I N	Agenc	y Name		NSTON-SALEN	1 P	OLICE	IN	INCIDENT/INVESTIGATION						OCA 2425833					
C	ORI	NC	NC 034	10200			1	REPORT						Date / Time Reported SMTWTFS Month Day Yr Time					
D E	-10		ncident(s				☐ Att At Found							07 20 2024 15:59 Hrs. Last Known Secure S M T W T F &					
N T	#1 Communicating Threats -intimidation, Non Physica									☐ Att At Found S M T W T F S Last Moteral Time Moteral Motera							nth Day Yr Time		
D			ncident	0					Att	Location	of Incider	nt	•				Offense Tract		
A T		Trima I	ncident					_	Com	67 Wa		ı St, W	inston-sale	em NC			311		
A	#3	Jillie I	ncident					☐ Att Premise Type ☐ Com					Victim Residence Type ☐ Single Family ☐ Multi Family						
МО	How Attacked or Committed DATA OMITTED												Forcible Yes [X N/A	Weapon / Tools				
	# of V	ictims	Туре			Business				Injury	′ □ Noi	ne 🔲 🛚		Loss o	of Tee	th Drug/A	lcohol Use:		
3.7	1 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow Religious L.E. Officer Line of Duty Other/Unknown Internal Unconscious Other Major															_			
V I																	N/A Resident Status		
C T	V1		$D\Delta'$	ΓΑ OMITTED							Crime #	#	46			To Offender	□ Resident □ Non-Resident		
I M				TA OMITTED				1,			В	M	1ST	Unknown					
	Home	Addre	ess		D.	ATA OMI	TTED						Home Phone						
	Employer Name/Address DATA O													Business Phone					
,	VYR	M	Model	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	R = Recovered	D = l r jur	Damaged isdiction)	Z = Seized	B =	Burn	ed C = C	Counterfeit	/ Forge	d F = Foun	d					
	Victim # DCI Status Value OJ QTY					OTY	Property Description							Mal	ce/Mo	odel Se	rial Number		
- - P - R												DA	TA OMITTED						
					_											IN	FOR FORMATION		
																111	SECURITY		
ο .																	PURPOSES		
P -					_											01	H M THE EID OT		
R T					\dashv												VE PROPERTY		
Y ·					\dashv												ITEMS ARE		
-																D.	ISPLAYED ON		
																P	2C REPORTS		
-	Num1	or of 17	ahialaa S	tolon 0	N	nhar Val-!	alas Dagays	d	0										
	Office	r	ehicles S	ID		noer veni	cles Recovere Officer Sig		e e				Supervisor						
ID	COX	K, C. 1	<i>M.</i> (155	74)									URKS, C. M. (15216)						
Status	Comp	iainant	Signatur	e			Case Status Further Inact Closed	· Inve ive /Clea	ared		□ Unfo □ Clea □ Clea	ounded ared by A ared by A	☐ Loc	Refus	gency	ooperate	Page 1		