I N	Agenc	y Name		NSTON-SALEN	1 P	OLICE	] IN	INCIDENT/INVESTIGATION						OCA 2239812				
I ·	ORI	NC	NC 034	10200			1	REPORT						Date / Time Reported SMTWTFS Month Day Yr Time				
D E			ncident(s			Att At Found SMT-FS Month Day Yr Time							Day II Time   O8   17   2022   08:43 Hrs.   Last Known Secure   S M T W T F S   Month Day Yr Time					
N T	#1			Trespassi	ng			ZX (	- 1	Month 08			ime 3:43  Hrs			Day Yr — 17   2022	Time $08:42$ Hrs.	
D	#2	Crime I	ncident								of Incident						Offense Tract	
A T	πэ (	Crime I	ncident						$\rightarrow$	Premise T	Sixth St, V	Vinste	on-salem	NC 27		Victim Reside	111 nce Type	
A	#3							Com						☐ Single Family ☐ Multi Family				
МО			d or Com										Forcible  Yes  No	X N/A	We	apon / Tools		
	# of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:																	
V	2 Society Government Financial Institute Broken Bones Severe Lacerations Wes Unknown Internal Unconscious Other Major No NA															_		
I C	Victim/Business Name (Last, First, Middle)  Victim of DOE													Race	Sex	Relationship To Offender	Resident Status Resident	
T I	V1 DATA OMITTED										Crime #					10 Offender	☐ Non-Resident	
M ·	Home	Addre	ee ee								1,				Home Phone Unknown			
	Home Address DATA ON								ITTED									
	Emplo	yer Na	me/Addı	ress	D.	ATA OMI	TA OMITTED						Business Phone					
•	VYR	M	ake	Model	St	yle	Color		Lic	/Lis			Vin					
T H E R S I N V O L V E D	DATA OMITTED																	
Status Codes	L = L	ost S k "OJ"	= Stolen	R = Recovered	D = l er iuri	Damaged isdiction)	Z = Seized	B =	Burn	ed  C = C	ounterfeit / I	Forged	F = Foun	d				
	Victim # DCI Status Value OJ QTY						Property Description							Mak	e/Mo	odel Se	erial Number	
- - P - R	"	"							Tragation Francisco								TA OMITTED	
					-											IN	FOR FORMATION	
					$\dashv$								+			11.	SECURITY	
0																	PURPOSES	
Р <sup>-</sup> Е -																	T I T T T T T T T T T T T T T T T T T T	
R T					$\dashv$												VE PROPERTY	
Y ·					$\dashv$								+				ITEMS ARE	
-					$\neg$											D.	ISPLAYED ON	
					$\Box$											P	2C REPORTS	
-	Numi	or of V	ehicles S	tolon 0	None	nhor Wak!	cles Recovere	d	0									
	Office	r		ID		noer venic	Officer Sig		0 e				Supervisor					
ID	CAN	IPE, 1	(5778)					Г	C D:	.,.	BOWE			14602)				
Status	Compl	ainant	Signatur	е		☐ Inactive ☐ Cleared by Arrest ☐ Refuse to Cooperate ☐ Closed/Cleared ☐ Cleared by Arrest by Another Agency								radition Declined				
							☐ Closed	/Lead	s Ext	austed L	□ Death o	of Offe	nder ⊏	1 Prosec	cution	Declined	Page 1	