I N	Agenc	y Name		VSTON-SALEN	1 PC	OLICE] IN	INCIDENT/INVESTIGATION						OCA 2446150			
C	ORI	NG					REPORT						Date / Time Reported SMIWTFS Month Day Yr Time				
D E		NC 034				☐ Att At Found							12 24 2024 12:40 Hrs. Last Known Secure SMIWIFS MONTH Day Yr				
N T	#1			, ng Threats -intin	nida	tion, No	n Physical		Com	Month 12			Time $2:40$ Hrs	1			Time $12:39$ Hrs.
D			ncident	0						Location	of Incident						Offense Tract
A T		Trime I	ncident					_	Com	5255 S Premise T		Dr, W	inston-sal	lem N		7106 Victim Resider	123
A	#3	omic i	nerdent					☐ Att Premise Type ☐ Com					☐ Single Family ☐ Multi Family				
МО			d or Com MITTEI					Forcible ☐ Yes ☐ No						Weapon / Tools			
	# of V	ictims	Туре	▼ Person	□В	Business				Injury	X None			Loss	of Teet	th Drug/A	lcohol Use:
	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow															_	
V I																r ⊠ No Relationship	□N/A Resident Status
C T	V1			ΓA OMITTED	,		Crime #				67			To Offender	☐ Resident		
I M			DA	IA OMITTED				1,			В	M	10F	Non-Resident □ Unknown			
171	Home	Addre	SS		ATA OMI	ГТЕ	ED						Home Phone				
,	Employer Name/Address DATA O													Business Phone			
	VYR	M	Model	Color Lic/Lis Vin						Vin							
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	R = Recovered f recovered for other	D = I	Damaged sdiction)	Z = Seized	B =	Burn	ed C = C	Counterfeit /	Forged	F = Found	d			
	Victim # DCI Status Value OJ QTY						Property Description							Mal	ce/Mo	del Se	rial Number
- - P - R	π	π 200 Satus Talue 03 Q11						Troponty Description							10, 1,10		TA OMITTED
					_											IN	FOR FORMATION
					_												SECURITY
ο .																	PURPOSES
P :																	
R T					_												ILY THE FIRST VE PROPERTY
Y ·					\dashv												ITEMS ARE
					+												ISPLAYED ON
																P	2C REPORTS
					\prod												
	Numb		ehicles S	tolen 0		nber Vehic	cles Recovere Officer Sig		e e				Supervisor	Signat	ure		
ID	MIL	LER,	J. R. (1	5818)			CLA						or Signature RK, D. C. (15090)				
	Comp	lainant	Signatur	e		1	Case Status Case Disposition: Further Investigation						ated		□ Extr	adition Declined	
Status							☐ Inact	ive /Clea	ared		☐ Cleare	d by A d by A	rrest Dece	Refuse ther Ag	gency	ooperate $\ \ \ \ \ \ \ \ \ \ \ \ \ $	Page 1