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I N	Agenc	y Name		VSTON-SALE	M P	POLICE	INCIDENT/INVESTIGATION REPORT							OCA 2425886 Date / Time Reported S M T W T F S Month Day Y1 Time				
C · I	ORI																	
D			NC 034											07 20 2024 22:22 Hrs				
E N	#1	rime li	ncident(s	·	Fina	~	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$							Last Known Secure SMTWTF Month Day Yr Time				
Τ.		Crime I	ncident	Discharging	rire	arm		□ Att	07 Locat		20 2024 of Incident	4 22.	:22 Hrs	07	20 2		22:21 Hrs. Offense Tract	
D A	#2								190	Мо	otor Rd, W	instor	n-salem l	NC 2710)5		121	
T A	#3	Crime I	ncident					Att Premise Type						Victim Residence Type ☐ Single Family ☐ Multi Family				
	How A	Attacke	d or Con	mitted				Com					Forcible		Weapon /		Iy Multi Family	
MO			MITTEI										□ Yes [□ No	Ŋ N∕A	(i cupon)	10015		
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															lcohol Use:		
	1		🛛 🖾 So	ciety 🔲 Governm	nent	🗆 F	inancial Institu			_	Broken Bone		□ Severe	Laceratio				
V I		Victim/		ligious 🔲 L.E. O			ity 🗌 Othe	er/Unknov	vn		nternal			Other M		No Danshin	Resident Status	
C T	V1 Crime #														To Of		□ Resident	
Ι			DA	TA OMITTED							1,						□ Non-Residen □ Unknown	
M ·	Home	e Addre	ss			Л	ATA OMI	TTED						H	Iome Phor	ne		
	Emplo	oyer Na	me/Add	ress			ATA OMI							Business Phone				
	_	-							/ T ·				X7'					
	VYR	M	ake	Model	5	tyle	Color	Li	c/Lis				Vin					
H E R S I N V O L V E D	DATA OMITTED																	
Status																		
Codes	Victim					Ĺ												
	#	# DCI Status Value OJ QTY						Property Description						Make/	Iake/Model Serial Number DATA OMITTED			
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			ehicles S			mber Vehi	cles Recovere						<u>a :</u>	0'				
ID	Officer BOV		<u>M</u> . J.	(16275)	D#			Officer Signature Supervise KORN							or Signature N, A. R. (15714)			
Status			Signatur	· · · · · · · · · · · · · · · · · · ·			Case Status	Investigation Unfounded Locate						ted Extradition Declined Refuse to Cooperate				
									hausted	ı	\square Death of			Prosecut		ned	Page 1	