I N	Agenc	y Name		STON-SALEN	1 PC	OLICE	] IN	INCIDENT/INVESTIGATION						OCA 2435660				
I C	ORI	NC	NC 034	10200			REPORT						Date / Time Reported SMTWTES Month Day Yr Time					
D E			ncident(s				☐ Att							10   04   2024   17:50 Hrs.  Last Known Secure SMTWTFS Month Day Yr Time				
N T	#1			, ng Threats -intin	nidaı	tion, No	n Physical		Com	Month 10			Time 7:50  Hrs				Time 17:49 Hrs.	
D.			ncident	0					Att	Location	of Incident				•	, ,	Offense Tract	
A T		Trima I	ncident					_	Com	2645 Premise T		Vinst	on-salem l	NC 27		Victim Resider	313	
A	#3	Jillie I	neident					☐ Att   Premise Type ☐ Com						☐ Single Family ☐ Multi Family				
МО			d or Con MITTEI										Forcible Yes	N/A	Wea	apon / Tools		
	# of Victims   Type   No   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:															cohol Use:		
	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow																	
V I		Victim/		igious L.E. Off Name (Last, First,			ity 🔲 Othe	er/Un	know	'n 🗆	Internal  Victim of		nscious   B / Age	Other		r ⊠ No Relationship	□N/A Resident Status	
C T	V1	v ictiii/			viidai	10)		Crime #			DOI	22	Race		To Offender	Resident     Resident		
I	` -		DA	ΓA OMITTED				1,						$\mid B \mid$	F	1XR	☐ Non-Resident ☐ Unknown	
М -	Home Address DATA OMIT									ГТЕО					Home Phone			
	Emplo	yer Na	me/Add	ress			TA OMITTED						Business Phone					
	VYR	M	Model	Color Lic/Lis V						Vin	1							
O 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	R = Recovered for other	D = E r juris	Damaged sdiction)	Z = Seized	B =	Burn	ed C = C	Counterfeit / 1	Forged	F = Found	i				
	Victim # DCI Status Value OJ QT					QTY	Property Description							Mak	e/Mo	del Se	rial Number	
- - P - R														DA	TA OMITTED			
					+											IN	FOR FORMATION	
																	SECURITY	
O P -																	PURPOSES	
Ē -					_											ON	I V THE EIDET	
R T					+												LY THE FIRST VE PROPERTY	
Y					+												ITEMS ARE	
-																	SPLAYED ON	
-																P	2C REPORTS	
-	N7 -		1 . 1	. 1	<u>.                                    </u>	1 17 11		1										
	Numb Office:		ehicles S	tolen 0		nber Vehic	Officer Sig		e O				Supervisor	Signati	ıre			
ID	SHE	RME		(16239)		, and the second	WILKES, K. N.								15827)			
	Comp	Signatur	e		1	Case Status Case Disposition:  ☐ Further Investigation ☐ Unfounded ☐ Local								☐ Extr	adition Declined			
Status							☐ Inact	☐ Inactive ☐ Cleared by Arrest ☐ Refuse to Cooperate ☐ Closed/Cleared ☐ Cleared by Arrest by Another Agency ☐ Peath of Offender ☐ Prosecution Declined						ooperate	Page 1			