I N	Agenc	y Name		NSTON-SALE	. IN	INCIDENT/INVESTIGATION							OCA 2436397								
C	ORI	NC	NC 034				1	REPORT								Date / Time Reported SMTWIFS Month Day Yr Time					
D E			ncident(s					☐ Att At Found SMTWTFS Month Day Yr Time								10 10 2024 07:34 Hrs. Last Known Secure SMTWTFS Month Day Yr Time					
N T	#1			Larceny- All	Oth	er		_	Com	Month 10	Γ			lime):00 Hrs			Day Yi D 6 20 2		Time 22:00	Hrs.	
D	#2 Crime Incident														Salem NC 27105 Offense Tract						
A T	#3	Crime I	ncident					_	Com Att	Premise			-w, v	vinston-se	aiem 1	Victim Residence Type					
A						Com						☐ Single Family ☐ Multi Family									
МО			d or Con MITTEI		Forcible ☐ Yes ☐ No																
	# of Victims Type Nerson Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																				
V	1 Society Government Financial Institute Broken Bones Severe Lacerations Wes Unknown Internal Unconscious Other Major No NA																				
I C	Victim/Business Name (Last, First, Middle)													, , , , , , , , , , , , , , , , , , ,					Resident Resid	Status	
T I	V1	DA	ΓΑ OMITTED					Crime #		43	W	$_{F}$	1RU		☐ Non-l	Residen					
M	Home Address																Home Phone Unknown				
					ATA OMI																
	Employer Name/Address DATA C								MITTED						Business Phone						
,	VYR	M	ake	Model	St	yle	Color		Lie	c/Lis				Vin							
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 if recovered for other	D = er jur	Damaged isdiction)	Z = Seized	B =	Burn	ned C=	Cou	unterfeit / F	orged	F = Foun	d						
	Victim # DCI Status Value OJ QTY							Property Description							Mal	ake/Model Serial Number				er	
	1 16 7 1 HEAVY DUTY TARP															DATA OMITTED					
P - R																		INF	FOR FORMAT	ΓΙΟΝ	
																		5	SECURI	ГΥ	
O P .																		I	PURPOS	ES	
E ·				+										+				ONI	Y THE	FIRST	
R T																	TW		E PROP		
Υ .																		I	TEMS A	RE	
																			PLAYE		
-																		P2	C REPO	RTS	
-	Numb	er of V	ehicles S	tolen 0	Nui	mber Vehi	cles Recovere	d	0												
115	Office	r		ID				Officer Signature Supervisor Signature													
ID	ALLEN, S. E. (15310) Complainant Signature Case Stat									<u> </u>						KIN, K. L. (15100)					
Status	_P		<i></i>				☐ Furthe: ☐ X Inact ☐ Closed	r Inve tive /Clea	ared			☐ Unfoun☐ Cleared☐ Cleared☐	ded by Ai by Ai	Locarrest	Refuse ther Ag	gency	ooperate		dition De		