I N	Agenc	y Name		NSTON-SALEN	л Р	OLICE	IN	NCIDENT/INVESTIGATION						OCA 2444341					
C ·	ORI	NG				02102	-	REPORT						Date / Time Reported SMIWTFS Month Day Yr Time					
D E			NC 034				12							10 2024 10:59 Hrs.					
N T	Crime Incident(s) #1 Communicating Threats -intimidation, Non Physica									$\begin{array}{c ccccccccccccccccccccccccccccccccccc$						Month Day Yr Time			
D .			ncident	18 Threens then	rrerei		n i nystett		\rightarrow		of Incident	7 10	7.59 1113	12	1		Offense Tract		
A		~ · ·						_	Com		emmonsvi	lle Ci	r, Winston	-saler			212		
T A	#3	rime i	ncident						Att Com	Premise T	ype				- 1	ictim Resider Single Famil	ice Type y		
МО			d or Com										Forcible Yes [X N/A	Wea	npon / Tools			
	# of Victims Type None Minor Loss of Teeth Drug/Alcohol Use:															cohol Use:			
	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown															s □ Unknown			
V I		Victim/		igious L.E. Off Name (Last, First,			ity Othe	er/Un	know	n 🗆	Internal Victim of		nscious B / Age	Other	r Major No N/A e Sex Relationship Resident Status				
C T	V1	v ictiii/			iviido	nc)					Crime #		20	Race		To Offender			
I	` -		DA	ΓA OMITTED							1,			W	F	1ST	☐ Non-Resident ☐ Unknown		
М -	Home Address DATA OMIT									ΓΤΕD					Home Phone				
	F 1 N /A 11							'A OMITTED						Business Phone					
•	VYR Make Model Style						Color Lic/Lis Vir						Vin						
O T H E R S I N V O L V E D		DATA OMITTED																	
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column i	R = Recovered for other	D = l er juri	Damaged isdiction)	Z = Seized	B =	Burn	ed $C = C$	Counterfeit / I	Forged	F = Foun	d					
	Victim # DCI Status Value OJ QTY					QTY	Property Description							Mak	e/Mod	del Se	rial Number		
P - R - O																DA	TA OMITTED		
					\dashv											IN	FOR FORMATION		
					_												SECURITY		
																	PURPOSES		
Р ⁻ Е -																			
R.					_												LY THE FIRST		
Т Ү					_												VE PROPERTY ITEMS ARE		
					\dashv												SPLAYED ON		
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			ehicles S			nber Vehic	cles Recovere		0				g :	a.					
ID	Officer TIPI		A. T. (16299)		Officer Sig	natur	e				Supervisor GEDD:	Signati <u>IN</u> GS,	ıre <i>H</i> . <i>L</i>	L. (14851)				
	Complainant Signature Case								Case Status Case Disposition:										
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	ıred			l by A	Locarrest □ rrest by Ancested	Refuse ther Ag	ency	ooperate	Page 1		