I N	Agenc	y Name		NSTON-SALEN	1 PC	OLICE] IN	INCIDENT/INVESTIGATION						OCA 2423005				
I C	ORI	NC	NC 02	40200			1	REPORT						Date / Time Reported SMTWTFS Month Day Yr Time				
D E	10		NC 034					Λ++ I	At Found	1 5	SIMITIV	d Tl∓lSl	06		28 2024	Time 14:06 Hrs. M T W T I S		
N T	#1			, 1g Threats -intin	nidai	tion. No	n Physical		Com	Month 06			기포 S Time <i>4:06</i> Hrs			Day Yr 🗀	Time $13:33$ Hrs.	
D.			ncident			,			\rightarrow		of Inciden		4.00	7 00			Offense Tract	
A		7 T	: 1 4					_	Com			h Ct, W	inston-sal	lem N			324	
T A	#3	Jime i	ncident					☐ Att Premise Type ☐ Com						Victim Residence Type ☐ Single Family ☐ Multi Family				
МО			d or Con MITTEI					Forcible ☐ Yes ☐ No					☐ Yes [Weapon / Tools				
	# of V	ictims	Туре	☐ Person	□B	Business				Injury	X No	ne □1		Loss o	of Tee	th Drug/Al	cohol Use:	
	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow															s Unknown		
V I		Victim/		igious L.E. Off Name (Last, First,			ity 🔲 Othe	er/Un	know	'n 📗	Internal Victim		nscious B / Age	Other Race		r ⊠ No Relationship	□N/A Resident Status	
C T	V1	, 10 11111				,					Crime #		52	Race	БСА	To Offender	Resident Resident	
I	DATA OMITTED										1,			W	M	1RU	☐ Non-Resident ☐ Unknown	
М -	Home Address DATA OMI									TTED					Home Phone			
	Employer Name/Address DATA Of													Business Phone				
•	VYR Make Model Style						Color Lic/Lis Vin						Vin					
O T H E R S I N V O L V E D		DATA OMITTED																
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column	R = Recovered	D = I er juri:	Damaged sdiction)	Z = Seized	B =	Burn	ed C = C	Counterfeit	/ Forge	f = Foun	d				
	Victim # DCI Status Value OJ QTY						Property Description							Mal	ce/Mo	del Se	rial Number	
- - P -	п	"						Troperty Description									TA OMITTED	
																Th:	FOR	
																	FORMATION SECURITY	
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Р ⁻ Е -																		
R																	LY THE FIRST	
Т Ү -																	VE PROPERTY	
1																	SPLAYED ON	
-																	2C REPORTS	
-																	- 1-2	
			ehicles S			nber Vehic	cles Recovere		0									
ID	Office:		. E. (15	ID (310)		Officer Sig	Officer Signature Supervisor Signature BOGER, J. C. (14943)											
			Signatur				Case Status	ase Status Case Disposition:						· · · · · ·				
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	ared		Clea	red by A	Locarrest Locarrest by Ander	Refuse ther Ag	gency	ooperate	Page 1	