I N	Agenc	y Name		ISTON-SALEN	OLICE	] IN	INCIDENT/INVESTIGATION							OCA 2507484					
C	ORI	NC	NC 03/	10200			REPORT								Date / Time Reported S M T W T F S Month Day Yr Time				
D E	NC NC 0340200 Crime Incident(s)								│ ☐ Att │ At Found │ S M 丁 巫 丁 F S │ Month Day Yr Time							$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			
N T	#1			Disorderly Co	ondu	ct		ı —	Com	Month 03			Time 21:48 Hr			Day Yr 5 05   2025	Time		
D	#2	Crime I	ncident	<u> </u>						Location	of Incide	nt			•		Offense Tract		
A T		'rime I	ncident					_	☐ Com 1493 New Walkertown Rd, Win ☐ Att Premise Type					nston-s	on-salem NC 222   Victim Residence Type				
A	#3	JIIIIC I	nerdent						Com	1 Tellise 1	урс						ily □Multi Family		
МО			d or Com MITTED										Forcible Yes	<b>⊠</b> N/A		apon / Tools			
	# of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:															Alcohol Use:			
	X Society															es Unknown			
V I		Victim/		igious L.E. Off Name (Last, First,			ity   Othe	er/Un	know	n 🗆	Internal Victim		onscious [ OB / Age	Other Race	<u> </u>				
C T	V1	· ictiiii			viidai	,		Crime #					DD / Age	Racc	БСЛ	To Offender	☐ Resident		
I	DATA OMITTED									1,							□ Non-Resident □ Unknown		
M	Home Address DATA OMI									TTED					Home Phone				
	E1 N/A 11							MITTED							Business Phone				
,	VYR	M	Model	Color Lic/Lis Vin						Vin									
O T H E R S I N V O L V E D		DATA OMITTED																	
Status Codes	L = L	ost S	= Stolen	R = Recovered of recovered for other	D = D	Damaged	Z = Seized	B =	Burn	ed C = C	Counterfe	it / Forge	d F = Four	nd					
Coucs	Victim			Property Description							Mal	ce/Mo	odol C	erial Number					
- - P -	# DCI Status Value OJ QTY						1 toperty Description							Mai	XC/IVIC		ATA OMITTED		
																	FOR		
					_											I	NFORMATION SECURITY		
R O					+												PURPOSES		
Ρ.																			
E ·																O	NLY THE FIRST		
T																TWE	LVE PROPERTY		
Y					_												ITEMS ARE		
-					_												P2C REPORTS		
-					+	+											1 2C KEI OKIS		
-	Numb	er of V	ehicles S	tolen 0	Num	ber Vehic	cles Recovere	d	0										
ID	Office	r 1004	C T M	(16218) ID	#		Officer Sig	Officer Signature Supervisor Signature											
ID	KELLOGG, T. N. (16218)  Complainant Signature Case Sta														KE, B. K. (15602)				
Status	- omp						☐ Further ☐ Inact ☐ Closed	r Inve ive /Clea	red		□ Uni □ Cle □ Cle	founded ared by a ared by a	□ Lo	Refus	gency	ooperate r	Page 1		