I N	Agenc	y Name		VSTON-SALEN	1 P	OLICE] IN	NCIDENT/INVESTIGATION						OCA 2424541				
I C	ORI	NC	NC 034				1	REPORT						Date / Time Reported SMTWTFS Month Day Yr Time				
D E			ncident(s				Att At Found SMTWTFS Month Day Yr Time						Day IF Time O7 10 2024 18:49 Hrs. Last Known Secure S M T W T F S Month Day Yr Time Time On the Day Yr On the Day Yr Time On the Day Yr On the Day Yr On the Day Yr Time On the Day Yr Time On the Day Yr On the Day					
N T	#1			, ng Threats -intin	nida	tion, No	n Physical		Com	Month 07			Time 8:49 Hrs				Time 18:48 Hrs.	
D.			ncident	0					Att	Location	of Incident		•				Offense Tract	
A T		Trima I	ncident					_	Com	861 Co		Vinsto	on-salem N	VC 27		/ictim Resider	222	
A	#3	Jillie I	ncident					☐ Att Premise Type ☐ Com					☐ Single Family ☐ Multi Family					
МО			d or Con MITTEI					Forcible Yes No					☐ Yes [Weapon / Tools				
	# of Victims Type N Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															cohol Use:		
V	I ☐ Society ☐ Government ☐ Financial Institute ☐ Broken Bones ☐ Severe Lacerations ☐ Yes ☐ Unknow ☐ Religious ☐ L.E. Officer Line of Duty ☐ Other/Unknown ☐ Internal ☐ Unconscious ☐ Other Major ☐ No ☐ N/A															_		
V I																Relationship	Resident Status	
C T	V1 DATA OMITTED										Crime #		55			To Offender	Resident Non-Resident	
I M ·							1,			В	M	1SE	Unknown					
	Home Address DATA OMI									TTED					Home Phone			
	Employer Name/Address DATA OM								TTED					Business Phone				
	VYR Make Model Style						Color Lic/Lis						Vin	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	R = Recovered for other	D = I r juri	Damaged isdiction)	Z = Seized	B =	Burn	C = C	Counterfeit /	Forged	F = Found	i				
	Victim #						Property Description							Mak	e/Mo	del Se	rial Number	
- - P - R													DA	TA OMITTED				
																IN	FOR FORMATION	
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Р ⁻ Е -																		
R.					_												LY THE FIRST	
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			ehicles S	tolen 0		nber Vehic	cles Recovere		0				Cum a	C:	140			
ID	Office:		Officer Sig	natur	е					or Signature KE, B. K. (15602)								
	1 0								se Status Case Disposition:					· · · · · · · · · · · · · · · · · · ·				
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	ıred			d by A d by A	☐ Loca rrest ☐ rrest by Ano	Refuse ther Ag	gency	ooperate	Page 1	