I N	Agenc	y Name		NSTON-SALEN	CIDENT/INVESTIGATION						OCA 2411590								
C ·	ORI	NC					1	REPORT						Date / Time Reported SMTWTFS Month Day Yr Time					
D E	10		NC 034		TX Att   At Found   SMT WTFS							04   03   2024  19:02 Hrs.							
N T	#1	71111C 11		ing & Entering	_	$oxed{X}$ Att   At Found   $oxed{SMTMTFS}$   Last Known Month Day   Yr Time   Month Day   Com   04   03   2024   19:02   Hrs   04   03								Day Yr 🗀	Time $19:01$ Hrs.				
D.	#2	Crime I	ncident				Att	Location			119	.02	1 04		<del></del>	Offense Tract			
A	Com 1641 W Northwest By - R, Winston																	321	
T A	#3	Jime I	ncident					☐ Att   Premise Type ☐ Com							Victim Residence Type  ☐ Single Family ☐ Multi Family				
МО			d or Com MITTEI											Forcible  Yes	Weapon / Tools				
	# of V	ictims	Type	☐ Person	IXI	Business				Injury		None			Loss of	f Tee	th Drug/A	cohol Use:	
**	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown															_			
V I		Victim/		Name (Last, First,			ity U Otne	er/Un	iknow	'n		al □ ∪ tim of		S / Age	Race			□N/A Resident Status	
C T	V1			ΓA OMITTED			Crime #						To Offender	Resident     Non-Resident					
I M				IA OMITIED				1,							☐ Non-Resident				
141	Home Address DATA OMIT									TTED						Home Phone			
•	Employer Name/Address DATA OMI'															Business Phone			
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Status Codes																			
Cours	Victim			Property Description								Mak	o/Mo	odal Sa	rial Number				
	#	# DCI Status Value OJ QTY						Property Description						Mak	.C/ IVI		TA OMITTED		
P - R - O																		FOR	
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-																			
	Number of Vehicles Stolen 0 Number Vehicles Recovered 0																		
ID	Officer ID# Office FLYNN, J. L. (15605)								Officer Signature Supervisor MCCa							r Signature ARTHY, D. J. (15427)			
	Complainant Signature Case Statu  X Further									Case Disposition:							adition Declined		
Status					ive	ve Cleared by Arrest Refuse to Cooperate								action Decilied					
							☐ Closed			hausted				rest by And nder – –				Page 1	