I N	Agenc	y Nam		NSTON-SALEN	1 P	OLICE	IN	INCIDENT/INVESTIGATION							OCA 2414443					
C	ORI	NG			OLICE	REPORT						Date / Time Reported SMTWIFS Month Day Yr Time								
D E	<u> </u>		NC 034		│ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │								04   25   2024  17:25 Hrs							
N T																ast Known Secure SMTWIFS onth Day Yr Time  04   25   2024   17:24   Hrs.				
D D	Crime Incident														3 <u>04</u>		23   202		Offense Ti	
Α		~ · ·						-	Com				insto	n-salem l	NC 27		D		111	
T A	#3	rime i	ncident		☐ Att Premise Type ☐ Com							Victim Residence Type  ☐ Single Family ☐ Multi Family								
МО			d or Com					Forcible Yes							Weapon / Tools					
	# of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:															<u> </u>				
	O Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow															- 1				
V I		Victim					uty   Othe	er/Un	know	n [	□ In	victim of			Other Race	<u> </u>		No hin	□N/A Resident	
C T	Victim/Business Name (Last, First, Middle)  Victim of Crime #  DOB / Age  Crime #														Race	Sex	To Offen	der	☐ Resid	lent
I	- 1		DA	ΓΑ OMITTED														- 1	□ Non-F	
M	Home Address DATA OMI									TTED						Home Phone				
•	Employer Name/Address DATA OM														Business Phone					
,	VYR Make Model Style						Color Lic/Lis Vin							Vin						
T H E R S I N V O L V E D	DATA OMITTED																			
Status Codes																				
	Victim #		Status	Value	Property Description								Mak	Iake/Model Serial Number				er er		
	#	# DCI Status Value OJ QTY   11 6   4 SYRINGES														DATA OMITTED				
P - R - O																			FOR	7.011
					$\dashv$														FORMAT SECURIT	
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			ehicles S	-		nber Vehi	cles Recovere		0											
ID	Office LYN		Г. М. (1	6201) ID	Officer Sig	natur	re						r Signature ERS, K. S. (14602)							
			Signatur		Case Status	us Case Disposition:														
Status							☐ Further ☐ Inact ☐ Closed	tive l/Clea	ared				l by Ai l by Ai	Loc rrest rrest by And	] Refuse other Ag	gency	ooperate	_	dition De	