I N	Agenc	y Name		VSTON-SALEN	1 PC	OLICE] IN	NCIDENT/INVESTIGATION						OCA 2412059				
C	ORI	NC	NC 034				1	REPORT						Date / Time Reported SMTWTFS Month Day Yr Time				
D E			ncident(s				Att At Found SMTWTFS Month Day Yr Time						Day Time 17:52 Hrs. Last Known Secure S M T W T F S Month Day Yr Time 17:52 Hrs. 17:52 Hrs.					
N T	#1			, ng Threats -intin	nidaı	tion, No	n Physical		Com	Month 04			Time 7:52 Hrs			Day Yr 🗀	Time 17:51 Hrs.	
D			ncident	0					Att	Location	of Incident						Offense Tract	
A T		Trimo I	ncident					_	Com		ndiana Av	, Win	ston-salen	n NC		06 Victim Resider	123	
A	#3	Jillie I	ncident					☐ Att Premise Type ☐ Com					☐ Single Family ☐ Multi Family					
МО			d or Con MITTEI					Forcible ☐ Yes ☐ No					☐ Yes [Weapon / Tools				
	# of Victims Type None Minor Loss of Teeth Drug/Alcohol Use:															lcohol Use:		
17	2			ciety Governm			inancial Institu		know	. –	Broken Bon		Severe			. –	s Unknown	
V I	Continue of Duty Other/Unknown Internal Unconscious Other/Unknown Victim/Business Name (Last, First, Middle) Victim of DOB / Age Rational Property of the Pr																Resident Status	
C T	V1		$D\Delta'$	ΓA OMITTED					Crime #		30			To Offender	Resident Non-Resident			
I M				TA OMITTED							1,			В	M		Unknown	
	Home	Addre	ess		D	ATA OMI	ITTED							Home Phone				
	Employer Name/Address DATA (OMITTED					Business Phone				
,	VYR Make Model Style						Color Lic/Lis Vii						Vin					
O T H E R S I N V O L V E D		DATA OMITTED																
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column	R = Recovered for other	D = E r juris	Damaged sdiction)	Z = Seized	B =	Burn	C = C	Counterfeit / 1	Forged	F = Found	1				
	Victim # DCI Status Value OJ QTY					QTY	Property Description							Mak	e/Mo	del Se	rial Number	
- - P - R													DA	TA OMITTED				
					+											IN	FOR FORMATION	
																	SECURITY	
ο .																	PURPOSES	
P :																		
R.					4												LY THE FIRST	
Т Ү.					+								-				VE PROPERTY ITEMS ARE	
					+												SPLAYED ON	
•					1												2C REPORTS	
	Numb		ehicles S	tolen 0		ber Vehic	cles Recovere		0			-	Supervisor	Signat	ıre			
ID			T. (160			Officer Sig								or Signature N, A. R. (15714)				
	Comp	lainant	Signatur	e			1	Case Status Case Disposition:						Located Extradition Declined				
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	ıred		☐ Cleared	l by A	rrest by Ano	Refuse ther Ag	gency	ooperate	Page 1	