I N	Agenc	y Name		VSTON-SALEN] IN	ICIDENT/INVESTIGATION						OCA 2436406							
C	ORI	NC	NC 034	10200			1	REPORT							Date / Time Reported SMTWFFS Month Day Yr Time				
D E			ncident(s		<u> </u>	Att At Found SMTWTFS Month Day Yr Time							10 10 2024 09:10 Hrs. Last Known Secure SMT F F SMONTH Day Yr Time						
N T	#1 C	Commi	ınicatir	ng Threats -intin	nidat	ion, No	n Physical		Com	Month 10	Da: 09			ime 3:30 Hrs				Time $08:30$ Hrs.	
D	#2	Crime I	ncident						Att Com	Location			h Ct	Winston-s	salom	NC	27105	Offense Tract 112	
A T	#3	Crime I	ncident						$\overline{}$	Premise 7			ι οι,	w msion-s	saiem		Victim Reside		
A		N. 1	1 0	*** 1			Com					F '11		_		ily ∏Multi Family			
MO			d or Com MITTEI					Forcibl ☐ Yes ☐ No							Weapon / Tools				
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																		
V	1			ciety Government Gious L.E. Off			inancial Institu ity 🔲 Othe		know	. –		ken Bone rnal 🔲		Severe	Lacera Other		. –	es Unknown O N/A	
I C		Victim/		Name (Last, First,			<u></u>				Vi	ictim of rime #		3 / Age	Race			Resident Status	
T I	V1		DA	ΓA OMITTED					1,		49	W	M	1RU	☐ Non-Resident				
M	Home	Addre	SS					1,					ne Phone	Unknown					
	DATA OMI															Business Phone			
	DAIA								OMITTED										
	VYR	M	ake	Model	Sty	le	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 = D r juris	amaged diction)	Z = Seized	B =	Burn	ed C = 0	Count	terfeit / F	orged	F = Foun	d 				
	Victim # DCI Status Value OJ QTY						Property Description								Mak	ce/Mo		erial Number	
- P - R _		 											D.	ATA OMITTED FOR					
																	I	NFORMATION	
																		SECURITY	
O P .																		PURPOSES	
E - R					-												Ol	NLY THE FIRST	
T					\top													VE PROPERTY	
Y																		ITEMS ARE	
					_													OISPLAYED ON	
-					\dashv									+				P2C REPORTS	
-	Numb	er of V	ehicles S	tolen 0	Num	ber Vehic	cles Recovere	d	0										
ID	Office:		. E. (15	ID (310)		Officer Sig	Officer Signature Supervisor Signature RANKIN, K. L. (15100)												
ID			Signatur		Case Status	tus Case Disposition:					ition:								
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	ıred				by Ar	rest by And	Refuse other Ag	gency	ooperate F	radition Declined Page 1	