I N	Agenc	y Name		VSTON-SALEN	1 PC	OLICE] IN	INCIDENT/INVESTIGATION							OCA 2445979					
C ·	ORI	NG				2202	-	REPORT							Date / Time Reported SMTWTFS Month Day Yr Time					
D E			NC 034										12 23 2024 06:12 Hrs							
N T	#1	JIIIIC II	icident(s) Drug Violai	Att At Found S M T W T F S Month Day Yr Time 12 23 2024 06:12 Hrs							Month Day Yr Time								
D .	#2	Crime I	ncident	27118 710101		-	Location	_		<i>‡</i> 00	0.12 1115	12		25 202		ffense Tract				
A		~ · •							Com				Rd/fli	ntfield D	r, Win	Nston-salem 323 Victim Residence Type				
T A	#3	rime I	ncident						Att Com	Premise 7	Тур	e				- 1			e 1ype □Multi Fa	mily
МО			d or Com MITTEI									Forcible Yes No	X N/A	We	apon / Too	ols				
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															ohol Use:				
	1			ciety Governm	ent	□ Fi	inancial Institu		lrm over	. –		oken Bone		□ Severe			–		□Unkno	wn
V I															Other Race			No hip I	□N/A Resident Sta	atus
C T	V1 DATA OMITTED												Crime #				To Offen	der [☐ Resident ☐ Non-Res	t
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141	Home Address DATA OMI									ГТЕО						Home Phone				
	Employer Name/Address DATA ON														Business Phone					
	VYR	M	Model	Color Lic/Lis Vin						Vin										
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O T H E R S I N V O L V	DATA OMITTED																			
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Status Codes																				
	Victim # DCI Status Value OJ QTY						Property Description								Mak	ake/Model Serial Number				
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ID	Office: HIN		. J. (16	ID 247)		Officer Sig									or Signature IN, J. L. (15605)					
		lainant		Case Status	s Case Disposition:															
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	tive /Clea	ıred		[by Ai	Loc rest rest by And	Refuse other Ag	gency	ooperate		lition Decli Page 1	ned