I N	Agenc	y Name		VSTON-SALEN	1 P	OLICE] IN	INCIDENT/INVESTIGATION						OCA 2434064				
C	ORI	NC	NC 03/	10200			1	REPORT						Date / Time Reported SMTWTFS Month Day Yr Time				
D E	NC NC 0340200 Crime Incident(s)								Att At Found SMTWTFS Month Day Yr Time						09 23 2024 01:20 Hrs.			
N T	#1 C	Commi	ınicatir	ng Threats -intin	nida	tion, No	n Physical		Com	Month 09			lime 3:45 Hrs			22 2024	Time $23:15$ Hrs.	
D	#2	Crime I	ncident						Att Com		of Incident	n Wi	nston-sale	om M	7 27	I .	Offense Tract 411	
A T	#3	Crime I	ncident						$\overline{}$	Premise T		iri, vv i	nsion-saie	em ive		Victim Resider		
A		\	d or Com					☐ Com Forcible					F9-1-	☐ Single Family ☐ Multi Family Weapon / Tools				
MO			a or Con MITTEI										Yes [X N/A	we	apon / Tools		
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																	
V	1			ciety Government Gious L.E. Off					know	. –	Broken Bon Internal		☐ Severe	Lacerat Other		. –	s □ Unknown □ N/A	
I C		Victim/		Name (Last, First,				Victim of DO Crime #				_	B / Age	Race	Sex		Resident Status Resident	
T I	V1 DATA OMITTED										1,		67	$\mid_{B}\mid$	M	1ST	☐ Non-Resident	
M	Home	Addre	SS								1,			Б		ne Phone	Unknown	
	DATA OM													Business Phone				
									MITTED								ss Pnone	
	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	R = Recovered frecovered for other	D = I r juri	Damaged sdiction)	Z = Seized	В=	Burn	C = C	Counterfeit /	Forged	F = Found	i 				
	Victim # DCI Status Value OJ QTY					QTY	Property Description							Mak	e/Mo		rial Number	
- P - R _					\dashv											DA	TA OMITTED FOR	
					+											IN	FORMATION	
																	SECURITY	
O P .					_												PURPOSES	
E ·					+											ON	LY THE FIRST	
T																TWEL	VE PROPERTY	
Y																	ITEMS ARE	
					\dashv												SPLAYED ON 2C REPORTS	
					\dashv											1	2C KEI OK 15	
	Numb	er of V	ehicles S	tolen 0	Nun	nber Vehic	cles Recovere	d_	0									
ID	Office:		o. G. (1-	ID 4704)		Officer Sig	Officer Signature Supervisor Signature PERKINS, R. A. (15028)											
11/			Signatur				Case Status	1										
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	ıred			d by A d by A	rrest by Ano	Refuse ther Ag	gency	ooperate	Page 1	