I N	Agenc	y Nam	e WIA	, IN	INCIDENT/INVESTIGATION							OCA 2413302							
I C	ORI	NC	NC 034	10200		1	REPORT								Date / Time Reported SMTWTFS Month Day Yr Time				
D E	10		ncident(s			Att At Found SMTWTFS Month Day Yr Time						Day Yr Time   O4   17   2024   09:24 Hrs.   Last Known Secure   S M T M T F S   Month Day Yr Time   O5   O5   O5   O5   O5   O5   O5   O							
N T	#1 Traffic Accident-pp Or Pva									Month 04				ime 1:24   Hrs			Day Yr 🖰	Time $09:24$ Hrs.	
D.	#2	Crime I	ncident		1				Att	Location	of l	Incident						Offense Tract	
A T		Trimo I	ncident					Vinst	on-salem	NC 2		Victim Reside	113						
A	#3	Jillie I	nciuent						Att Com	Premise	тур							ily □Multi Family	
МО			d or Con MITTEI						•					Forcible Yes	X N/A	We	apon / Tools		
	# of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:															lcohol Use:			
	O Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow																		
V I		Victim		-			uty   Othe	er/Ur	nknow	'n		ernal  Victim of			Other Race	<u> </u>			
C T	Victim/Business Name (Last, First, Middle)  Victim of Crime #  DOB / Age  Crime #														Race	эсх	To Offender	☐ Resident	
I	DATA OMITTED																	☐ Non-Resident ☐ Unknown	
М -	Home Address DATA OMI'									ГТЕО						Home Phone			
	Employer Name/Address DATA OM															Business Phone			
	VYR	Color Lic/Lis Vin							Vin										
О																			
T																			
H E																			
R S	R S																		
							DATA	(	M	ITTF	ΞD	)							
I N	DATA OMITTED																		
V	V																		
O L																			
V E																			
D																			
Status Codes																			
	Victim		Status	Value	Property Description								Mal	ce/Mo	odel S	erial Number			
							GUARD SHACK								17141	10,111		ATA OMITTED	
P - R - O																		FOR	
																	II	NFORMATION SECURITY	
																		PURPOSES	
Р <sup>-</sup> Е -																			
R																		NLY THE FIRST	
T Y																	TWEI	VE PROPERTY	
																	n	ITEMS ARE ISPLAYED ON	
-																		2C REPORTS	
_																			
	Numb		ehicles S	tolen 0		mber Vehi	Conficer Signature		0 re				ī	Supervisor	Signat	ure			
ID	SMI	TH, A	. B. (16	5051)		(0)						(0)	visor Signature						
	Complainant Signature Case Sta									1 1					ated		□ Ext	radition Declined	
Status					Inact	ctive Cleared by Arrest						rest	Refuse to Cooperate						
							☐ Closed			hausted				rest by And nder □				Page 1	