I N	Agenc	y Name		ISTON-SALEN] IN	ICIDENT/INVESTIGATION						OCA 2320909									
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 Time O5 24 2023 O7:16 Hrs. Last Known Secure S M T M T F S M T M T F S								
N T	#1			spd-disturbing	The I	Peace		ı —	Com	Month 05	D			ime 7:16 Hrs				r 🗕	Time 07:15 Hrs.		
D	#2	Crime I	ncident						Att	Location	of I	Incident		•		•			Offense Tract		
A T		Trime I	ncident					_	Com	610 N Premise			Wins	ston-salei	n NC		0 <i>1</i> Victim Re	esiden	111		
A	#3	omic i	nerdent						Att Com	Treimse	Typ								y □Multi Family		
МО			d or Com MITTEI					Forcible ☐ Yes ☐ No						Weapon / Tools							
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															cohol Use:					
3.7	1 Society Government Financial Institute Broken Bones Severe Lacerations Unknown Internal Unconscious Other Major															_					
V I	Victim/Business Name (Last, First, Middle) Victim of DOB / Age Rac															Sex Relationship Resident Status					
C T	V1		DΛ	ΓA OMITTED				Crime #								To Offer	nder	☐ Resident ☐ Non-Residen			
I M				TA OMITTED					1,							Unknown					
	Home	Addre	ss		TTED								Home Phone								
	Employer Name/Address DATA OMI															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																					
Codes	Victim			Property Description								Mal	ro/Ma	, dal	Car	ial Number					
- - P - R - O	#	# DCI Status Value OJ QTY Property Description								iviak	ce/Mo	MEI		rial Number TA OMITTED							
																			FOR		
																			FORMATION SECURITY		
																			PURPOSES		
Ρ.																					
E ·																		ON	LY THE FIRST		
T Y																	T		VE PROPERTY		
																			ITEMS ARE		
																			SPLAYED ON 2C REPORTS		
_																					
			ehicles S	tolen 0		nber Vehic	cles Recovere		0												
ID	Office: SMI		Officer Sig	natur	e					Supervisor BOWE			14602)								
	SMITH, D. G. (14704) Complainant Signature Case Sta									Case Disposition:							CRS, K. S. (14602)				
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	ıred		li		by Ar	Test by Ander] Refuse other Ag	gency	cooperate	_	Page 1		