I N	Agenc		NSTON-SALEN	CIDENT/INVESTIGATION						OCA 2411475									
C ·	ORI	NC	NC 034	10200				REPORT						Date / Time Reported SMIWTFS Month Day Yr Time					
D E			ncident(s		Att   At Found							TFS	Day Yr Time  04   02   2024   21:49 Hrs.  Last Known Secure   S M T F S  Month Day Yr Time						
N T	#1			, Trespassi	ng			_	Com	Month 04	Ι			lime  :49  Hrs			02   2024	Time	
D.	#2	Crime I	ncident						Att	Locatio	n of	Incident				•		Offense Tract	
A T		'rima I	Violat ncident	tion Of City/cou	ice	_	Com	1522 Premise		Liberty S	t, Wi	nston-sal	em NC		Victim Reside	222			
A	#3	Jillie I	iicideiit					_	Att Com	Fielilise	: 1 y	pe				- 1		nce Type ly	
МО			d or Com		!						Forcible Yes	X N/A	We	apon / Tools					
	# of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use															lcohol Use:			
	2		ĭX So	ciety 🔲 Governm	ent	□ F	inancial Instit			"	] B	roken Bone	es	Severe	-			es Unknown	
V I		Jiotim/		igious  L.E. Off			aty Othe	er/Ur	ıknow	n [		Victim of		nscious [	Other Race	<del>.</del>		N/A Resident Status	
C T	V1	v ictiii/							Crime #	DOI	o / Age	Race	sex	To Offender	☐ Resident				
I	` -		DA	ΓA OMITTED								1,2						☐ Non-Resident	
М -	Home Address DATA OMIT									 ITED						Home Phone			
	Employer Name/Address DATA OMI															Business Phone			
•	VYR	Color Lic/Lis Vin						Vin											
О																			
T H																			
E	E																		
S	R S																		
							DATA	<b>A</b> (	DΜ	ITT	ΕI	)							
I N																			
V O																			
L																			
V E																			
D																			
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column i	R = Recovered if recovered for other	D = er jur	Damaged risdiction)	Z = Seized	B =	Burr	ned C=	Coı	unterfeit / F	orged	F = Foun	d				
	Victim # DCI Status Value OJ QTY						Property Description							Mal	ce/Mo	odel Se	erial Number		
- - P - R													DA	ATA OMITTED					
																	IN	FOR FORMATION	
																	11.	SECURITY	
0																		PURPOSES	
Р <sup>-</sup> Е -																			
R																		ILY THE FIRST	
T Y																	IWEL	VE PROPERTY ITEMS ARE	
-					$\dashv$												D	ISPLAYED ON	
-																		2C REPORTS	
-					$\Box$														
	Numb		ehicles S	tolen 0		mber Vehi	cles Recovere Officer Sig		0 re				1	Supervisor	Signat	ure			
ID	ANDERSON, B. R. (15633)													(0)	or Signature				
	Complainant Signature Case State									Case Disposition:  □ Unfounded □ Located □						□ Extr	adition Declined		
Status										ve Cleared by Arrest Refuse to Coop						Cooperate			
							☐ Closed			hausted				rest by Ander				Page 1	