I N	Agenc	y Name		NSTON-SALEN	1 P	OLICE] IN	INCIDENT/INVESTIGATION						OCA 2426169			
C	ORI	NC	NC 034	10200			1	REPORT						Date / Time Reported SMIWTFS Month Day Yr Time			
D E			ncident(s				Att At Found SMIWIFS Month Day Yr Time						07 23 2024 14:28 Hrs. Last Known Secure S M = W T F S Month Day Yr Time				
N T	#1 C	Commi	ınicatir	ng Threats -intin	nida	tion, No	n Physical		Com	Month 07	23 20		fime 4:28 Hrs				Time 14:27 Hrs.
D	#2	Crime I	ncident						Att Com		of Incident	Dr. W	inston-sal	lam M	C 27		Offense Tract 324
A T	#3	Crime I	ncident					片	$\overline{}$	Premise 7	-	DI, W	insion-sai	em IV		Victim Resider	
A								Com					☐ Single Family ☐ Multi Family				
МО			d or Com					Forcible						Weapon / Tools			
V	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown																
	T □ Religious □ L.E. Officer Line of Duty □ Other/Unknown □ Internal □ Unconscious □ Other Major □ No □ N/A															S □ Unknown □ N/A	
I C		Victim/	Business	Name (Last, First,	Midd	lle)		Victim of DO				B / Age				Resident Status Resident	
T I	V1		DA	TA OMITTED			1,				39	A	M	1RU	☐ Non-Resident		
M	Home	Addre	ss							1,			11		ne Phone	Unknown	
	DATA OI								MITTED ———————————————————————————————————					D : N			
	Emplo	oyer na	me/Addi	ress	D.	ATA OMI	ΓA 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 column i	R = Recovered frecovered for other	D = I er juri	Damaged isdiction)	Z = Seized	В=	Burn	C = C	Counterfeit /	Forgeo	F = Foun	d 			
	Victim # DCI Status Value OJ (QTY	Y Property Description							Mak	ke/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	Nun	nber Vehic	cles Recovere	d	0								
ID	Office	r		ID			Officer Sig		_				Supervisor	Signati	ure	I (15/27)	
ID			Signatur	S. G. (15580)			Case Status	<u> MCC</u>						ARŤHY, D. J. (15427)			
Status	P		G				☐ Further ☐ Inact ☐ Closed ☐ Closed	r Inve ive /Clea	ıred		☐ Unfor	inded ed by A ed by A	☐ Loc	Refuse other Ag	gency	ooperate	Page 1