| I<br>N  | Agenc  | y Name          |                             | NSTON-SALEN                         | IN            | CIE                | CIDENT/INVESTIGATION        |                        |         |  |   |                             | OCA 2483395                               |                           |                   |              |  |                       |  |  |
|---|--|-----------------|-----------------------------|-------------------------------------|---------------|--------------------|-----------------------------|------------------------|---------|--|---|-----------------------------|---|---------------------------|-------------------|--------------|--|-----------------------|--|--|
| C I   | ORI  | NC              |                             |                                     | REPORT        |                    |                             |                        |         |  | Date / Time Reported SMIWIFS<br>Month Day Yr Time |                             |   |                           |                   |              |  |                       |  |  |
| D<br>E  | NC NC 0340200 Crime Incident(s)  |                 |                             |                                     |               |                    |                             |                        |         | ☐ Att At Found SMTWT王S — Month Day Yr Time |   |                             |   |                           |                   |              | $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ |                       |  |  |
| N<br>T  | #1   |                 |                             | ,<br>ng Threats -intin              | nida          | ition, No          | on Physical                 | _                      | Com     | Month 09                                   | D   |                             |   | lime<br>1:30  Hrs         |                   |              |  | Time<br>  14:30  Hrs. |  |  |
| D   |  |                 | ncident                     |                                     |               | · ·                |                             |                        |         | Location                                   | n of  | Incident                    |   | •                         |                   |              |  | Offense Tract         |  |  |
| A<br>T  |  | 'rime I         | ncident                     | Trespassi                           |               |                    | ☐ Att Premise Type          |                        |         |  |   |                             | alem NC 27107 211   Victim Residence Type |                           |                   |              |  |                       |  |  |
| A   | #3   |                 |                             |                                     |               |                    |                             |                        | Com     | 110111150                                  | -71   |                             |   |                           |                   |              |  | ily □Multi Family     |  |  |
| МО  |  |                 | d or Con<br>MITTEI          |                                     |               |                    |                             |                        |         |  | Forcible Yes [                                    | <b>X</b> N/A                | We  | apon / Tools              |                   |              |  |                       |  |  |
|   | # of Victims   Type   None   Minor   Loss of Teeth   Drug/Alcohol Use: |                 |                             |                                     |               |                    |                             |                        |         |  |   |                             |   |                           |                   | Alcohol Use: |  |                       |  |  |
|   | 3  |                 | □ So                        | ciety   Governm                     | ent           | □ F                | inancial Instit             |                        |         | . –  | -   | roken Bone                  | s   | ☐ Severe                  | Lacera            | tions        | ns Yes Unknown   |                       |  |  |
| V<br>I  |  | Victim/         |                             | igious L.E. Off                     |               |                    | uty 🔲 Othe                  | er/Un                  | iknow   | 'n   _                                     |   | ternal  Victim of           |   | nscious  B / Age          | Other<br>Race     |              | r 🔯 N Relationship                                     |                       |  |  |
| C<br>T  | V1   |                 |                             | ΓA OMITTED                          |               |                    |                             |                        | Crime # |  | 28  |                             |   | To Offende                |                   |              |  |                       |  |  |
| I<br>M  |  |                 |                             | IA OMITTED                          |               |                    |                             |                        | 1,2     |  |   | U                           | F   |                           | Unknown           |              |  |                       |  |  |
| 141   | Home   | Addre           | ess                         |                                     | TTED          |                    |                             |                        |         |  |   | Home Phone                  |   |                           |                   |              |  |                       |  |  |
| ,   | Employer Name/Address DATA OM  |                 |                             |                                     |               |                    |                             |                        | TTED    |  |   |                             |   | Business Phone            |                   |              |  |                       |  |  |
| ,   | VYR  | M               | Color Lic/Lis Vin           |                                     |               |                    |                             |                        | Vin     |  |   |                             |   |                           |                   |              |  |                       |  |  |
| T<br>H<br>E<br>R<br>S<br>I<br>N<br>V<br>O<br>L<br>V<br>E<br>D | DATA OMITTED   |                 |                             |                                     |               |                    |                             |                        |         |  |   |                             |   |                           |                   |              |  |                       |  |  |
| Status<br>Codes   | L = L<br>(Chec   | ost S<br>k "OJ" | = Stolen                    | R = Recovered f recovered for other | D =<br>er jur | Damaged isdiction) | Z = Seized                  | B =                    | Burn    | ied C=                                     | Cou   | unterfeit / F               | orged                                     | F = Found                 | d                 |              |  |                       |  |  |
|   | Victim # DCI Status Value OJ QTY                                       |                 |                             |                                     |               |                    | Property Description        |                        |         |  |   |                             |   |                           | Mak               | e/Mo         | odel S   | erial Number          |  |  |
| -<br>-<br>P -<br>R  |  |                 |                             |                                     |               |                    |                             |                        |         |  |   |                             | D   | ATA OMITTED               |                   |              |  |                       |  |  |
|   |  |                 |                             |                                     | _             |                    |                             |                        |         |  |   |                             |   |                           |                   |              | ī  | FOR<br>NFORMATION     |  |  |
|   |  |                 |                             |                                     |               |                    |                             |                        |         |  |   |                             |   |                           |                   |              |  | SECURITY              |  |  |
| O .   |  |                 |                             |                                     |               |                    |                             |                        |         |  |   |                             |   |                           |                   |              |  | PURPOSES              |  |  |
| E ·   |  |                 |                             |                                     | _             |                    |                             |                        |         |  |   |                             |   |                           |                   |              | 0  | NLY THE FIRST         |  |  |
| R<br>T  |  |                 |                             |                                     | $\dashv$      |                    |                             |                        |         |  |   |                             |   |                           |                   |              |  | LVE PROPERTY          |  |  |
| Υ .   |  |                 |                             |                                     |               |                    |                             |                        |         |  |   |                             |   |                           |                   |              |  | ITEMS ARE             |  |  |
|   |  |                 |                             |                                     |               |                    |                             |                        |         |  |   |                             |   |                           |                   |              | I  | DISPLAYED ON          |  |  |
|   |  |                 |                             |                                     |               |                    |                             |                        |         |  |   |                             |   |                           |                   |              |  | P2C REPORTS           |  |  |
| -   | Numb   | er of V         | ehicles S                   | tolen 0                             | Niii          | nher Vebi          | cles Recovere               | d                      | 0       |  |   |                             |   |                           |                   |              |  |                       |  |  |
|   | Officer ID# Officer Signature Supervisor Signature                     |                 |                             |                                     |               |                    |                             |                        |         |  |   |                             |   |                           |                   |              |  |                       |  |  |
| ID  |  |                 | <i>L, J. A.</i><br>Signatur | (15882)                             | Case Status   |                    |                             |                        | Ι.      | Case Dispos                                | ition   | WADD                        | ELL,                                      | <i>J. A.</i>              | (15882)           |              |  |                       |  |  |
| Status  | Comp   | iamant          | əignatur                    | _                                   |               |                    | ☐ Further ☐ Closed ☐ Closed | r Inve<br>ive<br>/Clea | ared    |  |   | ☐ Unfoun☐ Cleared☐ Cleared☐ | ded<br>by Ai<br>by Ai                     | Locarrest  rrest by Ander | Refuse<br>ther Ag | gency        | ooperate   | Page 1                |  |  |