I N	Agenc	y Name		NSTON-SALEN] IN	CIDENT/INVESTIGATION						OCA 2439094							
I ·	ORI	NC	NC 03/	10200			1	REPORT							Date / Time Reported SMTWTFS Month Day Yr Time				
D E	NC NC 0340200 Crime Incident(s)								☐ Att							10 30 2024 16:48 Hrs. Last Known Secure S M T H T F S Month Day Yr Time			
N T	$^{#1}$	Commi	ınicatir	ng Threats -intin	nida	tion, No	n Physical	_	Com	Month 10				ime 5:48 Hrs				Time <i>16:47</i> Hrs.	
D	#2	Crime I	ncident					_	Att	Location		Incident						Offense Tract	
A T	πэ (Crime I	ncident					_	Com Att	Premise			wins	ton-salen	i NC 2		Victim Reside	ence Type	
A	#3								Com							_		ily □Multi Family	
МО			d or Com											Forcible Yes No	Weapon / Tools				
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																		
V	2			ciety ☐ Governm igious ☐ L.E. Off		_			ıknow	. –	•	oken Bone ternal 🔲		Severe	Lacerat Other		. –	es Unknown O N/A	
I C		Victim/	Business	Name (Last, First,	Midd	lle)		Victim of D					3 / Age	Race	Sex	Relationship To Offender	Resident Status		
T I	V1		DA	ΓΑ OMITTED				`	1,		19	$\mid W \mid$	$_{F}$	1AQ	Non-Resident				
M ·	Home	Addre	ss								"		ne Phone	Unknown					
				ATA OMI	TTED							D : N							
	Employer Name/Address DATA C								MITTED								Business Phone		
	VYR	M	ake	Model	St	yle	Color		Lic	c/Lis				Vin					
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 = l er juri	Damaged isdiction)	Z = Seized	B =	Burn	ied C=	Cou	ınterfeit / F	orged	F = Found	d 				
	Victim # DCI Status Value OJ QTY						Property Description								Mak	e/Mo		erial Number	
- P - R _		 											D	ATA OMITTED FOR					
					_												II	NFORMATION	
																		SECURITY	
O P					_													PURPOSES	
E - R					_												Ol	NLY THE FIRST	
Т																	TWEI	VE PROPERTY	
Y																		ITEMS ARE	
					\dashv													P2C REPORTS	
-					+													2C KEI OK IS	
			ehicles S			nber Vehi	cles Recovere		0										
ID	Office: ROE		SON. B	W. (16352) ID	Officer Sig	Officer Signature Supervisor Signature COLLINS, A. B. (14763)													
112		lainant		Case Status	S Case Disposition:							,							
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	ared				by A	Local rest Carest by Anomales Carest by Anomale	Refuse ther Ag	gency	ooperate	Page 1	