I N	Agenc	y Name		NSTON-SALEN	IN	ICIDENT/INVESTIGATION						OCA 2483647										
C	ORI	NC					1	REPORT						Date / Time Reported SMTWTES Month Day Yr Time								
D E	10		NC 034		│ │								10   25   2024  08:57 Hrs.									
N T																			Time	Hrs.		
D	Lo Crime Incident														Offense Tract							
A		7 T	! 4 4						Com				Vinsto	on-salem	NC 27	27105 122 Victim Residence Type						
T A	#3	Jillie I	ncident				☐ Att Premise Type ☐ Com						Single Family Multi Family									
МО			d or Con MITTEI		Forcible Yes						☐ Yes ☐	Weapon / Tools										
	# of Victims   Type   None   Minor   Loss of Teeth   Drug/Alcohol Use:															:						
	1 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Internal Unconscious Other Major No NA															- 1						
V I		Victim/		Name (Last, First,			uty U Otne	er/Un	Know	n		nal  ictim of		S / Age		ce Sex Relationship Resident Sta						
C T	V1													33			To Offeno	ler 🗀	X Reside	ent		
I M	DATA OMITTED										1	1			В	F			□ Non-R □ Unkno			
171	Home	Addre	ess		ГТЕ	TED						Home Phone										
	Employer Name/Address DATA OM									TTED						Business Phone						
,	VYR	M	Model	Color Lic/Lis Vin							Vin											
T H E R S I N V O L V E D	DATA OMITTED																					
Status Codes																						
Codes	Victim		Status	Value	Property Description								Make/Model Serial Number									
	"							ARTS/ACCESSORIES							Dodge/Charger DATA OMITT							
P .		PCA TARG 1 0								I	DODG Charger FOR											
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ID	Office RAT		ID (15687)		Officer Sig	Officer Signature Supervisor Signature RATLIFF, K. D. (15687)																
	Complainant Signature Case Stat									S Case Disposition:												
Status							☐ Further  ☐ Inact ☐ Closed ☐ Closed	tive /Clea	red				by Ar by Ar	Test Danier Danier	Refuse ther Ag	gency	ooperate	extrad	Page			