I N	Agenc	y Name		VSTON-SALEN	IN	CIE	CIDENT/INVESTIGATION					OCA 2413067							
C ·	ORI	NG					1		REPORT					Date / Time Reported SMTWTFS Month Day Yr Time					
D E			NC 034						I	A + E	ı ld	мпты	ां ची हो हो	04		15 202	Time 4 13:14 Hrs. SMTWTF\$		
N	#1) Obsenity/ Pornog	iran	hy Viole	ution	_	Att Com	At Found Month			TFS Time			Day Yr	Time		
Τ.	#2		ncident	oseniiy/ 1 ornog	тир	ny viou	uion		-	04 Location	09 20 of Incident	22 10	5:20 Hrs	§ 04	(09 2022	Offense Tract		
D A								_	Com		•	Rd, W	inston-sa	lem N			123		
T A	#3	Crime I	ncident						Att Com	Premise 7	Гуре				- 1	Victim Reside	ence Type ily ∏Multi Family		
	How A	Attacke	d or Con	mitted				Ш	Forcible						Weapon / Tools				
МО	D.	ATA O	MITTEI)					Yes XN/A			1							
	# of V	ictims		Person		Business				Injury	☐ None	e □N	/linor □] Loss o	f Tee	th Drug/A	Alcohol Use:		
V	I Society ☐ Government ☐ Financial Institute ☐ Broken Bones ☐ Severe Lacerations ☐ Ves ☐ Unknown ☐ Religious ☐ L.E. Officer Line of Duty ☐ Other/Unknown ☐ Internal ☐ Unconscious ☐ Other Major ☑ No ☐ N/A																		
I		Victim/		Name (Last, First,			<u> </u>	21, 01.	IKIIOW	<u>" I Ц</u>	Victim o	_	B / Age	Race	<u> </u>		Resident Status		
C T	V1 DATA OMITTED															To Offender	Resident Non-Resident		
I M ·				TA OMITTED							1,						Unknown		
111	Home	Addre	ss		ГТЕО						Home Phone								
	Employer Name/Address DATA OMI'								 FTED					Business Phone					
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	#	# DCI Status Value OJ QTY						Property Description						Mal	ce/Mo		erial Number ATA OMITTED		
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-	Numb	er of V	ehicles S	tolen 0	Nun	nber Vehic	cles Recovere	d	0										
ID	Officer ID# Offi WOODLEY, Q. G. (15962)								Officer Signature Supervisor							or Signature			
ıυ	Complainant Signature Case Statu									<i>OLIVO</i> , Č. D. (15359) Case Disposition:									
State	☐ Furthe [X] Inac									tion	☐ Unfo	ınded	☐ Loc	ated	e to C	Excooperate	tradition Declined		
Status							Closed	ive						other Ag	gency	' г	Page 1		