I N	Agenc	y Name		NSTON-SALEN	OLICE	DENT/INVESTIGATION						OCA 2410898								
C I	ORI REPORT Date Mon															e/Time Reported SMTWTFS				
D E	— <u>I</u>	rime I				Att I	At Found	d	SM	TW	TÆS	03			024   s	71me 07:16 н М Т W Т				
N T	#1								Com	Month 03	Da			T≢S Time 7:16  Hrs			yn Secure Day Yi 29   202		Time	ırs.
D	#2		ncident	, ,			$\rightarrow$	Location	of I	ncident	•	•	•	•	•		ffense Tract			
A T	Crime Incident Com 4630 S Main St Apt. 17C, Winston-so															Victim Residence Type				_
A	#3	Jime I	neident						Com	1 Tellise 1	турс	-				- 1			√	mily
МО			d or Con 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:																			
V	I Society Government Financial Institute Broken Bones Severe Lacerations Who Neligious L.E. Officer Line of Duty Other/Unknown Internal Unconscious Other Major No NA															иn				
I	Victim/Business Name (Last, First, Middle)   Victim of DOB / Age   Rac															e Sex Relationship Resident Status				
C T	V1		DA	ΓΑ OMITTED							C	Crime #					To Offen		☐ Resident ☐ Non-Resi	
I M												1,							Unknow	
	Home Address DATA OMIT									TTED						Home Phone				
	Employer Name/Address DATA OMI									ITED						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					QTY	Property Description							Mak	lake/Model Serial Number					
										•								DA	TA OMITTE	.D
P - R - O					_													INI	FOR FORMATION	
					$\dashv$														SECURITY	
																		I	PURPOSES	
P E					_													ONII	V THE EID	O/E
R T					_												TV		Y THE FIR E PROPER	
Y					$\dashv$												- 11		TEMS ARE	
					$\neg$													DIS	SPLAYED O	N
					$\Box$													P2	C REPORTS	5
	Num1	or of V	ahiolos C	tolen 0	None	nhar Vahi	alas Dagarras	d	0											_
	Number of Vehicles Stolen 0 Number Vehicles Recovered 0  Officer ID# Officer Signature Supervisor Signature														$\dashv$					
ID	MAGER, G. J. (16098)									-	l c	D'			N, M. K. (14526)					
Status	☐ Clo												ded by Aı by Aı	rest by And	] Refuse other Ag	gency	ooperate		dition Declin	ned
							☐ Closed			hausted				nder $\Box$						Page 1