I N	Agenc	y Name		STON-SALEN	OLICE	] IN	INCIDENT/INVESTIGATION							OCA 2411395					
C	ORI	NC					REPORT								Date / Time Reported   S M T W T F S Month Day Yr Time				
D E	NC NC 0340200  Crime Incident(s)									Att At Found SMIWIFS Month Day Yr Time						Day   1			
N T	#1			50b Order Vio	olatio	on		ı —	Com	Month 04	Da 02			ime 2:31  Hrs			Day Yr 🗀	Time $08:30$ Hrs.	
D	#2	Crime I	ncident						- 1	Location		ncident				n2		Offense Tract 312	
A T	#3	Crime I	ncident						Com Att	Premise 7			iston-	-salem N <b>O</b>	2/10		Victim Reside		
A								Com							☐ Single Family ☐ Multi Family				
МО			d or Com MITTEI											Forcible  Yes  No	X N/A	We	apon / Tools		
V	# of Victims   Type   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:    Society   Government   Financial Institute   Broken Bones   Severe Lacerations   Yes   Unknown																		
	2		_	ciety Government Gious L.E. Off		_	inancial Institution		know	. –				Severe	Lacerat Other	ions Majo		s □Unknown □N/A	
I C		Victim/	Business	Name (Last, First,	Victim of DC Crime #						B / Age	Race	Sex	Relationship To Offender	Resident Status Resident				
T I	V1		DA	ΓA OMITTED							84	W	$_{F}$	1GP	☐ Non-Resident				
M	Home Address									1,							Home Phone Unknown		
	Employer Name/Address  DATA OMI  Employer Name/Address									TTED									
	Emplo	me/Addi	ATA OMI	A OMITTED							Business Phone								
,	VYR	M	ake	Model	Sty	/le	Color		Lic	:/Lis				Vin					
T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes	(Chec	k "OJ"	= Stolen column	R = Recovered for other	D = E r juris	Damaged sdiction)	Z = Seized	B =	Burn	ed C = 0	Coun	nterfeit / F	orged	F = Found	i 				
	Victim # DCI Status Value OJ QTY						Property Description								Mak	e/Mo	del Se	rial Number	
- P - R													DA	TA OMITTED FOR					
					+												IN	FORMATION	
																		SECURITY	
O P .																		PURPOSES	
E ·					-												ON	LY THE FIRST	
R T					$\dashv$													VE PROPERTY	
Υ .																		ITEMS ARE	
																		SPLAYED ON	
					_												P	2C REPORTS	
-	Numb	er of V	ehicles S	tolen 0	Num	nber Vehic	cles Recovere	d	0					L					
	Office	r		ID		Cinc	Officer Sig		-					Supervisor			(15323)		
ID			C. A. (1. Signatur		Case Status	Status Case Disposition:						LANGDÓN, S. L. (15223)							
Status	P		G				☐ Further ☐ Inact ☐ Closed	r Inve ive /Clea	ıred			Unfoun Cleared Cleared	ded by Aı by Aı	Locarrest rest by Ano	Refuse ther Ag	gency	ooperate $\  \  \  \  \  \  \  \  \  \  \  \  \ $	Page 1	