ALL		. E. (15	II (5310))#		Officer Signature Supervisor Signature MATTISON, G. M. (15167)											
	Comp	lainant	Signatur	e			Case Status Case Disposition:						□ Loc					
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	tive /Cleare	ed		Cleared	by Ai	rest rest by And	Refuse other Ag	ency	operate Declined	Page 1	