I N	Agenc	y Name		NSTON-SALEN] IN	INCIDENT/INVESTIGATION							OCA 2508046								
I C	NC NC 03/0200														Date / Time Reported SMTWTFS Month Day Yr Time						
D E			ncident(s		Att At Found SMTWTFS Month Day Yr Time								03 10 2025 22:38								
N T	#1		`	Discharging F	ı —	Com	Month 03			Month Day Yr Time											
D .	#2 Crime Incident																•		Offense Tr		
A T		'rime I	ncident					_	Com	4003 I			Vinst	on-salem	NC 2		Victim Re	siden	121		
A	#3	Jime 1	nerdent		☐ Att Premise Type ☐ Com								☐ Single Family ☐ Multi Family								
МО			d or Com MITTEI										Forcible Yes No	X N/A	We	apon / To	ols				
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															:					
3.7	1 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Internal Unconscious Other Major No NA																				
V I		Victim/		Name (Last, First,			пу 🔲 Оппе	21/ U11	IKIIOW	11 <u> </u>	_	rnal [S / Age		e Sex Relationship Resident Status					
C T	VI DATA OMITTED																To Offen		☐ Resid	ent	
I M ·				TA OMITTED							1	1,							Unkn		
141	Home Address DATA OMI									TTED						Home Phone					
	Emplo	me/Add	ATA OMI	A OMITTED							Business Phone										
•	VYR Make Model Style						Color Lic/Lis Vin						Vin								
T H E R S I N V O L V E D	DATA OMITTED																				
Status Codes																					
	Victim # DCI Status Value OJ QTY						Property Description								Mak	ake/Model Serial Number				er	
	#	" Toperty Bescription									17141	C/ 1110	der		ГА ОМІТ						
P - R - O																		TATI	FOR	TON	
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ID	Office: BOL		. J. (15	id (664)	Officer Signature Supervis								or Signature , P. M. (15817)								
	Complainant Signature Case Sta									s Case Disposition:											
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	ared				by Ar	Test by Ander	Refuse other Ag	gency	ooperate	_	Page		