I N	Agenc	y Name		VSTON-SALEN	1 P	OLICE] IN	NCIDENT/INVESTIGATION						OCA 2434795					
C ·	ORI	NC					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							Day IF Time 09 28 2024 12:46 Hrs. Last Known Secure SMTWTFS Month Day Yr Time			
N T	#1			ng Threats -intin	nida	tion, No	n Physical	_	Com	Month 09			Time 2:46 Hrs				Time 12:45 Hrs.		
D	#2	Crime I	ncident					_	Att		of Incident						Offense Tract		
A T	#3	Crime I	ncident					_	Com Att	Premise T		r, wu	nston-sale	m NC		Victim Resider	224 nce Type		
A									Com					☐ Single Family ☐ Multi Family					
МО			d or Com MITTEI										Forcible Yes No	Weapon / Tools Weapon / Tools					
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																		
V	1			ciety Governme igious L.E. Off			inancial Institution		know		Broken Bo Internal [☐ Severe	Lacerat Other		. –	s □Unknown □N/A		
I C		Victim/	Business	Name (Last, First,					Victim of Crime #		B / Age	Race		Relationship To Offender	Resident Status Resident				
T I	V1 DATA OMITTED										1,		38	$\mid W \mid$	$_{F}$	1AQ	☐ Non-Resident		
M ·	Home	Addre	SS						1,					ne Phone	Unknown				
						ATA OMI	TTED												
	Employer Name/Address DATA O								IITTED					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	R = Recovered frecovered for other	D = I r juri	Damaged sdiction)	Z = Seized	В=	Burn	C = C	Counterfeit	Forgeo	F = Foun	d 					
	Victim # DCI Status Value OJ Q					QTY	Property Description							Mak	e/Mo		rial Number		
- P - R _					\dashv											DA	TA OMITTED FOR		
					\dashv											IN	FORMATION		
																	SECURITY		
O P -					_												PURPOSES		
E - R					\dashv											ON	LY THE FIRST		
Т																TWEL	VE PROPERTY		
Υ -																	ITEMS ARE		
-					4								+				SPLAYED ON 2C REPORTS		
-					+											-	Ze KLI OK IS		
			ehicles S			nber Vehic	cles Recovere		0				,						
ID	Office: FLA		1N. T.	W. (16217)		Officer Sig	natui	re				Supervisor COLLI			(14763)				
			Signatur				Case Status	atus Case Disposition:							/				
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	ared			ed by A ed by A	rrest by And	Refuse other Ag	gency	ooperate	Page 1		