I N	Agenc	y Name		NSTON-SALEN	OLICE	. IN	INCIDENT/INVESTIGATION							OCA 2411827					
C ·	ORI	NG			02102	REPORT							Date / Time Reported SMTWTFS Month Day Yr Time						
D E	10	NC	40200									04 05 2024 17:57 Hrs.							
N T	#1	Jimic I	nerdent(s	, Found Prop	_	☐ Att At Found SMTWTFS Last K Month Day Yr Time Month D4 O5 2024 17:57 Hrs O4								th Day Yr Time					
D .	#2	Crime I	ncident	1 ound 1 rop	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<i>y</i>			_			Incident	4 1/	.3/ 1118	<u> </u>	(Offense Tract	
A	A ☐ Com 5601 U1													Vinston-s	alem 1			124	
T A	#3	rime i	ncident						Att Com	Premise	туŗ	pe				- 1	Victim Reside ☐ Single Fam	nce Type ily ∏Multi Family	
МО			d or Com										Forcible Yes	X N/A	We	eapon / Tools			
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															lcohol Use:			
	O Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown															_			
V I		Victim/		igious L.E. Off Name (Last, First,			uty Othe	er/Un	iknow	'n 📗		ternal Victim of		scious [Other Race	<u> </u>			
C T	V1														Trucc	Бел	To Offender	☐ Resident	
I	DATA OMITTED																	☐ Non-Resident	
М -	Home Address DATA OMI									ГТЕD						Home Phone			
	Employer Name/Address DATA OM														Business Phone				
	VYR	M	Color Lic/Lis Vin							Vin									
				1					<u> </u>										
О																			
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V E																			
D																			
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column	R = Recovered	D = er jur	Damaged isdiction)	Z = Seized	B =	Burn	ed C=	Cou	unterfeit / F	orged	F = Foun	ıd				
	Victim #	DCI	Property Description								Mal	e/Mo	odel S	erial Number					
							(22L) FIREARMS/AMMUNITION											ATA OMITTED	
P -																	73	FOR	
					\dashv												11	NFORMATION SECURITY	
R O					\dashv	+												PURPOSES	
Р ⁻ Е -																			
R T Y																		NLY THE FIRST	
						+											TWEL	ITEMS ARE	
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																	I	2C REPORTS	
-	NI '	on -C1	ahi-1: 0	tolon	N.T.	mbo: V. I.	alas D	a	0										
	Office	r	ehicles S	ID		nder Vehi	Cles Recovere Officer Sig		0 re				Ī	Supervisor					
ID	SCH	IAEFI		S. (16050)		WHELAN, L. T. (15232)													
	Comp	ıaınant	Signatur	e		urther Investigation Unfounded Locate						ated		☐ Ext	radition Declined				
Status					☐ Inact	ctive Cleared by Arrest						rest _	Refuse to Cooperate						
							☐ Closed			hausted				nder 🗆				Page 1	