I N	Agenc	y Namo		NSTON-SALEN	1 P	OLICE	, IN	INCIDENT/INVESTIGATION							OCA 2483427				
C .	ORI	NC					REPORT							Date/Time Reported SMTWTFS Month Day Yr Time 10 04 2024 16:42 Hrs.					
D E	10		NC 034			ПП	Δ# Ι	At Fou	nd	SIN	1 T W	TFS	10		04 20	24 <i>16:42</i> s m t w			
N T	#1		(S	, All Other F	rau	d		_	Com	Month 10	. I		T፷ S Time 1:30 Hrs			yn Secure Day Yr 04 202	Yr Time		
D.	#2	Crime I	ncident						Att	Locatio	n of	f Incident					•	Offense Tr	
A T		rime I	ncident					_	Com	4565 Premise		0 00	Dr, \	Vinston-se	alem I			dence Type	
A	#3	orinic r	nerdent			☐ Att Premise Type ☐ Com						☐ Single Family ☐ Multi Family							
МО			d or Com						•					Forcible Yes	x N/A	We	apon / Tool	S	
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: Yes Unknown																		
V			☐ Rel	igious 🔲 L.E. Off	icer		uty Othe	er/Un	know	n [_] In			nscious	Other	Majo	or 🖂	No □N/A	
I C	Victim/Business Name (Last, First, Middle) Victim of DOB / Age Crime # 4.														Race	Sex	Relationsh To Offend		
T I	V1 DATA OMITTED														W	$_{F}$	RU	□ Non-F	
М -	Home Address DATA OMITTED														l	Hon	ne Phone		OWII
	Employer Name/Address DATA OMI															Business Phone			
	VYR	I M	ake	Model							Vin								
						tyle													
O T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes	(Chec	k "OJ"	= Stolen column i	R = Recovered if recovered for other	D = er jur	Damaged isdiction)	Z = Seized	B =	Burn	ied C=	: Co	unterfeit / F	Forged	F = Found	d				
	Victim #		Property Description							Mal	ce/Mc	odel	Serial Numb	er					
-	1																DATA OMIT	TED	
P - R				+														FOR INFORMAT	ION
																		SECURIT	
O P -																		PURPOSI	ES
Р Е -																		NI VEHE	TID CIT
R T																		ONLY THE F	
Y ·																	1 ***	ITEMS A	
-																		DISPLAYEI	O ON
																		P2C REPOI	RTS
-	Num1	or of V	ahiolos C	tolen 0	N	mber Val-	iolas Pagarras	d	0										
	Number of Vehicles Stolen 0 Number Vehicles Recovered 0 Officer ID# Officer Signature Supervisor Signature																		
ID	ALE	XANI		C. (15741)					1 /	C D'	-141				C. (1574	1)			
Status	Comp	ıaınant	Signatur	e			Case Status Further Inact Closed	r Inve tive /Clea	ared				ided l by A l by A	Loca	Refuse ther Ag	gency	ooperate	xtradition De	