Ι	Agency Name INCIDENT/INVESTIGATION												N [OCA 2423403					
N C	ORI		WI	VSTON-SALE	OLICE	REPORT							2423403 Date / Time Reported Month Day Yr						
I D			NC 034										07 01 2024 18:15 Hrs.						
E N	#1	Crime I	ncident(s	,	-	,			11/	At Found Ionth	Day Yr		TFS Time			y Yr '	S ∰ T W T F S Time		
Т	$\mathbf{X} \stackrel{\text{max}}{\longrightarrow} All \ Other \ Fraud \qquad \qquad \mathbf{X} \stackrel{\text{Com}}{\longrightarrow} 07 01 2024 18:15 \text{Hz}$														01	2024	18:14 Hrs. Offense Tract		
D A	#2														-salem NC 27106 113				
T A	#3	Crime I	ncident					Att Premise Type						Victim Residence Type ☐ Single Family ☐ Multi Family					
	How A	Attacke	d or Con	mitted					111				Forcible			on / Tools			
MO	D	ATA O	MITTEI)									□ Yes [□ No	X N/A					
	# of V	ictims		Person		Business	in an ai al In atit		Injury	X None		_	□ Loss of Teeth Drug/Alcohol Use: re Lacerations □ Yes □ Unknown						
v	2 Society Government Financial Institute Broken Bones Seven Religious L.E. Officer Line of Duty Other/Unknown													Lacerat Other			_		
I C	Victim/Business Name (Last, First, Middle) Victim of DOB / Age													Race		elationship Offender			
T I	V1		DA	FA OMITTED							<i>1</i> ,		18	B		IST	Non-Residen		
M	Home	Addre	ess		D									Home Phone Unknown					
	Emplo	over Na	ame/Add	ress			ATA OMITTED							Business Phone					
	VYR	-	ake	Model		ATA OMITTED Color Lic/Lis Vin													
	VIK	IVI	аке	Model	5	tyle	Color	-	LIC/L	.15			V III						
H E R S I N V O L V E D		DATA OMITTED																	
Status Codes				R = Recovered			Z = Seized	$\mathbf{B} = \mathbf{B}\mathbf{u}$	ırned	C = C	ounterfeit / F	orged	F = Found	1					
Coues	Victim					Ĺ	Property Description							Male	e/Model		erial Number		
	# DCI Status Value OJ QTY 1 20 7 1 1 1						MONEY							IVIAK	e/ WIOUE		ATA OMITTED		
-																	FOR		
P																I	NFORMATION SECURITY		
R. O																	PURPOSES		
P																			
E· R																0	NLY THE FIRST		
T Y·																TWE	LVE PROPERTY		
•																г	ITEMS ARE		
-																	P2C REPORTS		
-																			
			ehicles S	-		mber Vehi	cles Recovere	-					<u>a</u> :	<u>a.</u>					
ID		D, M.	E. (15	588)	D#			Officer Signature Superviso WILL								or Signature IAMS, K. A. (15631)			
Status	Comp	lainant	Signatur	e			Inact	□ Further Investigation □ Unfounded □ Lo						Decated Extradition Declined Refuse to Cooperate nother Agency					
										usted	Death o				ution D	eclined	Page 1		