I N	Agenc	y Name		NSTON-SALEN	 Л Р	OLICE	IN	CIDENT/INVESTIGATION					OCA 2412451						
C	ORI	NC	NC 02/	10200				REPORT					Date / Time Reported SMTMTFS Month Day Yr Time						
D E	NC NC 0340200 Crime Incident(s)									☐ Att At Found SMTHTFS Month Day Yr Time						04 10 2024 17:17 Hrs. Last Known Secure SMTMTFS Month Day Yr Time			
N T	#1			ing & Entering	Wit	hout For	rce	ı —	Com	Month 04			Time 7:17 Hrs			Day Yr 🗀	Time 17:16 Hrs.		
D	#2	Crime I	ncident	0 0					-	Location	of Incident						Offense Tract		
A T		Trima I	ncident					_	Com	926 Gr Premise T	ray Av, W	instor	-salem N	C 271		Victim Reside	222		
A	#3	Jillie i	neident						Com	1 Tellise 1	уре				- 1		ly □Multi Family		
МО			d or Com MITTEI						•				Forcible Yes	X N/A	We	apon / Tools			
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															lcohol Use:			
	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown																		
V I		Victim/		-			uty Othe	er/Un	know	n 🗆	Internal Victim of		nscious B / Age	Other Race			N/A Resident Status		
C T	V1 Crime #													Race		To Offender	☐ Resident		
I																	☐ Non-Resident ☐ Unknown		
M	Home Address DATA OMIT									ГТЕО					Home Phone				
	Employer Name/Address DATA OMI													Business Phone					
1	VYR	M	ake	Model	St	yle	Color		Lic	/Lis			Vin						
O T H E R S I N V O L V E D		DATA OMITTED																	
	s L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found																		
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column i	R = Recovered f recovered for other	D = er jur	Damaged isdiction)	Z = Seized	B =	Burn	ed $C = C$	ounterfeit /	Forged	F = Foun	d					
	Victim # DCI Status Value OJ QT					QTY	Property Description							Mak	e/Mo	del Se	erial Number		
- - P - R														DA	TA OMITTED				
																IN	FOR FORMATION		
					\dashv												SECURITY		
ο .																	PURPOSES		
Р ⁻ Е -																			
R.					_												ILY THE FIRST		
Т Ү.																IWEL	VE PROPERTY ITEMS ARE		
					\dashv											D	ISPLAYED ON		
•																F	2C REPORTS		
					\Box														
	Numb		ehicles S	tolen 0		nber Vehi	cles Recovere		0 e				Supervisor	Signat	ıre				
ID	ROE	BERTS		W. (16352)		Officer Sig								or Signature <i>OON, J. G. (15435)</i>					
	Complainant Signature Case Statu									Case Disposition: Investigation ☐ Unfounded ☐ Located ☐ Extradition Deci									
Status							☐ Inact	tive l/Clea	red		☐ Cleare	d by A d by A	rrest by And	Refuse other Ag	gency	ooperate	Page 1		