I N	Agenc	y Nam	NSTON-SALEN	IN	INCIDENT/INVESTIGATION						OCA 2412186									
C	ORI	NC	NC 02	10200		Date / Time Reported   S M T W   Month Day Y1 Time   04   08   2024   18:22						<u> </u>								
D E	<u> </u>	NC NC 0340200  Crime Incident(s)						Att At Found SMTWTFS Month Day Yr Time								04   08   2024  18:22 Hrs.				
N T	#1			All Other Of	fens	es		ı —	Com	Month 04	Ι			Fime ::22   Hrs					Time $18:21$ Hrs	
D	#2	Crime I	ncident						Att	Locatio	n of	Incident							Offense Tract	
A T		Trimo I	ncident					_	Com	815 S			Rd, V	Vinston-se	alem N		7107 Victim R	locidon	214	
A	#3	Jillie I	ncident						Att Com	Treimse	1 y	pe				- 1			ce Type y □Multi Famil	
МО			d or Con MITTEI											Forcible  Yes  No	X N/A	We	eapon / T	ools		
	# of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:																			
V	1			ciety  Governm ligious  L.E. Of			inancial Institute		know		_	roken Bone		Severe	Lacera Other			⊐ Yes ⊠ No	Unknown	
I	Victim/Business Name (Last, First, Middle)   Victim of DOB / Age   Rac														Race	<u> </u>	Relation	nship	Resident Status	
C T	V1 DATA OMITTED												Crime #				To Offe	ender	☐ Resident ☐ Non-Reside	
I M												1,							Unknown	
	Home Address DATA OMIT									ГТЕD						Home Phone				
	Employer Name/Address DATA OMI									TTED						Business Phone				
,	VYR	Color Lic/Lis Vin							Vin											
T H E R S I N V O L V E D	DATA OMITTED																			
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen	R = Recovered	D = : er iur	Damaged risdiction)	Z = Seized	B =	Burn	ed C=	Coı	unterfeit / F	orged	F = Foun	d					
	Victim #		Status	Value	QTY	Property Description								Mak	Make/Model Serial Number					
							CELL PHONE									OROLA/Xt22 DATA OMITTED				
																		TAT	FOR	
																			FORMATION SECURITY	
					$\dashv$														PURPOSES	
R																			LY THE FIRST	
Y.													TWELVE PROPERTY ITEMS ARE							
					$\dashv$														SPLAYED ON	
																			C REPORTS	
			ehicles S	tolen 0		mber Vehi	cles Recovere		0				-	Cuparrias	Cionat	ırc				
ID	Office CRI	DER,	M. D. (	Officer Sig								or Signature <i>OBS</i> , <i>T. R.</i> (15814)								
			Signatur				Case Status		action	tion		Case Dispos			ated			Evter	dition Declined	
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	tive /Clea	ared			Cleared	by A	Loc rrest rrest by Ander	] Refuse other Ag	gency	Cooperate	· _	Page 1	