| I N | Agenc | y Name | | VSTON-SALEN | 1 P | OLICE |] IN | INCIDENT/INVESTIGATION | | | | | | OCA 2423558 | | | | |
|--|---|------------------------------------|--------------------|--------------------------------------|-----------------|-------------------|-------------------------------------|------------------------|--|-----------|----------------------------|----------------------------|---------------------|---|---|-----------------------------|--------------------------|--|
| C | ORI | NC | NC 03/ | 10200 | | | 1 | REPORT | | | | | | Date / Time Reported SMIWTFS Month Day Yr Time | | | | |
| D E | NC NC 0340200 Crime Incident(s) | | | | | | | | Att At Found SMIWIFS Month Day Yr Time | | | | | | Day Yr Time O7 O2 2024 21:45 Hrs. Last Known Secure S M T F S Month Day Yr Time Time O7 O7 O7 O7 O7 O7 O7 O | | | |
| N T | #1 C | 'ommi | ınicatir | ng Threats -intin | nida | tion, No | n Physical | | Com | Month 07 | | | ime !:45 Hrs | | | 02 2024 | Time 21:44 Hrs. | |
| D | #2 | Crime I | ncident | | | | |] | Att Com | | of Incident Baden Rd - | <i>A</i> 14 | lington ga | Lom N | C 27 | 1 | Offense Tract 212 | |
| A T | #3 | Crime I | ncident | | | | | _ | Att | Premise 7 | | A, W | msion-su | iem iv | | Victim Resider | | |
| A | | \ | 1 C | | | | | Com | | | | | F9-1- | ☐ Single Family ☐ Multi Family Weapon / Tools | | | | |
| MO | | | d or Com MITTEI | | | | | | | | | | Forcible Yes No | X N/A | we | apon / Tools | | |
| | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | | | |
| V | 1 | | | ciety ∐ Governm igious ☐ L.E. Off | | | | | know | . – | Internal | | Severe | Lacerat Other | | . — | s □ Unknown □ N/A | |
| I C | Victim/Business Name (Last, First, Middle) Victim of DOB / Crime # | | | | | | | | | | | | | Race | Sex | Relationship To Offender | Resident Status Resident | |
| T I | V1 DATA OMITTED | | | | | | | | | | 1, | | 23 | $\mid w \mid$ | $_{F}$ | 1NE | ☐ Non-Resident | |
| M | Home Address | | | | | | | | | | | | | | | ne Phone | Unknown | |
| | DATA OI | | | | | | | | | | | | | Business Phone | | | | |
| | VYR | ATA OMITTED Color Lic/Lis Vii | | | | | Vin | | | | | | | | | | | |
| | | | ake | Model | Sty | , 10 | | | , , | | | | | | | | | |
| 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 = I r juri | Damaged sdiction) | Z = Seized | B = | Burn | C = C | Counterfeit / l | Forged | F = Found | d | | | | |
| | Victim # DCI Status Value OJ QTY | | | | | QTY | Property Description | | | | | | | Mak | e/Mo | | rial Number | |
| - P - R _ | | | | | _ | | | | | | | | | | | DA | TA OMITTED FOR | |
| | | | | | \dashv | | | | | | | | | | | IN | FORMATION | |
| | | | | | | | | | | | | | | | | | SECURITY | |
| O P . | | | | | \dashv | | | | | | | | | | | | PURPOSES | |
| Е. | | | | | + | | | | | | | | | | | ON | LY THE FIRST | |
| R T | | | | | \dashv | | | | | | | | | | | | VE PROPERTY | |
| Υ . | | | | | | | | | | | | | | | | | ITEMS ARE | |
| | | | | | | | | | | | | | | | | | SPLAYED ON | |
| | | | | | _ | | | | | | | | | | | P | 2C REPORTS | |
| - | Numb | er of V | ehicles S | tolen 0 | Nur | nher Vehic | rles Recovera | d | 0 | | | | | | | | | |
| | Officer ID# Officer Signature Supervisor Signature | | | | | | | | | | | | | | | | | |
| ID | | | N. C. (1 | | | | Con- St- | | | | | | BOYD, K. E. (15702) | | | | | |
| Status | Comp | iaiiiant | Signatur | | | | Case Status Further Inact Closed | Inve ive /Clea | ared | | ☐ Unfour☐ Cleared☐ Cleared | ided l by Ai l by Ai | Loca | Refuse ther Ag | gency | ooperate | Page 1 | |