I N	Agenc	y Name		NSTON-SALEN	OLICE	, IN	INCIDENT/INVESTIGATION							OCA 2411361						
C	ORI	NC				1	REPORT							Date / Time Reported SMIWTFS Month Day Yr Time						
D E	10		NC 034		<u> </u>								04 + 02 + 2024 + 01.19 Hrs.							
N	#1	Jimic I	neident(s	, Trespassi	_	☐ Att At Found SMIWTFS Time Tree Month Day Yr Time Month Day 2024 01:19 Hrs							Month Day Yr Time							
T	#2	Crime I	ncident	Trespussi	ng				\rightarrow	04 Location	_	Incident	4 01	::19 HIS	s <u>04</u>			01:18 Hrs. Offense Tract		
D A	☐ Com 2026 S Hawthorne Rd, Winston-sale																	312		
T A	#3	Crime I	ncident					☐ Att Premise Type ☐ Com								Victim Residence Type ☐ Single Family ☐ Multi Family				
	How Attacked or Committed													Forcible			Weapon / Tools			
МО	D.	ATA O	MITTEL)										☐ Yes ☐ No	X N/A	A				
V	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																			
	2			ciety Governm ligious L.E. Off			Financial Institution Institution		know		-	roken Bone ternal 🔲		Severe	Lacerate Other		1 —	S □ Unknown □ N/A		
I	,	Victim/		Name (Last, First,							Τ	Victim of		3 / Age	Race	<u> </u>	Relationship	Resident Status		
C T	V1 DATA OMITTED																To Offender			
I M												1,						Unknown		
	Home Address DATA OMI									ГТЕD						Home Phone				
	Employer Name/Address DATA OM									TTED						Business Phone				
	VYR	M	Color Lic/Lis Vin							Vin										
О																				
T																				
H E																				
R																				
3	DATA OMITTED																			
I	DATA OMITTED																			
N V																				
ó	o o																			
L V																				
E D																				
D																				
Status	s L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found																			
Codes	(Chec	k "OJ"	column	if recovered for other	ed for other jurisdiction)															
	# DCI Status Value OJ QT						- · · · ·									e/Mo		rial Number		
- - P - R		44 OTHE 1 KNIFE									MUELA		DA	TA OMITTED FOR						
																	IN	FORMATION		
																		SECURITY		
O p -																		PURPOSES		
E ·																	ON	LV THE FIRST		
R T																		LY THE FIRST VE PROPERTY		
Y ·																		ITEMS ARE		
																		SPLAYED ON		
																	P:	2C REPORTS		
-	Numb	er of V	ehicles S	tolen 0	Nn•	nher Veh	icles Recovere	d	0											
	Office	r		ID		noci veil	Officer Sig		-					Supervisor	Signati	ıre				
ID	MAI	RTEN	. (16179)					Ι.	laga D:	itio	REYNO	OLDS,	<i>S. A</i>	. (15618)						
	Comp	iainant	Signatur	E .				ther Investigation Unfounded D						□ Loc	cated Extradition Declined					
Status							☐ Inact		ıred			☐ Cleared		rest rest by And] Refuse	to C	ooperate			
							Closed			hausted					other Agency Prosecution Declined Page 1					