I N C	Agenc	y Name		NSTON-SALE	M P	OLICE] IN	INCIDENT/INVESTIGATION REPORT						OCA 2411104					
I	ORI	NC	NC 034	10200				IVEI (th Day Yr Time			, , , , ,			
D E			ncident(s		<u> </u>		+ I 4	At Found	Isln	d Tl W	T F S	03			24 20 s m				
N	#1									onth	Day Yr	Т Т	'ime			n Secure Day Yr	Tin	ne	
T .	#2 Crime Incident								\square Com $\begin{array}{ c c c c c c c c c c c c c c c c c c c$						Offense Tract				
D A	Com 5075 Monte Viete													salem.	NC 2	27105	12	22	
T	#3	#3 Crime Incident													Victim Residence Type				
A								om						☐ Single Family ☐ Multi Family					
MO			d or Com MITTEI										Forcible Yes	X N/A	We	apon / Tool	S		
																l Use:			
		icums	Type □ So	☐ Person ciety ☐ Governm	_	Business	inancial Institu	ute			☐ None Broken Bone	□ M es		_					
V	0 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Internal Unconscious Other Major No N/A															_			
I C	Victim/Business Name (Last, First, Middle) Victim of DOB / Age Racco														e Sex Relationship Resident Status To Offender Resident				
T	V1		DA	ГА ОМІТТЕО							Crime #					To Offend		Resident Non-Resident	
I M			D/1															Unknown	
IVI ·	Home	Addre	SS		ATA OMI	ГТЕО							Home Phone						
,	Employer Name/Address DATA ON								ITTED						Business Phone				
,	VYR Make Model Style						Color Lic/Lis Vin					Vin							
				1				I											
T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes	(Chec	k "OJ"	= Stolen column	R = Recovered for other	D = er ju	risdiction)	Z = Seized	B = B	urnea	C = C	ounterreit / F	orgea	F = Foun	ia					
	Victim #	DCI	Status	Value	Property Description							Mal	e/Mo	del	Serial N	Number			
P - R .																J		OMITTED	
																		FOR	
																		MATION	
																		URITY	
O P .																	PUR	POSES	
Е -																	NI V T	THE FIRST	
R T				+														ROPERTY	
Y																1 111		MS ARE	
				+														AYED ON	
													+					EPORTS	
-	Numb	er of V	ehicles S	tolen 0	Nu	mber Vehic	cles Recovere	d 0					1						
	Office	r		ID			Officer Sig	-					Supervisor	Signat	ure				
ID			15929				Ŭ	(0)						-					
	Comp	lainant	Signatur	e			Case Status	T						ated		_ E	vtraditio	on Declined	
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Cleare	d		Cleared	l by Ar l by Ar	rest by And	Refuse other Ag	gency	ooperate		Page 1	