I N	Agenc	y Name	e WIN] IN	INCIDENT/INVESTIGATION							OCA 2444293								
C	ORI	NC	NC 034	10200			1	REPORT								Date / Time Reported SMTWTFS Month Day Yr Time				
D E			ncident(s				Att	At Foun	d	Isl≞	ITW	TFS	12 Last			1 Time 24 23:00 Hr SMTWTF				
N T	#1 Discharging Firearm							ı —	Com	Month 12	Da			T F S Time S:00 Hrs			yn Secure Day Yr 09 202	Time		
D	#2	Crime I	ncident	88			-	Location	of I	Incident		•			•	Offense Tract				
A T	Colore Insident														salem			113 idence Type	_	
A	#3	Jime I	neident					Com	Tremise	турс	C				- 1		mily	nily		
МО			d or Com									Forcible Yes No	X N/A	We	apon / Too	ls				
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															/Alcohol Use:				
*7	1 Society Government Financial Institute Broken Bones Severe Lacerations Unknown Internal Unconscious Other Major															_	/n			
V I															Race	<u> </u>		ip Resident Stat	us	
C T	V1		DA	LY UMITTED							(Crime #					To Offend	er Resident Non-Resident	danı	
I M																		Unknown		
141	Home Address DATA OMI									ΓΤΕD						Home Phone				
	Emplo	me/Addi	ATA OMI	A OMITTED							Business Phone									
,	VYR Make Model Style						Color Lic/Lis Vin						Vin							
O T H E R S I N V O L V E D	DATA OMITTED																			
Status Codes																				
	Victim # DCI Status Value OJ QTY						Property Description								Mak	ce/Mc	odel	Serial Number		
P - R - O		To your Form												DATA OMITTEI	5					
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Т Ү.																	TW	ELVE PROPERT	<u>Y</u>	
٠.					+													DISPLAYED ON		
					_													P2C REPORTS		
	Number of Vehicles Stolen 0 Number Vehicles Recovered 0												_							
ID	Office:	r <i>LOR</i> ,	C. J. (1	ID (16361)	Officer Sig									or Signature IAMS, K. A. (15631)						
	Complainant Signature Case Sta								Case Disposition:									╗		
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	red				by Ai	Test by Ander] Refuse other Ag	gency	ooperate	Page 1	ed —	