I N	Agenc	y Name		ISTON-SALEN	CIDENT/INVESTIGATION						OCA 2425102								
I C	ORI	NC	NC 02	10200				REPORT							Date / Time Reported SMTWTFS Month Day Yr Time				
D E	NC NC 0340200 Crime Incident(s)								Att At Found SMTWTFS							07 14 2024 19:07 Hrs.			
N T	#1			, ng Threats -intin		☐ Att At Found S M T W T F S I M T Com Month Day Yr Time I M Com 07 14 2024 19:07 Hrs							st Known Secure SMTWTFS onth Day Yr Time 07 14 2024 19:06 Hrs.						
D.			ncident			,			Att	Location			† 13	7.07	7 07			Offense Tract	
A			.1.	Trespassi		☐ Att Premise Type							ı-saler	alem NC 313 Victim Residence Type					
T A	#3	Jime i	ncident						Com	Piemise	ı ype							ly □Multi Family	
МО			d or Com		Forcible ☐ Yes ☐ No						Weapon / Tools								
	# of Victims Type Person X Business Injury None Minor Loss of Teeth															th Drug/A	lcohol Use:		
	3		☐ So	ciety Governm	ent	☐ Fi	nancial Institu		_	. –	Bro	ken Bone	es —	☐ Severe	Lacera	ations Yes Unknown			
V I		Victim/		igious L.E. Off			ty Othe	er/Un	know	'n 🗆		rnal Victim of		scious [Other	-			
C T	V1	v ictiii/							Crime #	DOI	o / Age	Race	Sex	To Offender	☐ Resident				
I	' -		DA	ΓA OMITTED				,	2,						Non-Resident ☐ Unknown				
М -	Home Address DATA OMIT									TTED .						Home Phone			
	Employer Name/Address DATA Of														Business Phone				
•	VYR Make Model Style						Color Lic/Lis Vin							Vin					
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	Damaged sdiction)	Z = Seized	B =	Burn	C = C	Coun	nterfeit / F	orged	F = Foun	d				
	Victim # DCI Status Value OJ QT					QTY	Property Description							Mak	e/Mo	odel Se	erial Number		
- - P -														DA	ATA OMITTED				
					_												TN	FOR FORMATION	
					+												117	SECURITY	
R O					+													PURPOSES	
Р ⁻ Е -																			
R																		ILY THE FIRST	
Т Ү -																	TWEL	VE PROPERTY	
1					+												D	ITEMS ARE ISPLAYED ON	
-					+													2C REPORTS	
-																			
			ehicles S			ber Vehic	eles Recovere		0										
ID	Office:). A. (15	ID 5535)		Officer Sig	Officer Signature Supervisor Signature REYNOLDS, S. A. (15618)												
			Signatur		Case Status		Case Disposition:												
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	ıred				by Ai	Loc rest rest by Ander	Refuse other Ag	gency	looperate	Page 1	