I N	Agenc	y Name		NSTON-SALEN	OLICE	IN	NCIDENT/INVESTIGATION						OCA 2410501							
C .	ORI	NC				REPORT						Date / Time Reported SMTWTFS Month Day Yr Time								
D E	10		NC 034											03 25 2024 22:31 Hrs.						
N T	#1		, Drug Viola	_	☐ Att At Found SM TWTFS Month Day Yr Time X Com 03 25 2024 22:31 Hrs								Month Day Yr Time							
D.	D #2 Crime Incident																•		Offense T	
A T		Trime I	ncident						Com	3200 Premise			sbore	Rd - BL	K, Wii	inston-salem 214 Victim Residence Type				
A	#3	omic i	nerdent		Treimse	Typ	,				☐ Single Family ☐ Multi Family									
МО			d or Com MITTEI		Forcible Yes						Weapon / Tools									
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															se:				
V I		Victim/		Name (Last, First,			ity 🗌 Othe	er/Un	know	'n 📗 🔲		ternal Victim of		scious B / Age		r Major No N/A Sex Relationship Resident Status				
C T	V1 DATA OMITTED														14400	50.1	To Offer	nder	☐ Resi	
I M ·				IA OMITTED								1,							☐ Unk	
141	Home Address DATA OMI									ГТЕD						Home Phone				
•	Employer Name/Address DATA OM														Business Phone					
	VYR	M	Model	Color Lic/Lis Vin							Vin									
T H E R S I N V O L V E D	DATA OMITTED																			
Status Codes																				
	Victim #	DCI	Value	Property Description								Mak	Iake/Model Serial Number							
		# DCI Status Value OJ QTY Property Description												DA	ГА ОМІ					
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	Office	r	ehicles S	ID		moer veni	cles Recovere Officer Sig		<i>0</i>				1	Supervisor	Signati	ıre				
ID	DAV	IS, C	L. (16	178)					1 -			BOYD,	K. E.	(15)	702)					
Status	_ Ina									Investigation ☐ Unfounded ☐ Loca ive ☐ Cleared by Arrest ☐						Refuse to Cooperate				
							☐ Closed			hausted				rest by And	other Ag	gency		, [Page	 e 1