I N	Agenc	y Name		STON-SALEN	IN	INCIDENT/INVESTIGATION							OCA 2411526						
C .	ORI	NC					REPORT							Date / Time Reported SMTWTFS Month Day Yr Time					
D E			NC 034				Att At Found SMTWTFS Month Day Yr Time								Day IT Time 04 03 2024 II:06 Hrs. Last Known Secure SMTMTFS Month Day Yr Time				
N T	#1			, Trespassi	ng			_	Com	Month 04	Day 03			ime :06 Hrs				Time 11:05 Hrs.	
D.	#2	Crime I	ncident	1	0				Att	Location	of In	cident		•				Offense Tract	
A T		'rime I	ncident					_	Com Att	3501 S			Vinst	on-salem	NC 2		7 Victim Resid	313	
A	#3	Jime i	nerdent						Com	Tremise	Турс							ily □Multi Family	
МО			d or Com						•					Forcible Yes	X N/A	We	apon / Tools		
																Alcohol Use:			
	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow																		
V I		Listins/		igious L.E. Off			ity 🔲 Othe	er/Un	know	n 🗆		nal 🗆		scious [Other	Majo			
C T	(71)														Race	Sex	Relationship To Offende	Resident	
I	* 1		DA	ΓA OMITTED							1	1,						□ Non-Residen □ Unknown	
М -	Home Address DATA OM									TTED						Home Phone			
	Emplo	me/Add		A OMITTED							Business Phone								
	VYR	M	Model	Color Lic/Lis Vin						Vin									
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O																			
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	DATA OMITTED																		
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L V	L																		
E																			
D																			
Status	s L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found																		
Status Codes	(Chec	k "OJ"	column	f recovered for othe	r jur	isdiction)	Z = Seizeu	Б –	Buili	eu C – C	Jouin	errent / r	orgeu	r – roun	u				
	Victim # DCI Status Value OJ QTY						Property Description								Mak	e/Mo		erial Number	
- - P - R										+			D	ATA OMITTED FOR					
					\dashv												I	NFORMATION	
					\dashv													SECURITY	
O P -																		PURPOSES	
Р Е -					\perp													NI WELL EXPOR	
R T					\dashv													NLY THE FIRST LVE PROPERTY	
Y ·					\dashv												1 W.E.	ITEMS ARE	
					_												I	DISPLAYED ON	
																		P2C REPORTS	
-	NI1	or of T	ahiala - C	tolon 0	NT	nho= V-1.1	alas Passer-	d	0										
	Office	r	ehicles S	ID		noer veni	cles Recovere Officer Sig		e e				T	Supervisor					
ID	STA					1	l c	- D'			H, J. M. (15710)								
	Comp	iainant	Signatur	е		1	Case Status Case Disposition: ☐ Further Investigation ☐ Unfounded ☐ Lo						□ Loc	ated		□ Ex	tradition Declined		
Status							☐ Inactive ☐ Cleared by Arrest ☐ F							Refuse	e to C	ooperate			
							Closed			nausted				nder \Box				Page 1	