| I N | Agenc | y Name | | NSTON-SALEN | 1 P | OLICE |] IN | NCIDENT/INVESTIGATION | | | | | | N | OCA 2438510 | | | |
|--|---|--|----------------------|------------------------------------|-----------------------------------|-------------------|---|-----------------------|------------|-----------|------------|------------------------------------|-----------------------|--|---|-------|---------------------------|---------------------------|
| C | ORI | NC | NC 034 | 10200 | | | 1 | REPORT | | | | | | | Date / Time Reported SMTWTFS Month Day Yr Time | | | |
| D E | | | ncident(s | | | <u> </u> | Att At Found SMTWTFS Last Month Day Yr Time | | | | | | | | Time 100 17 Time 100 100 100 100 100 100 100 100 100 10 | | | |
| N T | #1 C | Commi | ınicatir | ng Threats -intin | nida | tion, No | n Physical | _ | Com | Month 10 | | | | ime):58 Hrs | | | | Time ! 10:57 Hrs. |
| D | #2 | Crime I | ncident | | | | | _ | Att Com | Location | | |)r 11/ | inston-sal | lom N | C 27 | 7106 | Offense Tract 113 |
| A T | #3 | Crime I | ncident | | | | | _ | Att | Premise ' | | | , vv | msion-sai | em iv | | Victim Resid | |
| A | | \ | 1 C | | | | | Com | | | | | F1-1- | ☐ Single Family ☐ Multi Family Weapon / Tools | | | | |
| MO | | | d or Com MITTEE | | | | | | | | | | | Forcible Yes No | N/A | we | apon / 1 oois | • |
| V | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | | | |
| | 1 | | | ciety Governm igious L.E. Off | | | inancial Institu ity 🔲 Othe | | ıknow | . – | • | oken Bone ernal 🔲 | | Severe l | Lacera Other | | | Yes □ Unknown No □ N/A |
| I C | | Victim/ | Business | Name (Last, First, | Midd | le) | | Victim of Crime # | | | | | DOI | DOB / Age Race | | | Relationshi To Offende | p Resident Status |
| T I | V1 | | DA | ΓΑ OMITTED | | | | | | | <i>1</i> , | | 22 | | M | 1ST | ☐ Non-Resident | |
| M | Home Address | | | | | | | | | | | | | | | | ne Phone | Unknown |
| | Employer Name/Address DATA O | | | | | | | | | | | | | | Business Phone | | | |
| | VYR | | ake | Model | ATA OMITTED Color Lic/Lis Vi | | | | | | Vin | | | | | | | |
| | , 110 | | | Model | Sty | , ic | | | Lik | | | | | · III | | | | |
| O T H E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | |
| Status Codes | (Chec | k "OJ" | = Stolen column i | R = Recovered frecovered for other | D = I er juri | Samaged sdiction) | Z = Seized | В= | Burn | C = 0 | Cou | nterfeit / F | orged | F = Found | i | | | |
| | Victim # DCI Status Value OJ QTY | | | | | QTY | Property Description | | | | | | | | Mak | e/Mo | | Serial Number |
| - P - R _ | | | | | | | | | | | | | | PATA OMITTED FOR | | | | |
| | | | | | + | | | | | | | | | | | | | INFORMATION |
| | | | | | | | | | | | | | | | | | | SECURITY |
| O P . | | | | | \dashv | | | | | | | | | | | | | PURPOSES |
| Е. | | | | | + | | | | | | | | | | | | | NLY THE FIRST |
| R T | | | | | \dashv | | | | | | | | | | | | | LVE PROPERTY |
| Υ . | | | | | | | | | | | | | | | | | | ITEMS ARE |
| | | | | | | | | | | | | | | | | | | DISPLAYED ON |
| | | | | | _ | | | | | | | | | | | | | P2C REPORTS |
| - | Numb | er of V | ehicles S | tolen 0 | Nun | nber Vehi | cles Recovere | d | 0 | | | | | | | | | |
| | Office | r | | ID | | 7 01110 | Officer Sig | | - | | | | | Supervisor | Signati | ire | 1.40.62 | |
| ID | | | T. L. (| | | Case Status | | | | C | ase Dispos | ition | ĴACOB | S, A. | P. (1 | 4962) | | |
| Status | Comp | iaiiidiil | oignatur(| - | | | ☐ Further ☐ Closed ☐ Closed | Inve ive /Clea | ared | |] | ☐ Unfoun ☐ Cleared ☐ Cleared | ded by Aı by Aı | Loca | Refuse ther Ag | gency | ooperate | tradition Declined Page 1 |