I N	Agenc	y Name		VSTON-SALEN	OLICE	INCIDENT/INVESTIGATION								OCA 2411028						
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								03 30 2024 10:35 Hrs Last Known Secure S M T W T F = Month Day Yr Time						
N T	#1			Suspicious P	ı —	Com	Month 03] 3	30 202		lime):35 Hrs					Time 10:34	Hrs.			
D	D #2 Crime Incident													aa Dr. W	inston	sal.	am NC	- 1	Offense Tr 324	ract
A T	#3	Crime I	ncident		☐ Com 5365 Robinhood Village Dr, W							insion	Victim Residence Type							
A)	1 6	*** 1		Com							☐ Single Family ☐ Multi Family Weapon / Tools							
MO			d or Com MITTEE			☐ Ye						Forcible ☐ Yes ☐ No	X N/A	we	apon / 1	OOIS				
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																			
V	0			ciety Governme igious L.E. Off			inancial Institu ity 🔲 Othe		know	- 1	_	roken Bonenternal		☐ Severe	Lacera Other			⊐ Yes □ No	Unk □N/A	
I C		Victim/	Business	Name (Last, First,		Victim of DOB / Age Crime #				Race	Sex	Relatio		Resident Resid	Status					
T I	VI DATA OMITTED																10 011	lidei	☐ Non-F	Resident
M	Home Address									TUTED						Home Phone Unknown				
	F1 N /A 11							OMITTED								Business Phone				
	VYR	M	ATA OMITTED Color Lic/Lis Vin							Vin										
				Model		yle														
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 = I r juri	Damaged isdiction)	Z = Seized	B =	Burn	ed C =	Co	unterfeit / I	Forged	F = Foun	ıd					
	Victim # DCI Status Value OJ QTY						Property Description								Mal	ake/Model Serial Number				
- - P - R _														DA	FOR	TED				
																		INI	FORMAT	TION
																			SECURIT	
O P .]	PURPOSI	ES
E ·																		ONI	LY THE I	FIRST
R T																	Т		/E PROP	
Υ .]	ITEMS A	RE
																		DIS	SPLAYEI	D ON
																		P2	C REPOI	RTS
-	Numb	er of V	ehicles S	tolen 0	Nue	nher Voh	oles Recovers	d	0											
	Officer ID# Officer Signature Supervisor Signature																			
ID	CAL	N, O.	L. (149				BIEI							STEN, A. R. (15598)						
Status	Comp	iainant	Signatur	z			Case Status Further X Inact Closed	r Inve ive /Clea	ıred				ided l by Ai l by Ai	Loc rrest rrest by Ander] Refuse other Ag	gency	Cooperate	· _	Page	