I N	Agenc	y Name		STON-SALEN	CIDENT/INVESTIGATION						OCA 2434792								
C .	ORI	NG			REPORT						Date / Time Reported SMTWTFS								
D E			NC 034		Att At Found SMTWTFS Month Day Yr Time						O9   28   2024   12:19 Hrs.  Last Known Secure SMTWTFS Month Day Yr Time								
N T	#1			, Assault-non Agg	ı —	Com	Month 09				ime 2:19  Hrs				Time 12:18 Hrs.				
D.	#2		ncident			ı —	Att	Location	of Inc	ident				•	<u> </u>	Offense Tract			
A T	Crime Institut															n-salem NC 27105   121   Victim Residence Type			
A	#3	Jime I	nerdent						Com	Tremise	Турс					- 1		y □Multi Family	
МО			d or Con MITTEI						•					Forcible Yes	X N/A	We	apon / Tools		
						D :				Injury	, ,	None	- TAN	No No	Lassa	f Tast	h Drug/Al	cohol Use:	
	# of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:    Society   Government   Financial Institute   Broken Bones   Severe Lacerations   Yes   Unknown																		
V I	$\frac{I}{I}$	Listims/		igious L.E. Off Name (Last, First,			ity 🔲 Othe	er/Ur	nknow	/n				scious	Other	Majo		□N/A Resident Status	
C T	V1	v icuiii/				Victim of Crime #				DOE	3 / Age 41	Race		Relationship To Offender	Resident     Resident				
I	<b>'</b>		DA	ΓA OMITTED				1,				$\mid w \mid$	F	1RU	☐ Non-Resident ☐ Unknown				
М -	Home Address DATA OMIT									TTED						Home Phone			
•	Employer Name/Address DATA OMI														Business Phone				
	VYR	Color Lic/Lis Vin						Vin											
					<u> </u>														
О																			
T H																			
E																			
R S																			
							DATA	(	DΜ	ITTE	ED								
I N																			
V O																			
L V																			
E																			
D																			
Status	s L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found																		
Codes	(Chec	k "OJ"	column	f recovered for othe	r jur	isdiction)	Z = Seizeu	ъ-	- Duii	ieu C – C	Journe	iicit / i·	orgeu	T = Found	.1				
	Victim # DCI Status Value OJ QTY					QTY	Property Description							Mak	e/Mo		rial Number		
- - P - R		<del>                                     </del>											DA	TA OMITTED FOR					
																	IN	FORMATION	
																		SECURITY	
O P -																		PURPOSES	
Ē -					_												ON	LY THE FIRST	
R T					$\dashv$													VE PROPERTY	
Y																		ITEMS ARE	
																		SPLAYED ON	
-					_												P	2C REPORTS	
-	Numb	er of V	ehicles S	tolen 0	Nur	nber Vehi	cles Recovere	d	0										
	Office	r		ID			Officer Sig		_						risor Signature				
ID	BOISSEY, S. G. (15475)  Complainant Signature  Case Statu									Case Disposition:						. A.	(14880)		
64.4	Further									Investigation Unfounded Located Extraditio							adition Declined		
Status						☐ Closed	/Clea								Page 1				