I N	Agenc	y Name	NSTON-SALE	. IN	NCIDENT/INVESTIGATION						OCA 2436111									
C	ORI	REPORT									Date / Time Reported SMTWTFS Month Day Yr Time									
D E			NC 034		Att At Found SMTWTFS Month Day Yr Time								10 07 2024 22:20 Hrs. Last Known Secure S M T W T F S Month Day Yr Time							
N T	#1			, Assault-non Agg	erav	vated As	sault	_	Com	Month	I			rime 2:20 Hrs			Day Yr 07 202		Time 22:19 Hrs	
D	#2		ncident		3		*******	_	Att		<u> </u>	f Incident	7 22	2.20	7 10		77 202		ffense Tract	
A	Colors Institut															salem NC 27157 312 Victim Residence Type				
T A	#3	ncident	Vandalis	Att Premise Type CX Com							Single Family Multi Family									
МО			d or Con					•	Forcible					Forcible Yes	Weapon / Tools					
WIO	□ No																			
	# of Victims Type Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: Broken Bones Severe Lacerations Yes Unknown Unknown Loss of Teeth Drug/Alcohol Use:																			
V	1			igious L.E. Of					know	- 1	_	nternal \square			Lacera Other	er Major No N/A				
I C	Victim/Business Name (Last, First, Middle) Victim of DOB / Age Crime # 18														Race	Sex	Relations To Offen	hip I	Resident Status Resident	
T I	V1		DA	ΓΑ OMITTED					1,2,3		18	W	$_{F}$	1BG	1	▼ Non-Resider				
M	Home	Addre	:SS								Home Phone				Unknown					
					ATA OMI															
	Empio	oyer Na	me/Add		ATA OMI	MITTED					Business Phone									
,	VYR	M	ake	Model	St	tyle	Color		Lie	c/Lis				Vin						
T H E R S I N V O L V E D	DATA OMITTED																			
Status Codes																				
Cours	Victim		Status	Value	QTY	Property Description								Mal	e/Mo	udal	Sorie	al Number		
	# 1	CELL PHONE									E/Iphone 13 DATA OMITTED									
P - R - O		SUV 7 1 2006 WHI , LCA3520 NC									JEEP Grand FOR									
																			ORMATION ECURITY	
																			URPOSES	
Р ⁻ Е -																				
R																			Y THE FIRST	
Т Ү.																	TW		E PROPERTY	
٠.																			FEMS ARE PLAYED ON	
																			CREPORTS	
			ehicles S			mber Vehi	cles Recovere		0											
ID	Officer ID# Office WILLIAMS, C. D. (16372)								Signature Supervisor Signature REYNOLDS, S. A. (15618)											
			Signatur				Case Statu				10	Case Dispo								
Status							☐ Further ☐ Inact ☐ Closed	tive /Clea	ared				l by A l by A	Loc rrest rrest by And	Refuse other Ag	gency	ooperate		lition Declined Page 1	