I N	Agenc	y Name		STON-SALEN	1 P	OLICE] IN	INCIDENT/INVESTIGATION						OCA 2424279					
C	ORI	NC	NC 03/	10200			REPORT						Date / Time Reported SMTWTFS Month Day Yr Time						
D E	NC NC 0340200 Crime Incident(s)								☐ Att At Found S M T W T F S Month Day Yr Time							07 08 2024 20:09 Hrs. Last Known Secure SMT WTFS Month Day Yr Time			
N T	#1 c	'ommi	ınicatir	ng Threats -intin	nida	tion, No	n Physical	_	Com	Month 07			Time 0:09 Hrs			08 2024	Time $20:08$ Hrs.		
D	#2	Crime I	ncident]			of Incident		ton-salem	NC 2	7106	l l	Offense Tract 113		
A T	#3	Crime I	ncident					_	Com Att	Premise 7		vviris	on-satem	IVC 2.		Victim Resider			
A								Com					☐ Single Family ☐ Multi Family						
МО			d or Com MITTEI					Forcible						Weapon / Tools					
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow																		
V	1			igious 🔲 L.E. Off					ıknow	. –	Internal		Severe	Lacera Other		. –	_		
I C		Victim/	Business	Name (Last, First,	Midd	le)		Victim of DOI Crime #				B / Age	Resident Statu To Offender Resident Statu Resident			Resident Status			
T I	V1 DATA OMITTED										1,		31	$\mid_{B}\mid$	M	1AQ	☐ Non-Resident		
M	Home	Addre	ss						1,					ne Phone	Unknown				
						ATA OMI	ITTED						D : N						
	Emplo	me/Add	ress	D.	ATA OMI	'A OMITTED						Business Phone							
,	VYR	M	ake	Model	Sty	yle	Color		Lic	c/Lis			Vin						
O T H E R S I N V O L V E D		DATA OMITTED																	
Status Codes	(Chec	k "OJ"	= Stolen	R = Recovered frecovered for other	D = L r juri	Sdiction)	Z = Seized	В=	Burn	C = C	Counterfeit	/ Forgeo	F = Found	d 					
	Victim # DCI Status Value OJ QTY					QTY	Property Description							Mak	e/Mo		rial Number		
- P - R _													DA	TA OMITTED FOR					
					_											IN	FORMATION		
																	SECURITY		
O P .					_												PURPOSES		
E - R					_											ON	LY THE FIRST		
T.					-												VE PROPERTY		
Y																	ITEMS ARE		
																	SPLAYED ON		
-					\dashv											P	2C REPORTS		
-	Numb	er of V	ehicles S	tolen 0	Num	nber Vehic	cles Recovere	d	0										
ID	Office	r		ID				Officer Signature Supervisor Signature											
ID			<i>, A. J.</i> (Signatur	(16270) e			Case Status	Case Status Case Disposition:						WILLIAMS, K. A. (15631)					
Status	P		G				☐ Further ☐ Inact ☐ Closed								ooperate	Page 1			