I N	Agenc	y Name		VSTON-SALEN	] IN	ICIDENT/INVESTIGATION						OCA 2423544							
C .	ORI	NC					-	REPORT							Date / Time Reported SMIWTFS Month Day Yr Time				
D E			NC 034			<u> </u>	│ ☐ Att │ At Found │ S M 五 W T F S Month Day Yr Time							Day 17 Time   O7   O2   2024   19:02 Hrs.					
N T	#1			, ng Threats -intin	nidat	tion, No	n Physical	_	Com	Month 07				ime 0:02  Hrs	Mont		ay Yr <b>'</b>	Time $19:01$ Hrs.	
D.			ncident			,				Location	of Inc	cident						Offense Tract	
A T		Trime I	ncident					_	Com	Premise 7		Club I	Or, W	<sup>7</sup> inston-sa	lem N		7106 Victim Reside	123	
A	#3	omic i	nerdent					☐ Att   Premise Type ☐ Com							☐ Single Family ☐ Multi Family				
МО			d or Com MITTEE						•					Forcible Yes	N/A	Wea	apon / Tools		
		ictims		☐ Person	□ R	usiness				Injury	/ DX	None	ΠМ	□ No	Loss of	f Teet	h Drug/A	Alcohol Use:	
	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown															es Unknown			
V I		Victim/		Name (Last, First,			ity 🗌 Othe	er/Un	iknow	'n 📗	_	nal  ctim of		scious   B / Age	Other		r		
C T	V1			ΓA OMITTED					ime#		56			To Offender					
I M ·			DA.	IA OMITTED				1	',			В	F	1RU	☐ Non-Resident☐ Unknown				
141	Home	Addre	ss		ATA OMI	ITTED							Home Phone						
	Employer Name/Address DATA (								OMITTED						Business Phone				
•	VYR	M	ake	Model	Sty	'le	Color		Lic	c/Lis				Vin					
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 i	R = Recovered for other	D = D r juris	Damaged sdiction)	Z = Seized	B =	Burn	ed $C = C$	Counte	erfeit / F	orged	F = Found	1				
	Victim # DCI Status Value OJ QTY						Property Description								Mak	e/Mo	del S	erial Number	
- - P - R													D.	ATA OMITTED					
					+												I	FOR NFORMATION	
																		SECURITY	
O P -																		PURPOSES	
E -					+												0	NLY THE FIRST	
R T					+													VE PROPERTY	
Y																		ITEMS ARE	
																		ISPLAYED ON	
-					+												]	P2C REPORTS	
-	Numb	er of V	ehicles S	tolen 0	Num	ber Vehic	cles Recovere	d	0										
75	Office	r		ID			Officer Sig		_					Supervisor			A D (161)	(0)	
ID	TUCKER, C. R. (16056)  Complainant Signature  Case								se Status Case Disposition:						GEOGHEGAN, M. R. (16168)				
Status	P		G				☐ Further ☐ Closed ☐ Closed	r Inve ive /Clea	ared			Unfound Cleared Cleared	ded by Aı by Aı	Loca	Refuse ther Ag	ency	ooperate Г	Page 1	