I N	Agency	Name	WIλ	STON-SALEN	. IN	INCIDENT/INVESTIGATION								OCA 2412216						
C	ORI	NG N				02102	-	REPORT							Date / Time Reported SMTWTFS Month Day Yr Time					
D E		NC No											04 08 2024 22:36 Hrs.							
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D D	#2 Cr	ime Inc	ident	1000001101	<u> </u>		-		_	Incident	4 22	30 1111	3 04		<i>1</i> 0 20		Offense Tract	_		
A	Com 3995 Sugarcreek Dr, Winston-saler																		113	_
T A	#3 Cr	ime inc	ident					☐ Att Premise Type ☐ Com							Victim Residence Type ☐ Single Family ☐ Multi Family					
МО	How At	tacked α ΓΑ ΟΜ			Forcible ☐ Yes ☐ No						Weapon / Tools									
																ug/Al	cohol Use:	\exists		
V I	O Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown															_	1			
				Name (Last, First,			uty Otne	er/Un	Know	n _		ternal Victim of		S / Age	Race	<u> </u>			□N/A Resident Statu	ıs
C T	V1			TA OMITTED							- 1	Crime #		. 8			To Offe	nder	☐ Resident	
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P - R - O	Victim #	Property Description								Mak	ake/Model Serial Number									
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-	Number	of Val	icles S	tolen ()	None	nher Vok	cles Recovere	d	0											_
	Officer			ID		noei veni	Officer Sig		-					Supervisor						\dashv
ID	MER(<u>. (16254)</u>	Case Status	KORN,								(15)	714)			\dashv		
	Сотріа	a.ıı 31	51141411	•			☐ Further	Investigation Unfounded Located I							Extra	adition Decline	d			
Status							☐ Closed	/Clea					l by A	rest by And	other Ag	gency			Page 1	-
							☐ Closed	/Lead	ıs Exl	nausted	1	□ Death (ot ()tte	nder 🗆	T Prosec	cution	i Decline	d I	rage I	