I N	Agenc	y Name		NSTON-SALEN	OLICE	CIDENT/INVESTIGATION						OCA 2412777									
C I	ORI	NC					1		REPORT						Date / Time Reported SMTWTFS Month Day Yr Time						
D E			NC 034				Att	At Foun	nd	SM	1 T W	Tı∄S	04		12   2	024	71me 21:12 M T W	Hrs.			
N T	#1			ing & Entering	Witi	hout For	rce	Com	Month 04	D			∏∄ S  Time !:12  Hrs			n Secure Day Y:	r —	Time 21:11	Hrs.		
D	2 Crime Incident																		Offense Ti	ract	
A T		Crime I	ncident					_	Com	562 C			Win.	ston-saler	n NC		)7 Victim Re	siden	212 ce Type		
A	#3					☐ Att Premise Type ☐ Com						☐ Single Family ☐ Multi Family									
МО			d or Com MITTEI		Forcible						☐ Yes [	Weapon / Tools									
	# of V	ictims	Type	▼ Person	_	Business				Injury	•	None		linor	Loss o	f Tee		-	cohol Use		
V	1 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Religious L.E. Officer Line of Duty Other/Unknown Internal Unconscious Other Major																				
I		Victim/		Name (Last, First,		Victim of DOB / Age				Sex Relationship Resident			Status								
C T	V1		DA	ΓΑ OMITTED			'	Crime #		29					☐ Resid ☐ Non-I						
I M	Home Address											1,			W	F	$F \mid 1RU \mid \square$ Unknown Home Phone			own	
	поше	Addre	88		TTED							Home Fhone									
	Employer Name/Address DATA OMI									TTED					Business Ph				one		
,	VYR Make Model Style						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 column	R = Recovered if recovered for other	D = 1 er juri	Damaged isdiction)	Z = Seized	B =	Burn	C = 0	Cou	interfeit / F	orged	F = Found	d						
	Victim # DCI Status Value OJ QTY						Property Description								Mak	ce/Mo	del	Ser	ial Numb	er	
														DA	ГА ОМІТ	TED					
- P - R					$\dashv$									-				INI	FOR FORMAT	TON	
																			SECURIT	ГΥ	
O P																		]	PURPOS	ES	
E ·					$\dashv$													ONI	LY THE I	FIRST	
R T					+												TV		E PROP		
Υ .																ITEMS ARE					
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					$\perp$													P2	C REPO	KTS	
-	Numb	er of V	ehicles S	tolen 0	Nur	nber Vehi	cles Recovere	d	0												
	Office	r		ID			Officer Sig	r Signature Superviso								or Signature					
ID			M. A. ( Signatur	(15875) e	Case Status	CAFI								FEY, J. D. (15234)							
Status	Comp	uiit		-			☐ Further  ☐ Inact ☐ Closed										dition De				