| I N | Agenc | y Name | | VSTON-SALEN |] IN | INCIDENT/INVESTIGATION | | | | | | | OCA 2439082 | | | | | | | |
|--|---|--|--------------------|------------------------------------|----------------|--|----------------------------|----------------------|-------------|--|----------|-----------------------------|----------------------------|--|--------------------------------|--|-----------------------------|----------------------|--|--|
| C | ORI | NC | | | | | 1 | REPORT | | | | | | | | Date / Time Reported S M T W T F S Month Day Yr Time | | | | |
| D E | NC NC 0340200 Crime Incident(s) | | | | | | | | | Att At Found SMTWTFS Month Day Yr Time | | | | | | | 10 30 2024 II.36 Hrs. | | | |
| N T | #1 | | | Harassing Pho | ne C | Calls | | _ | Com | Month 10 | Ι | | | lime 1:36 Hrs | | | | Time 11:35 Hrs | | |
| D | #2 | Crime I | ncident | | | |] [| - 1 | | | Incident | a Du | Winston | galon | . NC | 27107 | Offense Tract 212 | | | |
| A T | #3 | Crime I | ncident | | | | | _ | Com Att | Premise | | | e Dr, | Winston- | saien | | Victim Resid | | | |
| A | | | 1 0 | | | | | Com | | | | | | - "1 | ☐ Single Family ☐ Multi Family | | | | | |
| MO | | | d or Con MITTEI | | | | | | | | | | | Forcible ☐ Yes [☐ No | X N/A | We | apon / Tools | | | |
| | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | | | | | |
| V | 1 | | | ciety Government Gious L.E. Off | | | inancial Institution | | know | | _ | roken Bone nternal 🔲 | | Severe | Lacera Other | | | es Unknown O N/A | | |
| I C | | Victim/ | | Name (Last, First, | | <u>, </u> | | Victim of Do | | | | | 3 / Age | Race | | Relationship | Resident Status | | | |
| T I | V1 | | DA | ΓA OMITTED | | | | | Crime # | | 49 | n | _ | To Offende | Resident Non-Residen | | | | | |
| M | Home | Addre | ess | | | | | | 1, | | | В | F Hon | ne Phone | Unknown | | | | | |
| | Employer Name/Address DATA OM | | | | | | | | TTED | | | | | | | | | | | |
| | Emplo | oyer Na | ress | ATA OMI | ITTED | | | | | | | | Business Phone | | | | | | | |
| ' | VYR | M | ake | Model | St | yle | Color | | Lic | :/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 = 1 r jur | isdiction) | Z = Seized | В= | Burn | ed C= | Cot | unterfeit / F | orged | F = Found | | | | | | |
| | Victim # DCI Status Value OJ QTY | | | | | | Property Description | | | | | | | | Mal | ce/Mo | | erial Number | | |
| - P - R _ | | | | | | | | | | | | | D | ATA OMITTED FOR | | | | | | |
| | | | | | \dashv | | | | | | | | | | | | I | NFORMATION | | |
| | | | | | | | | | | | | | | | | | | SECURITY | | |
| O P | | | | | _ | | | | | | | | | | | | | PURPOSES | | |
| E · | | | | | \dashv | | | | | | | | | | | | 0 | NLY THE FIRST | | |
| R T | | | | | \dashv | | | | | | | | | | | | | LVE PROPERTY | | |
| Y | | | | | | | | | | | | | | | | | | ITEMS ARE | | |
| | | | | | | | | | | | | | | | | | | DISPLAYED ON | | |
| - | | | | | \dashv | | | | | | | | | | | | | P2C REPORTS | | |
| - | Numh | er of V | ehicles S | tolen 0 | Nur | nber Vehi | cles Recovere | d | 0 | | | | | | | | | | | |
| | Office | r | | ID | | | Officer Sig | | _ | | | | | Supervisor | Signat | ure | 027) | | | |
| ID | | A <i>MIN,</i> lainant | (16366) | Case Status | 3 | | | 10 | Case Dispos | sition | NAVY, | VAVY, C. M. (15037) | | | | | | | | |
| Status | Сопр | iumalli | DigitatuII | | | | ☐ Further ☐ Inact ☐ Closed | Inve ive /Clea | ared | | | ☐ Unfoun☐ Cleared☐ Cleared☐ | ided l by Ai l by Ai | Locarrest Locarrest Locarrest Locarrest Locarrest by Ano | Refuse ther Ag | gency | ooperate | Page 1 | | |