I N	Agenc	y Name		STON-SALEN	1 P	OLICE	IN	CIDENT/INVESTIGATION					OCA 2412711						
C ·	ORI	NC					1	REPORT					Date / Time Reported S M T W 기물 S Month Day Yr Time						
D E	NC NC 0340200 Crime Incident(s)									│ ☐ Att │ At Found │ S M T W T F S M Onth Day Yr Time						Day 17 Time 04   12   2024   11:54 Hrs.  Last Known Secure SMTWTFS Month Day Yr Time			
N T	#1 Breaking & Entering Without Force									Month 04			lime 1:54  Hrs			Day Yr 🖵	Time 11:53 Hrs.		
D.	#2	Crime I	ncident	0 0					- 1	Location	of Incident					<u> </u>	Offense Tract		
A T		'rime I	ncident					_	☐ Com 6002 Brookstone Ridge Dr, Win					iston-	ston-salem NC 214   Victim Residence Type				
A	#3							Com					☐ Single Family ☐ Multi Family						
МО			d or Con MITTEI					-					Forcible Yes [	X N/A	Wea	apon / Tools			
	# of V	ictims	Туре	☐ Person		Rucinecc				Injury	☐ None		□ No linor □	Losso	f Teet	h Drug/Al	cohol Use:		
	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown																		
V I		Victim/		igious L.E. Off Name (Last, First,			ity   Othe	er/Un	know	n 🗆	Internal  Victim of		nscious  B / Age	Other Race		r ⊠ No Relationship	□N/A Resident Status		
C T	V1	· ictiii			····	10)					Crime #		56	Race		To Offender	Resident     Resident		
I	DATA OMITTED										1,			W	F		☐ Non-Resident ☐ Unknown		
М -	Home Address DATA OMIT									ГТЕD					Home Phone				
	Employer Name/Address DATA OMI'													Business Phone					
•	VYR	Model	Color Lic/Lis Vi						Vin										
		•							•										
O T																			
Н																			
E R	E R																		
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I	DATA OMITTED																		
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Ŏ																			
L V																			
E D																			
Status Codes																			
Codes	Victim				Í	Property Description							M-1-	- / \ I -	J.1 C.	.: -1 N1			
	# DCI Status Value OJ QTY							Property Description							e/Mo		rial Number TA OMITTED		
P - R - O																	FOR		
					_												FORMATION SECURITY		
					+												PURPOSES		
Р <sup>-</sup> Е -																			
R																	LY THE FIRST		
Т Ү -					_												VE PROPERTY		
1					+												ITEMS ARE SPLAYED ON		
-																	2C REPORTS		
_																			
			ehicles S			nber Vehic	cles Recovere		0			-	Cuparrias	Cianat	ıre				
ID	Officer ID# Officer JARVIS, M. F. (16215)														or Signature 7, C. M. (15037)				
	Complainant Signature Case State ☐ Further									tion	Case Dispo		□ Loca	ated		□ Evtr	adition Declined		
Status	Inac									.1011	Cleare	d by A	rrest 🗌	Refuse	to Co	ooperate	addition Decilied		
							☐ Closed		Cleared							Page 1			