| I<br>N  | Agenc   | y Name          |                      | VSTON-SALEN                         | 1 P             | OLICE                                  | ] IN                       | NCIDENT/INVESTIGATION    |       |            |        |                               |  | OCA 2411180             |  |             |                        |                     |
|---|---|-----------------|----------------------|-------------------------------------|-----------------|--|----------------------------|--------------------------|-------|------------|--------|-------------------------------|--|-------------------------|--|-------------|------------------------|---------------------|
| C   | ORI   | NC              | NC 034               | 10200                               |                 |  | 1                          | REPORT                   |       |            |        |                               |  |                         | Date / Time Reported SMTWTFS Month Day Yr Time |             |                        |                     |
| D<br>E  | <u> </u>  |                 | ncident(s            |                                     |                 | Att At Found SMTWTFS Month Day Yr Time |                            |                          |       |            |        |                               | O3   31   2024   Time<br>Last Known Secure SMT WTFS. |                         |  |             |                        |                     |
| N<br>T  | #1  |                 |                      | ,<br>ng Threats -intin              | nida            | tion, No                               | n Physical                 |                          | Com   | Month 03   |        |                               |  | ime<br>:18  Hrs         |  |             | Day Yr 🗀               | Time<br>12:17  Hrs. |
| D   |   |                 | ncident              | 0                                   |                 |  | <u> </u>                   |                          | Att   | Location   | of Inc | cident                        |  |                         |  |             |                        | Offense Tract       |
| A<br>T  |   | Trima I         | ncident              |                                     |                 |  |                            | _                        | Com   |            |        | neron A                       | Av, W  | inston-sa               | lem N  |             | 7101<br>Victim Reside  | 222                 |
| A   | #3  | Jime I          | ncident              |                                     |                 |  |                            | ☐ Att Premise Type ☐ Com |       |            |        |                               |  |                         | ☐ Single Family ☐ Multi Family                 |             |                        |                     |
| МО  |   |                 | d or Con<br>MITTEI   |                                     |                 |  |                            | □ Ye                     |       |            |        |                               |  | Forcible Yes            |  |             |                        |                     |
|   | # of Victims   Type   No   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use: |                 |                      |                                     |                 |  |                            |                          |       |            |        |                               |  |                         |  | lcohol Use: |                        |                     |
|   | Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown              |                 |                      |                                     |                 |  |                            |                          |       |            |        |                               |  |                         |  | es Unknown  |                        |                     |
| V<br>I  |   | Victim/         |                      | Name (Last, First,                  |                 |  | ity 🗌 Othe                 | er/Un                    | iknow | n 📗 🔲      |        | nal 🔲                         |  | scious   B / Age        | Other  |             | r ∑ No<br>Relationship | N/A Resident Status |
| C<br>T  | V1  |                 |                      | ΓA OMITTED                          | C               |  |                            |                          | ime # | 61         |        | 14400                         |  | To Offender             |  |             |                        |                     |
| I<br>M  |   |                 |                      | IA OMITTED                          |                 |  |                            | 1                        | ',    |            |        | В                             | M  | 1SE                     | ☐ Non-Resident☐ Unknown                        |             |                        |                     |
| 171   | Home  | Addre           | ess                  |                                     | ГТЕО            |  |                            |                          |       |            |        |                               | Home Phone   |                         |  |             |                        |                     |
|   | Emplo   | oyer Na         | me/Add               | ress                                | ATA OMI         | ΓA OMITTED                             |                            |                          |       |            |        |                               | Business Phone                                       |                         |  |             |                        |                     |
| ,   | VYR   | M               | Model                | Color Lic/Lis Vi                    |                 |  |                            |                          |       | Vin        |        |                               |  |                         |  |             |                        |                     |
| T<br>H<br>E<br>R<br>S<br>I<br>N<br>V<br>O<br>L<br>V<br>E<br>D | DATA OMITTED  |                 |                      |                                     |                 |  |                            |                          |       |            |        |                               |  |                         |  |             |                        |                     |
| Status<br>Codes   | L = L<br>(Chec  | ost S<br>k "OJ" | = Stolen<br>column i | R = Recovered f recovered for other | D = I<br>r juri | Damaged isdiction)                     | Z = Seized                 | B =                      | Burn  | ed $C = 0$ | Counte | erfeit / F                    | orged  | F = Found               | i  |             |                        |                     |
|   | Victim<br># DCI Status Value OJ QTY   |                 |                      |                                     |                 |  | Property Description       |                          |       |            |        |                               |  |                         | Mak  | e/Mo        | del Se                 | rial Number         |
| -<br>-<br>P -<br>R  |   |                 |                      |                                     |                 |  |                            |                          |       |            |        |                               | DA   | TA OMITTED              |  |             |                        |                     |
|   |   |                 |                      |                                     |                 |  |                            |                          |       |            |        |                               |  |                         |  |             | IN                     | FOR<br>FORMATION    |
|   |   |                 |                      |                                     |                 |  |                            |                          |       |            |        |                               |  |                         |  |             |                        | SECURITY            |
| O<br>p -  |   |                 |                      |                                     |                 |  |                            |                          |       |            |        |                               |  |                         |  |             |                        | PURPOSES            |
| Ē.  |   |                 |                      |                                     |                 |  |                            |                          |       |            |        |                               |  |                         |  |             | ON                     | ILY THE FIRST       |
| R<br>T  |   |                 |                      |                                     | $\dashv$        |  |                            |                          |       |            |        |                               |  |                         |  |             |                        | VE PROPERTY         |
| Y ·   |   |                 |                      |                                     | 1               |  |                            |                          |       |            |        |                               |  |                         |  |             | 1,,,22                 | ITEMS ARE           |
|   |   |                 |                      |                                     |                 |  |                            |                          |       |            |        |                               |  |                         |  |             | D                      | ISPLAYED ON         |
|   |   |                 |                      |                                     | $\Box$          |  |                            |                          |       |            |        |                               |  |                         |  |             | F                      | 2C REPORTS          |
| -   | Numb  | er of V         | ehicles S            | tolen 0                             | Nun             | nber Vebi                              | cles Recovere              | d                        | 0     |            |        |                               |  |                         |  |             |                        |                     |
|   | Office  | r               |                      | ID                                  |                 | IIOCI V CIII                           | Officer Sig                |                          | _     |            |        |                               | T  | Supervisor              | Signati  | ire         | m /:-:=:               |                     |
| ID  |   |                 | D. (16<br>Signature  |                                     |                 | Case Status                            |                            |                          |       |            |        |                               | MCFAI  | MCFADĎEN, T. T. (15271) |  |             |                        |                     |
| Status  | Comp  | iamalli         | oignatuf             |                                     |                 |  | ☐ Further ☐ Inact ☐ Closed | · Inve<br>ive<br>/Clea   | ared  |            |        | Unfound<br>Cleared<br>Cleared | ded<br>by Aı<br>by Aı                                | Loca                    | Refuse<br>ther Ag                              | gency       | ooperate               | Page 1              |