I N	Agenc		STON-SALEN	CIE	CIDENT/INVESTIGATION						OCA 2413920									
C ·	ORI	NG				02102		REPORT						Date / Time Reported SMTWTFS Month Day Yr Time						
D E	10		NC 034		Att At Found SMTWTFS Month Day Yr Time								Day Time O4 21 2024 23:27 Hrs.							
N T	#1	JIIIIC II	icident(s	, Trespassi	ng			_	Com	Month 04	D			ime 3:27 Hrs			Day Yr (2024)	Time		
D .	#2	Crime I	ncident	Trespessi	7.8				_			Incident	+ 2.	0.27	<u> </u>		21 2024	Offense Tract		
A		~· ·		tion Of City/cou	nty	Ordinan	се	_	X Com 301 Medical Center Bv, Winsto						n-sale	-salem NC 27103 312 Victim Residence Type				
T A	#3	rime I	ncident						Att Com	Premise	ıyţ	pe						ence Type iily ∏Multi Family		
МО			d or Com											Forcible Yes	N/A	We	apon / Tools			
	# of Victims Type																			
V	2		☐ Rel	igious 🔲 L.E. Off	icer	Line of Du			know	. –	•	ternal 🔲	Unco	scious [Other		or 🖂 N	N/A		
I C	Victim/Business Name (Last, First, Middle)													Victim of Crime # DOB / Age Rac			Relationship To Offender			
T I	V1		DA	ΓA OMITTED								1,						□ Non-Residen		
М -	Home	Addre	ss		rte:	·							Home Phone							
	Employer Name/Address DATA OMI														Business Phone					
	VYR Make Model Style Color								Lic/Lis					Vin						
	, 111			TVIO de l		,10			Į.											
O T H E R S I N V O L V E D	DATA OMITTED																			
Status Codes	(Chec	k "OJ"	= Stolen column i	R = Recovered frecovered for other	D = er jur	Damaged isdiction)	Z = Seized	B =	Burn	ed C=	Cou	ınterfeit / F	orged	F = Foun	d					
	Victim # DCI Status Value OJ QTY						Property Description								Mak	e/Mo		erial Number		
- - P - R													D	ATA OMITTED FOR						
																	I	NFORMATION		
					\dashv													SECURITY		
O P -																		PURPOSES		
Ē -					_													NLY THE FIRST		
R T					\dashv													LVE PROPERTY		
Y					_												1,,,2	ITEMS ARE		
																	I	DISPLAYED ON		
																		P2C REPORTS		
-	Numb	on of V	ahialaa C	tolon 0	Nive	nhau Vahi	alas Dagayana	a	0											
	Office	r	ehicles S	ID		noer veni	cles Recovere Officer Sig		e e				1	Supervisor	Signati	ıre				
ID	JACOBS, T. R. (15814)								<u>STUM</u>								P, J. K. (14922)			
Status	Compl	lainant	Signatur	e			Case Status Further Inact Closed	r Inve tive /Clea	ıred				ded by Ai by Ai	Loc rest rest by And	Refuse other Ag	gency	ooperate	Page 1		