I N	Agenc	y Name		ISTON-SALEN	IN	INCIDENT/INVESTIGATION							OCA 2432182						
C	ORI	NC	NC 034	10200			1	REPORT								Date / Time Reported SMTWTFS Month Day Yr Time			
D E		Crime I			☐ Att							09   08   2024   23:10 Hrs.							
N T	#1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	nerdeni(s	, Aggravated A	ssai	ult		_	Com	Month 09	D			ime :10  Hrs			08   2024	Time	
D	#2	Crime I	ncident						$\rightarrow$	Location	of l	Incident		•				Offense Tract	
Α		7 T	: 1					_	Com				ston-	salem NC	2710		Vieties Deside	213	
T A	#3	_rime i	ncident					Att Premise Type Com							Victim Residence Type  ☐ Single Family ☐ Multi Family				
МО			d or Com						-					Forcible	W NI/A	We	apon / Tools	· <del>-</del>	
MO	DATA OMITTED Yes No																		
	# of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:															lcohol Use: es			
V	2			igious   L.E. Off					know	. –				Severe	Lacera Other	tions Majo		_	
I C		Victim/	Business	Name (Last, First,					Victim of Crime #	DOI	3 / Age	Race	Sex	Relationship To Offender					
T I	V1		DA	ΓA OMITTED				`	<i>1</i> ,		21	W	M	To offender	☐ Non-Residen				
M	Home	Addre	:SS						1,			VV		ne Phone	Unknown				
				ATA OMI	TTED														
	Emplo	ıme/Addı	ATA OMI	OMITTED						Business Phone									
,	VYR	M	ake	Model	Sty	yle	Color		Lic	:/Lis				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 column i	R = Recovered f recovered for other	D = I r juri	Damaged sdiction)	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 So	erial Number	
- - P - R													DA	ATA OMITTED					
					_												IN	FOR FORMATION	
					$\dashv$													SECURITY	
O P -																		PURPOSES	
P E -					_												01	H V THE PID OT	
R T					-													VE PROPERTY	
Y ·					+												TWE	ITEMS ARE	
-																	D	ISPLAYED ON	
																	I	22C REPORTS	
-	Numb	er of V	ehicles S	tolen 0	Nue	nher Voh	oles Pagaziona	d	0										
	Number of Vehicles Stolen 0 Number Vehicles Recovered 0  Officer ID# Officer Signature Supervisor Signature																		
ID	MIL	LER,	A. B. (1	(6122)		PARKER, M. J. (15308)													
Status	Comp	iainant	Signatur	ē.			Case Statu:  Further  Inact  Closed	Inve ive /Clea	red		]	☐ Unfoun ☐ Cleared ☐ Cleared	ded by Ai by Ai	Loca	Refuse ther Ag	gency	ooperate	Page 1	