I N	Agenc	y Nam		NSTON-SALEN	IN	INCIDENT/INVESTIGATION							OCA 2407991								
C I	REPORT														Date / Time Reported   S M T W T F S Month Day Yr Time						
D E			NC 034			TH FH CI	03   06   2024  09:33 Hrs														
N	#1	Jime i	ncideni(s		orts,				- 1	At Foun Month	Da			TFS Time			vn Secure Day Yr	. —	Time		
T	Lo Crime Incident														s <u>02</u>		29   202		17:40 ffense 7		
D A	#4							_	Com	4159	Lyte	chfield (	Ct, W	inston-sa	lem N				324		
T A	#3	Crime I	ncident		Premise '	Тур	e				Victim Residence Type ☐ Single Family ☐ Multi Family										
	How Attacked or Committed														Forcible Weapon / Tools					ii i aiiiiiy	
МО	D	ATA C	MITTEI	)										☐ Yes ☐ No	X N/A	1					
	# of V	ictims	""	Person		Business				Injury	•	☐ None		·	] Loss o			-	ohol Us		
V	0 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Internal Unconscious Other Major No NA																				
I		Victim/		Name (Last, First,						<u>   Ц</u>		Victim of		3 / Age	<del>-</del>	Sex Relationship Resident Status					
C T	V1		$D\Delta'$	ΓΑ OMITTED							(	Crime #					To Offen		□ Resi	dent -Resident	
I M				IN OWNTIED																	
	Home Address DATA OMI									ГТЕD						Home Phone					
	Employer Name/Address DATA OM								TTED						Business Phone						
	VYR	Color Lic/Lis Vin							Vin												
О																					
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5	DATA OMITTED																				
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E D																					
Status	s L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found																				
Codes	(Chec Victim		column	if recovered for other	er juri	sdiction)															
	# DCI Status Value OJ QTY							Property Description  RIVER'S LICENSE								Iake/Model Serial Number					
-															NC NC	DATA OMITTED FOR					
P - R			-		$\dashv$	-   '										INFORMATION					
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O .																		I	PURPOS	SES	
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Υ .																			TEMS A		
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-	Numb	er of V	ehicles S	tolen 0	Nun	nber Vehi	cles Recovere	d	0												
	Office	r		ID				Officer Signature Supervisor Sign									7.4)				
ID			<i>L.</i> (158 Signature				Case Statu							COX,	OX, C. M. (15574)						
	Comp	iamant	<b>~</b>	☐ Furthe	r Investigation ☐ Unfounded ☐ Lo						Loc	cated Extradition Declined									
Status	Close									I/Cleared						Refuse to Cooperate nother Agency					
							□ IXI Closed	I/Lead	is Exl	nausted	I r	□ Death o	t Offe	nder ⊏	Prosec	cution	n Declined	- 1	Page	ا رو	