I N	Agenc	y Nam		NSTON-SALEN	OLICE	. IN	INCIDENT/INVESTIGATION							OCA 2482422					
C	ORI	NC	NC 02	10200			1	REPORT								Date / Time Reported SMTWTFS Month Day Yr Time			
D E	NC NC 0340200  Crime Incident(s)									☐ Att At Found SMTWTFS Month Day Yr Time						Day IF Time   O7   12   2024   13:57 Hrs.   Last Known Secure   S M T M T F S Month Day Yr Time			
N T	#1			All Other F	rauc	l		ı —	Com	Month 07	Ι			Time 3:45  Hrs				Time 13:45 Hrs.	
D	#2	Crime I	ncident						Att	Location	n of	Incident						Offense Tract	
A T	Com Com 601 N Chestnut St Apt. 410, Wins  H3 Crime Incident   Att Premise Type															n-salem NC 111 Victim Residence Type			
A	#3	JIIIIC I	ncident						Com	Tremise	ı yı	pe				- 1		ly □Multi Family	
МО			d or Con											Forcible Yes	X N/A	We	apon / Tools		
																lcohol Use:			
	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown																		
V	$\frac{I}{I}$			-			uty Othe	er/Un	know	n _				nscious	Other	r Major No N/A			
C	V1	V ictim/		Name (Last, First,					Victim of Crime #	DOI	3 / Age 62	Race	Sex	Relationship To Offender	Resident Status Resident				
T I	V 1		DA	ΓA OMITTED					1			$\mid B \mid$	M		☐ Non-Resident				
M	Home Address DATA OMIT															Home Phone			
	Employer Name/Address DATA OMI														Business Phone				
	VYR	Color   Lic/Lis   Vin							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	R = Recovered if recovered for other	D = l er juri	Damaged isdiction)	Z = Seized	B =	Burn	ed C=	Cot	unterfeit / F	orged	F = Found	1				
	Victim #	DCI	Status	Value		Property Description								Make/Model Serial Number					
- - P - R	1														DA	TA OMITTED			
					$\dashv$												IN	FOR FORMATION	
					$\dashv$													SECURITY	
ο .																		PURPOSES	
P .																			
R					_													ILY THE FIRST	
Т Ү .					$\dashv$												TWEL	VE PROPERTY ITEMS ARE	
1					$\dashv$												D	ISPLAYED ON	
																		2C REPORTS	
			ehicles S	-		nber Vehi	cles Recovere		0				-	Cupamiaa	Signat	uro			
ID	Office WAI		<i>L, J. A</i> .	(15882) ID	Officer Sig	Officer Signature Supervisor Signature WADDELL, J. A. (158									(15882)				
	Complainant Signature Case Stat  ☐ Furth									tion		Case Dispos			ated.			adition Declined	
Status							☐ Further  ☐ X Inact ☐ Closed ☐ Closed	ive /Clea	ıred			☐ Cleared	by A	Loca rrest   Carrest by Ano	Refuse ther Ag	gency	ooperate	Page 1	