I N	Agenc	y Name		ISTON-SALEN	IN	NCIDENT/INVESTIGATION						OCA 2430265							
I C	ORI	NC	NC 03/	10200	REPORT						Date / Time Reported SMTWTFS Month Day Yr Time								
D E	NC NC 0340200 Crime Incident(s)									X Att At Found SMTWTFS Month Day Yr Time						08 24 2024 18:21 Hrs. Last Known Secure S M T M T F S Month Day Yr Time			
N T	#1			ıking & Enterin	g W	ith Forc	re		Com	Month 08	D			ime 3:21 Hrs				Time 00:00 Hrs.	
D .	#2	Crime I	ncident						- 1	Location	of]	Incident				•		Offense Tract	
A T		Crime I	ncident						Com	Premise '			nstor	ı-salem N	C 271		Victim Reside	324 nce Type	
A	#3							Com							☐ Single Family ☐ Multi Family				
МО			d or Com MITTED		-	-					Forcible Yes No	X N/A	We	apon / Tools					
	# of V	ictims		X Person	_	Business				Injur	-	None		linor	Loss o	f Tee		lcohol Use:	
V	2 Society Government Financial Institute Broken Bones Severe Lacerations Wes Unknown Internal Unconscious Other Major															_			
I	Victim/Business Name (Last, First, Middle) Victim of DOB / Age														Race		Relationship	Resident Status	
C T	V1		DA	ΓΑ OMITTED				(Crime #		55			To Offender	Resident Non-Residen				
I M ·		4 1 1										1,			W	M	1RU	Unknown	
	Home Address DATA OMIT									ГТЕD						Home Phone			
•	Employer Name/Address DATA OMI									ГТЕD					Business Phone				
•	VYR Make Model Style						Color	Color Lic/Lis Vir						Vin					
T H E R S I N O L V E D	DATA OMITTED																		
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column i	R = Recovered for other	D = er jur	Damaged isdiction)	Z = Seized	B =	Burn	ed $C = 0$	Cou	nterfeit / F	orged	F = Found	i				
	Victim # DCI Status Value OJ QTY						Property Description								Mak	ce/Mo	odel Se	erial Number	
- - P - R		TE V TO E											DA	TA OMITTED					
																	IN	FOR FORMATION	
																		SECURITY	
O P -																		PURPOSES	
Р Е -																	0)	II V THE EIDET	
R T																		VE PROPERTY	
Y -																	TWEE	ITEMS ARE	
-																	D	ISPLAYED ON	
																	F	2C REPORTS	
-	Numb	er of W	ehicles S	tolen 0	Nin	mber Vahi	cles Recovere	d	0										
	Officer ID# Officer Signature Supervisor Signature																		
ID	LANCASTER, J. C. (16061)											ase Dispos	ition	(0)					
Status	Comp	amallí	oignatur(_			Case Status Further Inact Closed	r Inve tive /Clea	ıred]	☐ Unfoun ☐ Cleared ☐ Cleared	ded by Ai by Ai	Loca	Refuse ther Ag	gency	ooperate	Page 1	