I N	Agenc	y Name		NSTON-SALEN	OLICE	IN	INCIDENT/INVESTIGATION							OCA 2411442							
C .	ORI	NC						REPORT								Date / Time Reported SMIWTFS Month Day Yr Time					
D E	10		NC 034		│ │								04 02 2024 16:39 Hrs								
N T	#1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, raffic Accident- _i	☐ Att At Found S M = W T F S Month Day Yr Time O2 2024 16:39								Month Day Yr Time				'ime					
D.	U. Crime Incident													1.39	7 04		72 202		fense Tra		
A		7 T						_	Com				ı, Wi	nston-sal	em NO				111		
T A	#3	Jime i	ncident					☐ Att Premise Type ☐ Com								Victim Residence Type ☐ Single Family ☐ Multi Family					
МО			d or Con MITTEI		Forcible ☐ Yes ☐ No						Weapon / Tools										
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																				
* 7	0 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow Internal Unconscious Other Major															- 1					
V I		Victim/		Name (Last, First,			пу 🔲 Опи	21/ ()11	ikilow	п		ternal Victim of		S / Age	Race	.			□N/A Resident S		
C T	V1			ΓA OMITTED								Crime #		. 8			To Offen	der 🗀	☐ Reside	ent	
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IVI ·	Home Address DATA OMI'									TTED						Home Phone					
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Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column	R = Recovered for other	D = er jur	Damaged risdiction)	Z = Seized	B =	Burn	ed C=	Cou	interfeit / F	orged	F = Foun	d						
	Victim # DCI Status Value OJ QTY						Property Description								Mal	Make/Model Serial Number				er	
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ID	MAT	THEW		(15509)		(0)							~.511ut								
	Complainant Signature Case Stat														ated			Extrad	ition Dec	clined	
Status	Ina									tive Cleared by Arrest						Refuse to Cooperate					
							☐ Closed			hausted				nder –					Page 1	1	