I N	Agenc	y Name		ISTON-SALEN	1 PC	DLICE	] IN	INCIDENT/INVESTIGATION						OCA 2423971				
C	ORI	NC	NC 02	10200			1	REPORT						Date / Time Reported SMTWTFS Month Day Yr Time				
D E			NC 034					A ++ 1	At Found	1 [S	MITIW	   T  F -\$	07		06   2024			
N T	#1			, ng Threats -intin	nidat	ion. No	n Physical		Com	Month 07			T F  <u>\$</u>  Time  3:09  Hrs			Day Yr	Time $03:08$ Hrs.	
D			ncident			,			-		of Incident	2 <del>4</del>   0.	0.09	7 07	10		Offense Tract	
A			. 1					_	Com			Other (	County NO	2710		Victim Residen	T.	
T A	#3	ıme i	ncident						Com	Premise T	ype				- 1		ice Type y ∏Multi Family	
МО			d or Com					Forcible ☐ Yes ☐ No					☐ Yes [	Weapon / Tools				
	# of V	ictims	Туре	▼ Person	□ R:	usiness				Injury	☐ None	N		Loss o	f Teet	th Drug/Al	cohol Use:	
	Society Government Financial Institute Broken Bones Severe Lacerations Unknown															S □ Unknown		
V I		Victim/		igious L.E. Off Name (Last, First,			ity   Othe	er/Un	know	'n 🗆	Internal [		nscious  B / Age	Other Race		r No Relationship	□N/A Resident Status	
C T	V1	· ictiii			viiuui	<i>C)</i>		Crime #				18	Race		To Offender	■ Resident		
I	DATA OMITTED										1,			$\mid w \mid$	F	10K	☐ Non-Resident ☐ Unknown	
M	Home Address DATA OMI									TTED					Home Phone			
	Emplo	me/Addi	ress		A OMITTED						Business Phone							
,	VYR Make Model Style						Color Lic/Lis V						Vin	n				
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 i	R = Recovered for other	D = D r juris	Damaged sdiction)	Z = Seized	B =	Burn	C = C	Counterfeit /	Forged	F = Found	d				
	Victim # DCI Status Value OJ QT					QTY	Property Description							Mak	e/Mo	del Se	rial Number	
- - P -										1						DA	TA OMITTED	
					_											INI	FOR FORMATION	
					_	_							+				SECURITY	
R O																	PURPOSES	
P :																		
R																	LY THE FIRST	
Т Ү.																	VE PROPERTY	
1					_												ITEMS ARE SPLAYED ON	
					-	_											2C REPORTS	
-																		
			ehicles S			ber Vehic	cles Recovere		0									
ID	Office: PET		C. N. (.	ID 16077)		Officer Sig	Officer Signature Supervisor Signature MULGREW, M. J. (14746)											
			Signatur				1	Case Status Case Disposition:										
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	red			ed by A ed by A	rrest by And	Refuse ther Ag	gency	ooperate	Page 1	