I N	Agenc	y Name		VSTON-SALEN	CIDENT/INVESTIGATION						OCA 2410915									
C	ORI	NC	NC 03/	10200	1	REPORT							Date / Time Reported SMTWTFS Month Day Yr Time							
D E	NC NC 0340200 Crime Incident(s)									Att At Found SMTWTFS Month Day Yr Time							Day   17   Time   12:26 Hrs.   Last Known Secure   SMTMTFS   Month Day Yr   Time   Time   SMTMTFS   SMTM			
N T	$^{#1}$	'ommi	ınicatir	ng Threats -intin	nidai	tion, No	n Physical		Com	Month 03				ime 2:26  Hrs			Day Yr 🖰	Time 12:25  Hrs.		
D	#2	Crime I	ncident					_	Att	Location		ncident						Offense Tract		
A T	πэ (	Crime I	ncident					_	Com Att	Premise '			vinsi	on-salem	NC 2		Victim Reside	122 nce Type		
A	#3							Com							☐ Single Family ☐ Multi Family					
МО			d or Com											Forcible  Yes  No	Weapon / Tools					
	# of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:    Society   Government   Financial Institute   Broken Bones   Severe Lacerations   Yes   Unknown																			
V	2			igious 🔲 L.E. Off		_			ıknow	. –		rnal 🔲			Lacerat Other		. –	_		
I C		Victim/	Business	Name (Last, First,	Middl	le)			Victim Crime			rime #	of DOB / Age R			Sex	Relationship To Offender	Resident Status  Resident		
T I	V1		DA	ΓA OMITTED					1		32	$\mid w \mid$	M	1RU	Non-Residen					
M	Home	Addre	SS					1			"		ne Phone	Unknown						
					ATA OMIT	TTED														
									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 = E r juris	Damaged sdiction)	Z = Seized	B =	Burn	ed C = 0	Coun	terfeit / F	orged	F = Found	il 					
	Victim # DCI Status Value OJ QTY						Property Description								Mak	e/Mo		rial Number		
- P - R _		<del>                                     </del>											DA	TA OMITTED FOR						
					+												IN	FORMATION		
																		SECURITY		
O P .					_													PURPOSES		
E - R					+												ON	LY THE FIRST		
T					$\top$													VE PROPERTY		
Υ :																		ITEMS ARE		
					_													SPLAYED ON		
-					+												P	2C REPORTS		
•	Numb	er of V	ehicles S	tolen 0	Num	nber Vehic	cles Recovere	d	0											
ID	Office:		G. S. (1.	ID 5871)		Officer Sig	Officer Signature Supervisor Signature MULLINS, B. H. (15079)													
ענ			Signatur		Case Status	S Case Disposition:					171 U LLI									
Status	-						☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	ared			Unfoun Cleared Cleared	ded by Ai by Ai	Test by Ano	Refuse ther Ag	gency	ooperate	Page 1		