I N	Agenc	y Name		VSTON-SALEN] IN	NCIDENT/INVESTIGATION						OCA 2410764						
I ·	ORI	NC	NC 03/	10200			1	REPORT							Date / Time Reported SMTWIFS Month Day Yr Time			
D E	NC NC 0340200 Crime Incident(s)								Att At Found SMTWIFS Month Day Yr Time						Day Time 10:12 Hrs.			
N T	#1 C	'ommı	ınicatir	ng Threats -intin	nidai	tion, No	n Physical		Com	Month 03			fime 0:12 Hrs				Time 10:11 Hrs.	
D	#2	Crime I	ncident]	Att Com		of Incident	a Ct I	Vinston-so	alom N	<i>IC</i> 2		Offense Tract 323	
A T	#3	Crime I	ncident						$\overline{}$	Premise T		e Ci, 1	v msion-sc	iiem r		Victim Resider		
A		\	1 C					Com Forcible					☐ Single Family ☐ Multi Family Weapon / Tools					
MO			d or Com MITTEE										Yes [X N/A	we	apon / 1001s		
V	# of V	ictims	Туре	N Person	_	Business				Injury	None	_	_	Loss o			cohol Use:	
	2 Society Government Financial Institute Broken Bones Severe Lacerations Wes Unknown Internal Unconscious Other Major No NA															_		
I C		Victim/		Name (Last, First,				Victim of DOI Crime #				B / Age	Age Race Sex Relationship Resident			Resident Status Resident		
T I	V1		DA	ΓA OMITTED							1,		49	$\mid W \mid$	$_{F}$	1RU	☐ Non-Resident	
M ·	Home	Addre	SS				_		1,					ne Phone	Unknown			
	DATA OMI														Business Phone			
							TA OMITTED						Business Phone					
	VYR	M	ake	Model	Sty	/le	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 frecovered for other	D = L r juris	Damaged sdiction)	Z = Seized	В=	Burn	C = C	Counterfeit /	Forgeo	F = Foun	d 				
	Victim # DCI Status Value OJ QTY					QTY	Property Description							Mak	e/Mo		rial Number	
- P - R _		 											DA	TA OMITTED FOR				
					+											IN	FORMATION	
																	SECURITY	
O P					+												PURPOSES	
E - R					+											ON	LY THE FIRST	
Т																TWEL	VE PROPERTY	
Y																	ITEMS ARE	
-					+												SPLAYED ON 2C REPORTS	
-					+											1.	2C KEI OK IS	
			ehicles S			nber Vehic	cles Recovere		0									
ID	Office:		S. C. J	ID (15385)		Officer Sig	natur	re				Supervisor MCKA			A. M. (1488	4)		
112		Signatur		1	Case Status Case Disposition:							, 1						
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	ared			ed by A ed by A	rrest by Ander	Refuse other Ag	gency	ooperate	Page 1	