I N	Agenc	y Name		NSTON-SALEN	IN	INCIDENT/INVESTIGATION							OCA 2413100								
C	ORI	NC						REPORT								Date / Time Reported SMTWTFS Month Day Yr Time					
D E			NC 034		│ │								04 15 2024 14:49 Hrs.								
N T	#1							Att At Found SM TWTFS Month Day Yr Time X Com 04 15 2024 14:49 F								Month Day Yr Time				Hrs.	
D	Crime Incident														- 04		13 2		Offense Tra		
Α		7 T						_	Com				St, Wi	nston-sai	lem No			D: 1	111		
T A	#3	Jillie I	ncident			☐ Att Premise Type ☐ Com								Victim Residence Type ☐ Single Family ☐ Multi Family							
МО			d or Con MITTEI				•					Forcible Yes No	X N/A		eapon / '	Tools					
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																				
3.7	0 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow Internal Unconscious Other Major															nown					
V I		Victim/		Name (Last, First,			пу 🔲 Опи	21/ U11	ikilow	n [<u> </u> In	Victim of		S / Age	Race				□N/A Resident S	Status	
C T	V1			ΓA OMITTED		,						Crime #				~	To Of	fender	☐ Reside	ent	
I M			DA	IA OMITTED															□ Non-Ro		
IVI ·	Home Address DATA OMI									TTED						Home Phone					
,	Employer Name/Address DATA 0								OMITTED							Business Phone					
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Cours	Victim		Property Description								Mol	lake/Model Serial Number									
	Ŧ	# DCI Status Value OJ QTY						Property Description							Iviar	DATA OMITTED					
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			ehicles S			nber Vehi	cles Recovere		0												
ID	Office: WYI). L. (15	ID 5804)										or Signature (, A. B. (15617)							
		lainant		Case Status	s Case Disposition:																
Status				☐ Further Investigation ☐ Unfounded ☐ Located ☐ Extrad: ☐ Inactive ☐ Cleared by Arrest ☐ Refuse to Cooperate								dition Dec	lined								
J						Closed	☐ Closed/Cleared ☐ Cleared by Arrest by A ☐ Closed/Leads Exhausted ☐ Death of Offender							nother Agency							