I N													N	OCA	DCA 2412853					
C I D E N	ORI		VV 1 1	ISTON-SALL	101 1	ULICE	REPORT							Date / Time Reported S M T W T F S Month Day Yr Time						
			NC 034											04 13 2024 14:22 Hrs						
	#1	Crime I	ncident(s	·				□ Att	At Fou Month				T F≟ Time	Last I Mont	Known S h Day	Secure Y Yr	SMTWT Time	F-S		
Т		anima I	ncident	Trespas	sing			X Com	04 Locatio	<u> 13</u>		4 14	4:22 Hrs	s 04	13	2024	14:22 H			
D	#2	_mme i	ncident					☐ Att ☐ Com				d W	inston-sal	lem N (2710	6	Offense Tract 123	i		
A T	#3 Crime Incident □ Att Premise Type																lence Type			
А	#J							Com					-			-	nily ∏ Multi Fa	mily		
МО			d or Con MITTEI										Forcible	X N/A	Weapo	on / Tools				
V I	# of V	lictims		Person		Business			Inju	^{iry} [] None		finor	Loss of	f Teeth	-	Alcohol Use:			
															$\begin{array}{c c} \hline & Yes & \Box & Unknown \\ \hline & Other Major & & & NA \\ \hline \end{array} \\ \end{array}$					
		Victim/		Name (Last, First							nal 📋 ctim of		B / Age	<u> </u>		lationshi		atus		
C T	V1 Crime #															Offende	r 🗖 Resident	t		
Ι	DATA OMITTED																□ Non-Res			
M ·	Home	e Addre	ss					FTED				I			Home	Phone				
	Emplo	oyer Na	ume/Add	ress			ATA OMITTED ATA OMITTED							Business Phone						
	VYR	M	ake	Model	S	tyle	Color Lic/Lis Vin													
T H E R S I N V O L V E D	DATA OMITTED																			
Status Codes																				
	Victim					Í		Dron-it	Deseri	tion				M-1	o/Ma 1 3		Sorial Num-1-			
	# DCI Status Value OJ					QTY Property Description							włak	e/Mode		Serial Number ATA OMITTE	ED			
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ID	Office MIL		J. R. (1		D#			Officer Signature Supervise (0)								or Signature				
Status			Signatur				□ Inact	LS Case Disposition: Threstigation Unfounded Lo Cleared by Arrest Cleared by Arrest						Decated Extradition Declined Refuse to Cooperate nother Agency						
							Closed	/Leads Ex	hausted		Death of	of Offe	nder $\[$	Prosec	ution D	eclined	Page 1			