I N	Agenc	y Name		STON-SALEN	1 PC	DLICE] IN	INCIDENT/INVESTIGATION							OCA 2411611						
C ·	ORI	NG						REPORT							Date / Time Reported SMTWTFS Month Day Yr Time						
D E	10		NC 034					ID A# At Dound 인세 파녜 ㅠ 턴 인								04 03 2024 22:12 Hrs.					
N T	#1	JIIIIC II	icident(s) Overdos	☐ Att At Found S M T ₩ T F S Month Day Yr Time Month Day 2024 22:12 Hrs								Last Known Secure SMTWTFS Month Day Yr Time 04 03 2024 22:11 Hrs.								
D .	#2	Crime I	ncident	- Crerues		-	Location			<u> </u>	12 111	3 <u>04</u>	1 (13 2		Offense Tract					
A	Com 105 Hanes Square Cr, Winston														-salen				323	_	
T A	#3	rime I	ncident			☐ Att Premise Type ☐ Com							Victim Residence Type ☐ Single Family ☐ Multi Family								
МО			d or Com			☐ Yes						Forcible Yes									
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use															cohol Use:	\dashv				
**	O Society Government Financial Institute Broken Bones Severe Lacerations Yes Unkno															_	/n				
V I		Victim/		Name (Last, First,			ity 🗌 Othe	er/Un	know	n		rnal ictim of		scious Age	Other	<u> </u>		□ No	□N/A Resident Stat	us	
C T	Crime #																To Offe	ender	☐ Resident		
I M																			☐ Non-Resid		
141	Home Address DATA OM									TTED						Home Phone					
	Employer Name/Address DA7							TA OMITTED								Business Phone					
	VYR Make Model Style						Color Lic/Lis Vin						Vin								
T H E R S I N V O L V E D	DATA OMITTED																				
Status Codes																					
	Victim DCI GLA VIA						Property Description								Mak	Iake/Model Serial Number				\neg	
P - R - O	#	# DCI Status Value OJ QTY I							Property Description							DATA OMITTED				5	
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	Numb		ehicles S	tolen 0		ber Vehic	cles Recovered		0 e				ı	Supervisor	Signati	ure				\dashv	
ID	LITT	Ŭ	FLY!							or Signature VN, J. L. (15605)											
Status	Comp	lainant	Signatur	e	Inact	ther Investigation Unfounded Cleared by Arrest						rest	Located								
							☐ Closed			nausted				rest by And nder □				.d [Page 1	_	