I N	Agenc		NSTON-SALE	IN	INCIDENT/INVESTIGATION							OCA 2445038							
C	ORI	NC	NC 02	40200			1	REPORT								Date / Time Reported S M T W T F S Month Day Yr Time			
D E			NC 034			☐ Att At Found ☑ M T W T F S Month Day Yr Time								last Known Secure SMTWTFS Last Known Secure Month Day Yr Time Time Time Time Time Time Time Time Time					
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D	#2	Crime I	ncident		-				-	Location			1 1 2		12		13 2029	Offense Tract	
A		7 T							Com			Mall	Bv,	Winston-	salem			323	
T A	#3	Jrime i	ncident							Premise T	ype						Victim Resion Single Far	ience Type nily ∏Multi Family	
МО			d or Con		Forcible Yes						Weapon / Tools								
																Alcohol Use:			
	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow																		
V	$\frac{I}{I}$	7		• –			uty Othe	er/Unl	know	n 🗆				scious [Other	Majo			
C															Race	Sex	Relationshi To Offende		
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			ehicles S			nber Vehi	cles Recovere		0										
ID	Office: HIN		. J. (16	247)	Officer Sig	natur	е					Supervisor FLYNN	r Signature V, <i>J. L.</i> (15605)						
			Signatur		Case Status	tus Case Disposition:								,-5					
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	tive I/Clea	red				by Ar	Test by Ander] Refuse other Ag	ency	ooperate	tradition Declined Page 1	