I N	Agenc	y Name	· WIN] IN	INCIDENT/INVESTIGATION							OCA 2411448							
C I	ORI	NC				REPORT							Date / Time Reported SMIWTFS Month Day Yr Time						
D E			NC 034		<u> </u>	│ │ Att │ At Found │ S M 크 W T F S							04 02 2024 15:48 Hrs.						
N T	#1			, All Other Off	ı —										Time				
D	#2	Crime I	ncident						Att	Location	of	Incident						Offense Tract	
A T	Colors Insident														salem		27103 Victim Resid	322	
A	#3	Jime i	nerdent						Com	Tremise	1 y p	,				- 1		ily □Multi Family	
МО			d or Com MITTEE						•					Forcible Yes	X N/A	We	apon / Tools		
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															Alcohol Use:			
	1		IX So	ciety Governm	ent	☐ Fi	inancial Instit		1	. –		oken Bone		Severe	Lacera	ions	□ Y	es Unknown	
V I		Victim/		Name (Last, First,			ity U Otne	er/Un	Know	n	_	ternal Victim of		scious [Other				
C T	V1				Crime #					. 6			To Offender						
I M																		☐ Unknown	
141	Home Address DATA OMI									TTED						Home Phone			
	Employer Name/Address DATA							TA OMITTED								Business Phone			
,	VYR	M	Model	Color Lic/Lis Vin							Vin								
T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes																			
	Victim			Property Description								Mak	e/Mo	ıdel S	erial Number				
	#	# DCI Status Value OJ QTY							Property Bescription							C/ 1110		ATA OMITTED	
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R O																		PURPOSES	
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R.					+													NLY THE FIRST LVE PROPERTY	
T Y					+												IWE	ITEMS ARE	
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																		P2C REPORTS	
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	Numb		ehicles S	tolen 0		ber Vehic	cles Recovere Officer Sig		0 e				Ī	Supervisor	Signati	ıre			
ID	PHI.	LLIPS		(16316)										r Signature AUGHAN, A. M. (14884)					
	Comp	lainant	Signatur	e	Case Status		estigat	tion		ase Dispos		□ Loc	ated		□ Ex	tradition Declined			
Status							☐ Inact	ive /Clea	ıred			☐ Cleared ☐ Cleared	by Ai	rest E] Refuse other Ag	gency	ooperate	Page 1	