I N	Agenc	y Namo		NSTON-SALEN	OLICE	IN	INCIDENT/INVESTIGATION							OCA 2483321							
I C	ORI	NC	NC 034	10200			1	REPORT							Date / Time Reported SMTWTFS Month Day Yr Time						
D E			ncident(s		Att At Found SMTWTFS Month Day Yr Time								Day 17 Time 19 19 19 19 19 19 19 1								
N T	#1		`	Larceny- All	Month Day Yr Time											r 🖵	Time	Hrs.			
D .	#2 Crime Incident															_	•		ffense Tra		
A T		Trime I	ncident					_	Com				Vinst	on-salem	NC 2	27127 314 Victim Residence Type					
A	#3	orinic r	nerdent			☐ Att Premise Type ☐ Com						☐ Single Family ☐ Multi Family									
МО			d or Com MITTEI			Forcible ☐ Yes ☐ No						Weapon / Tools									
	# of V	ictims	Туре	∏ Person	ΠE	Business				Injur	у	☐ None	ПΝ	_	Loss o	f Tee	th Dru	ıg/Alc	ohol Use:		
	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown															nown					
V I		Victim/		Name (Last, First,			uty U Otne	er/Un	iknow	'n _		ternal Victim of		Iscious B / Age		ce Sex Relationship Resident Status					
C T	V1 DATA OMITTED													28			To Offer	nder	☐ Reside	ent	
I M ·				IA OMITTED								1			W	M	RU		□ Non-Ro □ Unkno		
141	Home Address DATA OMITTED															Hon	ne Phone				
	Employer Name/Address DATA								OMITTED							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 = I er juri	Damaged isdiction)	Z = Seized	B =	Burn	ied C=	Cou	ınterfeit / F	orged	F = Found	i						
	Victim #		Property Description							Mak	Make/Model Serial Number										
-	1							ELEC COMMUNICATIONS							Steam/S	n/Steam Deck DATA OMITTED					
P - R					_													INI	FOR FORMATI	ION	
					_														SECURITY		
0]	PURPOSE	S	
Р ⁻ Е -																					
R					_												T		Y THE F		
Т Ү					_												1,		E PROPE TEMS AR		
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	Numb		ehicles S	tolen 0		nber Vehi	Cles Recovere		0 re				ı	Supervisor	Signati	ure					
ID	ALE	XANI		C. (15741)	Officer Sig	Officer Signature Supervisor Signature ALEXANDER, J. C. (15741)															
	Complainant Signature Case Sta									S Case Disposition:											
Status							☐ Inact	ive /Clea	ared			☐ Cleared	by A	Trest by Ano	Refuse ther Ag	gency	ooperate	_	Page 1		