I N	Agenc	y Name		VSTON-SALEN	] IN	ICIDENT/INVESTIGATION						OCA 2483985							
C ·	ORI	NC					1	REPORT							Date / Time Reported   S M T W크 F S Month Day Yr Time				
D E	NC NC 0340200  Crime Incident(s)								│ ☐ Att │ At Found │ S M T W ∃ F S Month Day Yr Time							In lay 12 Time 11 21 2024 16:48 Hrs.  Last Known Secure S M T W F S Month Day Yr Time			
N T	#1 C	'ommı	ınicatir	ng Threats -intin	nida	tion, No	n Physical	_	Com	Month 11	Da			ime 5:40  Hrs			Day Yr 🖰	Time 16:40 Hrs.	
D	#2	Crime I	ncident							Location			D.o. T	Vington a	alam 1	VC 2		Offense Tract 123	
A T	#3	Crime I	ncident					_	Com Att	Premise 7			-w, v	Vinston-so	iiem 1		/100   Victim Reside		
A			1 0						Com					- "		_		ly ∏Multi Family	
МО			d or Com											Forcible  Yes  No	<b>X</b> N/A	We	apon / Tools		
	# of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:																		
V	T ☐ Religious ☐ L.E. Officer Line of Duty ☐ Other/Unknown ☐ Internal ☐ Unconscious ☐ Other Major ☐ N/A															es □Unknown  □N/A			
I C	1	Victim/	Business	Name (Last, First,	Victim of DO Crime #						3 / Age	Race	Sex	Relationship To Offender	Resident Status				
T I	V1		DA	ΓA OMITTED					1		38	W	M	1RU	☐ Non-Resident				
M ·	Home	Addre	ess									<u> ''</u>		ne Phone	Unknown				
	Employer Name/Address DATA OM															Business Phone			
					TA OMITTED														
	VYR	M	ake	Model	Sty	yle	Color		Lic	c/Lis				Vin					
O T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes	(Chec	k "OJ"	= Stolen column i	R = Recovered for other	D = I r juri	Damaged sdiction)	Z = Seized	B =	Burn	C = 0	Cour	nterfeit / F	orged	F = Found	d				
	Victim # DCI Status Value OJ QT					QTY	Property Description								Mak	ce/Mo		erial Number	
- P - R _		<del>                                     </del>											DA	TA OMITTED FOR					
					<u> </u>												IN	FORMATION	
																		SECURITY	
O P -					_													PURPOSES	
E - R					$\dashv$												Ol	ILY THE FIRST	
Т																	TWEL	VE PROPERTY	
Y																		ITEMS ARE	
					_													ISPLAYED ON 2C REPORTS	
-					+									+			I	2C KLI UKIS	
			ehicles S			nber Vehic	cles Recovere		0										
ID	Office:		DER. I	C. (15741)	Officer Sig	Officer Signature Supervisor Signature ALEXANDER, J. C. (15741)													
112			Signatur		Case Status														
Status							☐ Further ☐ Inact ☐X Closed ☐ Closed	ive /Clea	ared		[		by Ai	Test by Ano	Refuse ther Ag	gency	ooperate	Page 1	