I N	Agenc	y Namo	NSTON-SALEN	IN	NCIDENT/INVESTIGATION						OCA 2484323									
C ·	ORI	NC					1	REPORT							Date / Time Reported SMTWIFS Month Day Yr Time					
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D.	#2	Crime I	ncident	* *						Locati	on o	f Incident	•	•			, , =	Offen	nse Tract	
A T		Trimo I	ncident	Trespassi	ng			_	☐ Com 636 W Fourth St, Winston-sale							Victim Residence Type				
A	#3	JIIIIC I	ncident			_	Com	1 Tellins	CIS	/pe				- 1			ype Multi Family			
МО		d or Com MITTEI		Forcible ☐ Yes ☐ No						Weapon / Tools										
	# of Victims Type Person Minor Loss of Teeth Drug/Alcohol Use:															l Use:				
	2 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unkn															-				
V I		Victim/		Name (Last, First,			uty U Otne	er/Un	Know	'n	□ I¹ 	nternal Victim of		1scious E	-	e Sex Relationship Resident Status				
C T																	To Offeno	ler 🗀 I	Resident	
I M ·				IA OMITTED		1,2										Non-Resident Unknown				
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Status Codes																				
Codes	Victim				Ĭ	Í	Proporty Description							3.6.1	Aska/Madal Carial Number					
	# DCI Status Value OJ QTY 1 06 7						CLOTHES/FU	Property Description CLOTHES/FURS								ake/Model Serial Number DATA OMITTED				
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ID	Office ALE		DER, J.	C. (15741)	Officer Sig	natur	e					Supervisor ALEXA			C. (1574	41)				
	Complainant Signature Case Statu									Case Disposition:									D	
Status							☐ Further ☐ Inact ☐ Closed	tive /Clea	ıred				l by Ai	Loc rrest rrest by Ander] Refuse other Ag	gency	Cooperate		on Declined Page 1	