I N	Agenc	y Name		NSTON-SALEN	— 1 Р	OLICE	IN	INCIDENT/INVESTIGATION						OCA 2412805						
C .	ORI	NC						REPORT							Date / Time Reported SMTWTFS					
D E			NC 034										Day YF Time   O4   13   2024   O1:10 Hrs.   Last Known Secure   S M T W T F S   Month Day Yr Time							
N T	#1	71111C 11	reraem(s	, Drug Viola	tion	S		ı —	Com	Month 04	Γ			ime !:10  Hrs					.me	
D.	#2	Crime I	ncident			~			-			Incident	+   01	.10	7 04		3   202		ense Tract	
A	Com 100 Cedar Cove Ln - BLK, W														ston-s	ston-salem NC 324   Victim Residence Type				
T A	#3	Jillie I	ncident						Com	Premise	тур	pe				- 1			1 ype  Multi Family	
МО			d or Com								Forcible Yes	X N/A	We	apon / Too	ls					
	# of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:															ol Use:				
	1		IX So	ciety   Governm	ent	□ F	inancial Instit				-	roken Bone	es	Severe	Lacera					
V I		Victim/		igious L.E. Off			ity   Othe	er/Un	iknow	'n _		ternal  Victim of		scious [	Other	r Major No N/A  Sex Relationship Resident Status				
C T	V1	, 1001111			1,1100							Crime #	DOI	) / IIgo	Ruce	Bex	To Offeno	ler 🖂	Resident	
I			DA.	ΓA OMITTED		1,										Non-Residen Unknown				
М -	Home Address DATA OMIT									ГТЕО						Home Phone				
	Employer Name/Address DATA OM															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																				
	Victim #			Property Description								Mak	e/Mo	del	Serial	Number				
P - R - O	π	# DCI Status Value OJ QTY Property Description									11141				OMITTED					
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Р <sup>-</sup> Е -																				
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			ehicles S			mber Vehi	cles Recovere		0											
ID	Office:	ZCZŁ	ENJUK	L. (15222) ID	Officer Sig	Officer Signature Supervisor Signature FLYNN, J. L. (15605														
11/	Complainant Signature Case State									Case Disposition:						,				
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	tive /Clea	ared				by A	Test by Ander	Refuse other Ag	gency	ooperate		ion Declined Page 1	