I N	Agenc	y Name		NSTON-SALEN	1 PC	OLICE] IN	INCIDENT/INVESTIGATION						OCA 2435579					
C	ORI	NC	NC 03/	10200			REPORT						Date / Time Reported SMTWTFS Month Day Yr						
D E	NC NC 0340200 Crime Incident(s)								☐ Att At Found SMTWTFS Month Day Yr Time							10 04 2024 06:28 Hrs. Last Known Secure S M T W T F S Month Day Yr Time			
N T	#1 C	'ommi	ınicatir	ng Threats -intin	ıidat	tion, No	n Physical		Com	Month 10			fime 6:28 Hrs				Time 19:44 Hrs.		
D	#2	Crime I	ncident						Att Com		of Incident	Ct W	inston-sal	lom M	C 27		Offense Tract 113		
A T	#3	Crime I	ncident						$\overline{}$	Premise 7		Ci, W	insion-sai	em iv		/ictim Resider			
A		\	1 C					☐ Com Forcible					F1-1-	☐ Single Family ☐ Multi Family Weapon / Tools					
MO			d or Com MITTEI										Yes [X N/A	wea	apon / 1001s			
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																		
V	1 Society Government Financial Institute Broken Bones Severe Lacerations Ves Unknown Internal Unconscious Other Major No NA															_			
I C		Victim/	Business	Name (Last, First,	Middl	le)		Victim of DC Crime #				f DO	B / Age 30	Race		Relationship To Offender	Resident Status Resident		
T I	V1 DATA OMITTED										1,		30	$\mid W \mid$	$_{F}$	1NE	☐ Non-Resident		
M	Home Address									· ·						ne Phone	Unknown		
	DATA OM													Business Phone					
	VYR	ATA OMITTED Color Lic/Lis V						Vin	<u> </u>										
			ake	Model	Sty				Į.				,						
O T H E R S I N V O L V E D		DATA OMITTED																	
Status Codes	(Chec	k "OJ"	= Stolen	R = Recovered if recovered for other	D = D r juris	Damaged sdiction)	Z = Seized	В=	Burn	C = C	Counterfeit /	Forgeo	F = Foun	d					
	Victim # DCI Status Value OJ Q					QTY	Y Property Description							Mak	e/Mo		rial Number		
- P - R _					_											DA	TA OMITTED FOR		
					\dashv											IN	FORMATION		
																	SECURITY		
O P .					_												PURPOSES		
E ·					\dashv											ON	LY THE FIRST		
R T																	VE PROPERTY		
Υ .																	ITEMS ARE		
																	SPLAYED ON		
					_											P	2C REPORTS		
-	Numb	er of V	ehicles S	tolen 0	Num	ber Vehic	cles Recovere	d	0										
	Office	r		ID		TOING	Officer Sig		_				Supervisor	Signati	ıre	. /151<=:			
ID			. <i>E. (15</i> Signatur			Case Status	,			Casa Dia-	Case Disposition:			ISÖN, G. M. (15167)					
Status	Comp	iaiiiaiit	oignatur				Case Status Further Inact Closed	· Inve ive /Clea	ıred		☐ Unfou ☐ Cleare ☐ Cleare	inded ed by A ed by A	☐ Loc	Refuse other Ag	gency	ooperate	Page 1		