I N	Agenc	y Name		NSTON-SALE	M P	OLICE	IN	CIDENT/INVESTIGATION REPORT						OCA 2411067							
I C	ORI	NC	NC 03/	10200			]			KEP	JK I			Date / Mon		Reported Day	yr Yr		WTFS me		
D E	NC NC 0340200  Crime Incident(s)									│ ☐ Att │ At Found │ S M T W '					03   30   2024   1   Last Known Secure   S M						
N	#1				mid	ation No	n Physical	Month Day Yr Time						Month Day Yr Time							
Τ.		Communicating Threats -intimidation, Non Physical Crime Incident								X Com   03   30   2024   11:57   H:   Att   Location of Incident						rs 03   30   2024   11:56   Hrs. Offense Tract					
D A	#2							□ C	100 Wa	nston-sal	salem NC 27103 323										
T	#3	Crime I	ncident						Att Premise Type						Victim Residence Type						
A								☐ Co	_ Com						☐ Single Family ☐ Multi Family						
МО	How Attacked or Committed DATA OMITTED									Forcible Yes						Weapon / Tools					
	# of Victims   Type   None   Minor   Loss of Teeth   Drug/Alcohol Use:															Jse:					
	1		☐ So	ciety 🔲 Governm	nent	□ F	inancial Institu				Broken Bone		☐ Severe				-		Jnknown		
V	T ☐ Religious ☐ L.E. Officer Line of Duty ☐ Other/Unknown ☐ Internal ☐ Unconscious ☐ Other Major ☐ N/A																				
I C	Victim/Business Name (Last, First, Middle)  Victim of Crime #														Sex	Relations To Offen		Reside Reside	ent Status sident		
T I	V1		DA	TA OMITTED						27	<sub>n</sub>	_				n-Residen					
M ·		A 11									1,			В					known		
	Home	Addre	SS			D	ATA OMI	ΓTED							Home Phone						
•	Employer Name/Address DATA OMI									TTED					Business Phone						
•	VYR Make Model Style						Color Lic/Lis						Vin								
O T H E R S I N V O L V E D	DATA OMITTED																				
Status Codes																					
	Victim			Value	QTY		Property Description							ake/Model Serial Number				mher			
P - R _	# DCI Status Value OJ QTY						Property Description							IVIUN	DATA OMITTE						
																		FO	R		
																			ATION		
																		SECUE			
O P -																	F	PURPO	OSES		
E -																	ONII	N/ TOLL	E EIDOT		
R T Y																TV			E FIRST OPERTY		
																1 1		TEMS			
																			ED ON		
-																			PORTS		
-																					
-	Numb	er of V	ehicles S	tolen 0	Nu	mber Vehi	cles Recovere	d 0													
TD.	Office		JAD		<b>)</b> #		Officer Sig	nature			ire	52161									
ID			V, <i>A. K.</i> Signatur	(15598)			Case Status						BURKS	XS, C. M. (15216)							
Status	Comp	iaiiidiil	orginatur				☐ Further ☐ Closed ☐ Closed	Investive /Cleare	d	on	☐ Unfoun☐ Cleared☐ Cleared	ded by Ar by Ar	Locarest   Locarest by Ano	Refuse ther Ag	gency	ooperate	_		Declined ge 1		