I N	Agenc	y Name		VSTON-SALEN	OLICE	IN	NCIDENT/INVESTIGATION						OCA 2223809						
C	ORI	NC	NC 034	10200			1	REPORT							Date / Time Reported SM W TFS				
D E			ncident(s			Att At Found SMIWTFS Month Day Yr Time							$\begin{array}{c ccccccccccccccccccccccccccccccccccc$						
N T	$^{#1}$	'ommi	ınicatir	ng Threats -intin	nida	tion, No	n Physical		Com	Month 05	Day 17			ime 0:02 Hrs				Time 10:02 Hrs.	
D	#2	Crime I	ncident					_	Att	Location		cident	·	•				Offense Tract	
A T	πэ (Crime I	ncident					_	Com Att	Premise 7		ra St, v	vinst	on Salem	NC 2		Victim Reside	nce Type	
A	#3							Com							☐ Single Family ☐ Multi Family				
МО			d or Com					_ Y						Forcible Yes No	s 📉 N/A				
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																		
V	1			ciety Governm igious L.E. Off			inancial Institution Instituti		ıknow	. –		en Bone nal 🔲		Severe l	Lacerat Other		. –	es □Unknown □ □N/A	
I C		Victim/	Business	Name (Last, First,				Vio	ctim of		B / Age	Race	Sex	Relationship To Offender	Resident Status				
T I	V1		DA				1	ime#		25	W	M	10K	☐ Non-Resident					
M	Home Address															Home Phone Unknown			
	DATA OMI									TTED									
	Employer Name/Address DATA C								1ITTED							Business Phone			
1	VYR	M	ake	Model	St	yle	Color		Lic	c/Lis				Vin					
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 i	R = Recovered for other	D = 1 er jur	Damaged isdiction)	Z = Seized	B =	Burn	ed C = C	Counte	erfeit / F	orged	F = Found	i				
	Victim # DCI Status Value OJ QT					QTY	Property Description							Mak	e/Mo	odel So	erial Number		
- - P - R													DA	ATA OMITTED					
					\dashv												II.	FOR FORMATION	
																		SECURITY	
O .																		PURPOSES	
E ·																	ON	ILY THE FIRST	
R T					_													VE PROPERTY	
Υ .																		ITEMS ARE	
																		ISPLAYED ON	
-					_												F	2C REPORTS	
-	Numb	er of V	ehicles S	tolen 0	Nur	nber Vehic	cles Recovere	d	0										
115	Office	r		ID			Officer Sig		-					Supervisor	Signatu	are	5000)		
ID			N, G. A Signatur	<i><u>M. (15167)</u></i> e			Case Status	Case Status Case Disposition:						CLAKK	CLARK, D. C. (15090)				
Status	P			estiga ared ds Ext	tion		Unfound Cleared Cleared	ded by Aı by Aı	Loca	Refuse ther Ag	gency	ooperate	Page 1						