I N	Agenc	y Name		STON-SALEN	1 PC	OLICE	IN	INCIDENT/INVESTIGATION						OCA 2422783				
C	ORI	NC	NC 034	10200			-	REPORT						Date / Time Reported S M T W T F S Month Day Yr Time				
D E			ncident(s			<u> </u>	│ Att │ At Found │ S M 丁 Ψ 丁 F S Month Day Yr Time						Month Day YF Time 06 26 2024 20:36 Hrs. Last Known Secure S M T F T F S Month Day Yr Time S M T F S Month Day Yr Time Month					
N T	#1 C	Commi	ınicatir	ng Threats -intin	nidat	tion, No	n Physical		Com	Month 06			fime 0:36 Hrs			26 2024	Time $20:36$ Hrs.	
D	#2	Crime I	ncident						Att Com		of Incident		on-salem	NC 22	7101	(Offense Tract 111	
A T	#3	Crime I	ncident						$\overline{}$	Premise 7		vvirisi	on-satem	IVC 27		/ictim Resider		
A		\	d or Com						Com				F:1-1-	<u> </u>	_		y □Multi Family	
MO			a or Con MITTEI										Forcible Yes No	X N/A	we	apon / Tools		
V	# of V	ictims	Туре	Ŋ Person	_	Business				Injury	24	_		Loss o			cohol Use:	
	I Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Internal Unconscious Other Major No No NA															_		
I C	Victim/Business Name (Last, First, Middle)											Victim of DOB / Age Ra				Relationship To Offender	Resident Status Resident	
T I	V1		DA	ΓA OMITTED								31	$\mid W \mid$	$_{F}$	1RU	Non-Resident		
M	Home Address													<u> </u>		ne Phone	Unknown	
	Emplo	me/Add	ress		A OMITTED						Business Phone							
	VYR	ATA OMITTED Color Lic/Lis					Vin											
			ake	Model	Sty				Lin				· · · · ·					
O T H E R S I N V O L V E D		DATA OMITTED																
Status Codes	(Chec	k "OJ"	= Stolen column	R = Recovered frecovered for other	D = D r juris	Damaged sdiction)	Z = Seized	B =	Burn	ed C = C	Counterfeit	/ Forged	F = Found	d 				
	Victim # DCI Status Value OJ QT					QTY	Property Description							Mak	e/Mo		rial Number	
- P - R _					_											DA	TA OMITTED FOR	
					+											IN	FORMATION	
																	SECURITY	
O P .					_												PURPOSES	
E - R					+											ON	LY THE FIRST	
T.					+												VE PROPERTY	
Y																	ITEMS ARE	
																	SPLAYED ON	
					_											P	2C REPORTS	
-	Numb	er of V	ehicles S	tolen 0	Num	nber Vehic	cles Recovere	d	0									
	Office	r		ID		7 01110	Officer Sig		-				Supervisor			71.4)		
ID			<i>T. (160</i> Signatur				Case Status	,			Case Disp	ocitics:		KORN, A. R. (15714)				
Status	Comp	iaiiiaiit	oignatur				☐ Further ☐ X Inact ☐ Closed ☐ Closed	Inve ive /Clea	ıred		☐ Unfo ☐ Clear ☐ Clear	unded ed by A ed by A	☐ Loca	Refuse ther Ag	gency	ooperate	Page 1	