I N	Agenc	y Name		VSTON-SALEN	OLICE] IN	INCIDENT/INVESTIGATION							OCA 2410175					
C ·	ORI	NC				02102	REPORT							Date / Time Reported SMTWTFS					
D E		NC .	10200		Att At Found SMTWTFS Month Day Yr Time						$\begin{array}{c ccccccccccccccccccccccccccccccccccc$								
N T	#1			, Trespassi	ng				Com	Month 03	D			ime 0:30 Hrs			Day Yr 🖰	Time $10:30$ Hrs.	
D.	#2	Crime I	ncident		0					Location	n of	Incident				•	İ	Offense Tract	
A T		'rime I	ncident					Com	1243 Premise			ı Av,	Winston-	salem		27101 Victim Reside	nce Type		
A	#3								Com	1101111190	- 71					- 1		ly □Multi Family	
МО			d or Com MITTED						-					Forcible Yes	X N/A	We	apon / Tools		
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															lcohol Use:			
																_			
V I		Victim/		Name (Last, First,			ity 🗌 Othe	er/Un	know	n _		ternal Victim of		scious B / Age	Other	.			
C T	V1			ΓA OMITTED					Crime #		- 7 8 -		~	To Offender					
I M ·				IA OMITTED					1,						Unknown				
141	Home Address DATA OMI'									ГТЕО						Home Phone			
	Employer Name/Address DATA							OMITTED							Business Phone				
•	VYR	M	ake	Model	Sty	yle	Color		Lic	:/Lis				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	ce/Mo	odel Se	erial Number	
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ID	СНЕ	EEK, I	D. <i>C</i> . (1	5469)	Officer Sig	Officer Signature Supervi (0)							or Signature						
	Comp	lainant	e	Case Status	1 *						Located Extradition Declined								
Status							☐ Inact	tive /Clea	ıred			Cleared	by Ai	rrest Crest by Ander C] Refuse other Ag	gency	looperate	Page 1	