I N	Agenc	y Nam		NSTON-SALEN	IN	ICIDENT/INVESTIGATION						OCA 2414361								
C	ORI	NG			1	REPORT							Date/Time Reported SMTWTFS Month Day Yr Time 04 25 2024 05:06 Hrs.							
D E			NC 034				A 44 I	At Found	d	LsLw	ודן ש	고타이	04		25 20	024	<i>05:0</i> 6 ± МТМ⊒Г			
N	#1	Jimic 1) aking & Enterin	0		Com	Month	Da			IJFS Time			n Secure Day Yr		rime .			
T	#2	Crime I	ncident	iking & Linerin	iii I orc			-	04 Location	25 of Ir		<i>i</i> 03	:06 Hrs	s <u>04</u>		25 202		<u>]5:05 </u>	Hrs. xt	
D A								ı —	Com				d, Wi	inston-sa	lem N				123	
T A	#3	Crime I	ncident		☐ Att Premise Type ☐ Com							Victim Residence Type ☐ Single Family ☐ Multi Family								
	How Attacked or Committed															Weapon / Tools				
МО	D.	ATA C	MITTEI)										☐ Yes ☐ No	X N/A					
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																			
V	I □ Society □ Government □ Financial Institute □ Broken Bones □ Severe Lacerations □ Ves □ Unknown □ Internal □ Unconscious □ Other Major □ Yes □ Unknown □ Internal □ Unconscious □ Other Major)WII				
I C	Victim/Business Name (Last, First, Middle) Victim of DOB / Age Rac														Race	Sex	Relations	nip I	Resident St	
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Status Codes																				
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	Office	r		ID				fficer Signature Supervisor Signature											\neg	
ID			E. W. (Case Status	Case Status Case Disposition							ĀRNDT, V. A. (15514)							
Status	comp		<u>-</u>	-			☐ Further ☐ Closed ☐ Closed	r Inve ive /Clea	ıred			Unfoun Cleared Cleared	ded by Aı by Aı	Loc rest rest by And	Refuse other Ag	ency	ooperate	Extrad	lition Decli Page 1	ined