| I N | Agenc | y Name | | STON-SALEN | OLICE |] IN | NCIDENT/INVESTIGATION | | | | | | OCA 2411317 | | | | | | |
|--|---|--|----------------------------|------------------------------------|-------------------|-------------|---|--------------------------|--------|----------|----------|--------------------------------|----------------------|------------------------|---|------------|---------------------|--------------------------|--|
| C | ORI | NC | NC 034 | | | | 1 | REPORT | | | | | | | Date / Time Reported SMTWTFS Month Day Yr Time | | | | |
| D E | | | ncident(s | | | | │ ☐ Att │ At Found │ S 型 T W T F S Month Day Yr Time | | | | | | | Ddy 17 17:07 Hrs. | | | | | |
| N T | #1 | | | , ng Threats -intin | nidai | tion, No | n Physical | _ | Com | Month 04 | Day | | | ime :07 Hrs | | | | Time 17:06 Hrs. | |
| D | | | ncident | 0 | | | | - | Att | Location | of Incid | dent | | | | | | Offense Tract | |
| A T | | Trima I | ncident | | | | | _ | Com | | | ı St, W | inst | on-salem | NC 2 | | 7 Victim Resider | 313 | |
| A | #3 | Jiiiie i | ncident | | | | | ☐ Att Premise Type ☐ Com | | | | | | | ☐ Single Family ☐ Multi Family | | | | |
| МО | | | d or Con MITTEI | | | | | | • | | | | | Forcible Yes | N/A | We | apon / Tools | | |
| | # of Victims Type None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | cohol Use: | | | |
| | Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow | | | | | | | | | | | | | | | | | | |
| V I | | Victim/ | | igious L.E. Off Name (Last, First, | | | ity 🔲 Othe | er/Un | know | 'n 🔲 | | | | scious / Age | Other | | | □N/A Resident Status | |
| C T | V1 | v ictiii/ | | | Victim of Crime # | | | | | 61 | Race | | To Offender | Resident | | | | | |
| I | DATA OMITTED | | | | | | | | | | 1, | | | | W | M | | ☐ Non-Resident ☐ Unknown | |
| M | Home Address DATA OMI' | | | | | | | | | TTED . | | | | | | Home Phone | | | |
| | Employer Name/Address DATA ON | | | | | | | | | | | | | | Business Phone | | | | |
| , | VYR | Model | Color Lic/Lis Vin | | | | | | Vin | | | | | | | | | | |
| O T H E R S I N V O L V | | DATA OMITTED | | | | | | | | | | | | | | | | | |
| E D | | | | | | | | | | | | | | | | | | | |
| Status Codes | (Chec | k "OJ" | column | f recovered for othe | r juri: | sdiction) | Z = Seized | Б= | - Durn | ied C=C | Journeri | ieit/ Fo | rgea | r = round | 1 | | | | |
| | Victim # DCI Status Value OJ QT | | | | | QTY | Property Description | | | | | | | | Mak | e/Mo | | rial Number | |
| - - P - R _ | | | | | | | | | | | | | DA | TA OMITTED FOR | | | | | |
| | | | | | | | | | | | | | | | | | IN | FORMATION | |
| | | | | | | | | | | | | | | | | | | SECURITY | |
| O P . | | | | | | | | | | | | | | | | | | PURPOSES | |
| E · | | | | | | | | | | | | | | | | | ON | LY THE FIRST | |
| R T | | | | | | | | | | | | | | | | | | VE PROPERTY | |
| Υ . | | | | | | | | | | | | | | | | | | ITEMS ARE | |
| | | | | | | | | | | | | | | | | | | SPLAYED ON | |
| | | | | | | | | | | | | | | | | | P | 2C REPORTS | |
| - | Numb | er of V | ehicles S | tolen 0 | Num | her Vehic | cles Recovere | d | 0 | | | | | | | | | | |
| | Officer ID# Officer Signature Supervisor Signature | | | | | | | | | | | | | | | | | | |
| ID | | | <i>A. (155</i> Signatur | | | Case Status | | | | | | | MEAD | MEADOWS, C. E. (15570) | | | | | |
| Status | Comp | iaiiiäNt | signatur | | | | ☐ Further ☐ Closed ☐ Closed | r Inve ive /Clea | ared | | | nfound leared l leared l | ed by Ar by Ar | Loca | Refuse ther Ag | gency | ooperate | Page 1 | |