| I<br>N                                                             | Agenc                                                                                                | y Name                  |                      | VSTON-SALEN             | ] IN            | INCIDENT/INVESTIGATION                 |                            |                        |      |              |                   | OCA 2411868                 |                       |                                                                                  |                                                   |                         |          |        |                             |  |
|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------|----------------------|-------------------------|-----------------|----------------------------------------|----------------------------|------------------------|------|--------------|-------------------|-----------------------------|-----------------------|----------------------------------------------------------------------------------|---------------------------------------------------|-------------------------|----------|--------|-----------------------------|--|
| C I                                                                | ORI                                                                                                  | NC                      |                      |                         |                 |                                        | 1                          | REPORT                 |      |              |                   |                             |                       |                                                                                  | Date / Time Reported SMTWTFS<br>Month Day Yr Time |                         |          |        |                             |  |
| D<br>E                                                             | -10                                                                                                  |                         | NC 034               |                         |                 | Att At Found SMTWTFS Month Day Yr Time |                            |                        |      |              |                   |                             |                       | 04   06   2024   02:06 Hrs   Last Known Secure   S M T W T F £ Month Day Yr Time |                                                   |                         |          |        |                             |  |
| N<br>T                                                             | #1                                                                                                   |                         |                      | ,<br>Drug Violai        | tions           | 5                                      |                            | ı —                    | Com  | Month 04     | D                 |                             |                       | lime<br>2:06  Hrs                                                                |                                                   |                         |          | 'r 🗕   | Time $02:05$ Hrs            |  |
| D                                                                  | #2                                                                                                   | Crime I                 | ncident              | 0                       |                 |                                        |                            |                        | Att  | Location     | n of              | Incident                    |                       |                                                                                  |                                                   |                         | •        |        | Offense Tract               |  |
| A<br>T                                                             |                                                                                                      | Trima I                 | ncident              |                         |                 |                                        |                            | _                      | Com  | 2159 Premise |                   |                             | Vinst                 | on-salem                                                                         | NC 2                                              |                         | Victim R | osidon | 221                         |  |
| A                                                                  | #3                                                                                                   | Jime I                  | neident              |                         |                 |                                        |                            |                        | Com  | Tremise      | тур               | je.                         |                       |                                                                                  |                                                   | - 1                     |          |        | ce Type<br>y                |  |
| МО                                                                 |                                                                                                      |                         | d or Com<br>MITTED   |                         |                 |                                        |                            |                        |      |              |                   | Forcible  ☐ Yes   ☐ No      | X N/A                 | We                                                                               | apon / To                                         | ools                    |          |        |                             |  |
|                                                                    | # of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:  |                         |                      |                         |                 |                                        |                            |                        |      |              |                   |                             |                       |                                                                                  |                                                   |                         |          |        |                             |  |
| V                                                                  | 1 Society Government Financial Institute Broken Bones Severe Lacerations Unconscious Other Major N/A |                         |                      |                         |                 |                                        |                            |                        |      |              |                   |                             |                       |                                                                                  |                                                   | _                       |          |        |                             |  |
| I                                                                  | Victim/Business Name (Last, First, Middle)   Victim of DOB / Age   Rac                               |                         |                      |                         |                 |                                        |                            |                        |      |              |                   |                             |                       |                                                                                  | Race                                              | <u> </u>                | Relation | ship   | Resident Status             |  |
| C<br>T                                                             | V1                                                                                                   |                         | DA                   | ΓΑ OMITTED              | Crime #         |                                        |                            |                        |      |              |                   |                             | To Offe               | nder                                                                             | ☐ Resident ☐ Non-Residen                          |                         |          |        |                             |  |
| I<br>M                                                             |                                                                                                      | A 11                    |                      |                         |                 |                                        |                            |                        |      |              |                   | 1,                          |                       |                                                                                  |                                                   |                         | DI       |        | Unknown                     |  |
|                                                                    | Home Address  DATA OMI'                                                                              |                         |                      |                         |                 |                                        |                            |                        |      | ГТЕD         |                   |                             |                       |                                                                                  |                                                   | Home Phone              |          |        |                             |  |
|                                                                    | Employer Name/Address DATA OM                                                                        |                         |                      |                         |                 |                                        |                            |                        |      | TTED         |                   |                             |                       |                                                                                  |                                                   | Business Phone          |          |        |                             |  |
| ,                                                                  | VYR                                                                                                  | Color Lic/Lis Vin       |                      |                         |                 |                                        |                            | Vin                    |      |              |                   |                             |                       |                                                                                  |                                                   |                         |          |        |                             |  |
| O<br>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 for other | D = I<br>r juri | Damaged sdiction)                      | Z = Seized                 | B =                    | Burn | ed C=        | Cou               | ınterfeit / F               | orged                 | F = Foun                                                                         | d                                                 |                         |          |        |                             |  |
|                                                                    | Victim<br># DCI Status Value OJ QTY                                                                  |                         |                      |                         |                 |                                        | Property Description       |                        |      |              |                   |                             |                       |                                                                                  | Mak                                               | ake/Model Serial Number |          |        |                             |  |
| P - R - O                                                          |                                                                                                      |                         |                      |                         |                 |                                        |                            |                        |      |              |                   |                             |                       | DA                                                                               | TA OMITTED                                        |                         |          |        |                             |  |
|                                                                    |                                                                                                      |                         |                      |                         | -               |                                        |                            |                        |      |              |                   |                             |                       |                                                                                  |                                                   |                         |          | IN     | FOR<br>FORMATION            |  |
|                                                                    |                                                                                                      |                         |                      |                         | _               |                                        |                            |                        |      |              |                   |                             |                       |                                                                                  |                                                   |                         |          |        | SECURITY                    |  |
|                                                                    |                                                                                                      |                         |                      |                         |                 |                                        |                            |                        |      |              |                   |                             |                       |                                                                                  |                                                   |                         |          |        | PURPOSES                    |  |
| Р <sup>-</sup><br>Е -                                              |                                                                                                      |                         |                      |                         | _               |                                        |                            |                        |      |              |                   |                             |                       |                                                                                  |                                                   |                         |          | ONT    | WELL PIDOT                  |  |
| R<br>T<br>Y                                                        |                                                                                                      |                         |                      |                         | -               |                                        |                            |                        |      |              |                   |                             |                       |                                                                                  |                                                   |                         | Т        |        | LY THE FIRST<br>/E PROPERTY |  |
|                                                                    |                                                                                                      |                         |                      |                         | +               |                                        |                            |                        |      |              |                   |                             |                       |                                                                                  |                                                   |                         |          |        | ITEMS ARE                   |  |
|                                                                    |                                                                                                      |                         |                      |                         |                 |                                        |                            |                        |      |              |                   |                             |                       |                                                                                  |                                                   |                         |          | DI     | SPLAYED ON                  |  |
|                                                                    |                                                                                                      |                         |                      |                         | $\bot$          |                                        |                            |                        |      |              |                   |                             |                       |                                                                                  |                                                   |                         |          | P2     | C REPORTS                   |  |
| -                                                                  | Numb                                                                                                 | er of V                 | ehicles S            | tolen 0                 | Nun             | nber Vehic                             | cles Recovere              | d                      | 0    |              |                   |                             |                       |                                                                                  |                                                   |                         |          |        |                             |  |
|                                                                    | Office                                                                                               | r                       |                      | ID                      |                 | Cili                                   | Officer Sig                |                        | -    |              |                   |                             |                       | Supervisor                                                                       | Signati                                           | ire                     | 5700)    |        |                             |  |
| ID                                                                 |                                                                                                      | <i>BS, L</i><br>lainant | Case Status          | <u> WH</u>              |                 |                                        |                            |                        |      |              | TE, Ř. D. (15708) |                             |                       |                                                                                  |                                                   |                         |          |        |                             |  |
| Status                                                             | Comp                                                                                                 | iuIII                   | ~15matul(            | -                       |                 |                                        | ☐ Further ☐ Inact ☐ Closed | r Inve<br>ive<br>/Clea | ıred |              |                   | ☐ Unfoun☐ Cleared☐ Cleared☐ | ded<br>by Ai<br>by Ai | Loc<br>rrest<br>rrest by And                                                     | Refuse<br>other Ag                                | gency                   | ooperate | _      | Page 1                      |  |