I N	Agenc	y Name		NSTON-SALEN	IN	INCIDENT/INVESTIGATION						OCA 2413002							
C	ORI	NC	NC 02/	10200			1	REPORT							Date / Mon	Date / Time Reported SMTWTFS Month Day Yr Time			
D E	NC NC 0340200  Crime Incident(s)									Att At Found SMTWTFS Month Day Yr Time						04   15   2024   00:25 Hrs.   Last Known Secure   SMT WTFS   Month Day Yr Time			
N T	#1			Driving While I	тра	iired		ı —	Com	Month 04	Γ			lime 1:25   Hrs				Time $ 00:25 $ Hrs.	
D	#2	Crime I	ncident					_	Att	Location	n of	Incident					202	Offense Tract	
A T		'rime I	ncident				_	Com 3009 Waughtown St/high Point  Att Premise Type						Rd,	- 1 7	Victim Resid	214		
A	#3	Jime I	nerdent					☐ Att Premise Type ☐ Com							☐ Single Family ☐ Multi Family				
МО			d or Com MITTED						•					Forcible Yes	X N/A	We	apon / Tool	3	
	# of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Us															Alcohol Use:			
	Society																		
V I		Jictim/		igious  L.E. Off Name (Last, First,			ity   Othe	er/Un	nknow	'n		ternal  Victim of		scious [	Other Race				
C T	V1	v ictiii/			Crime #					o / Age	Race	SCA	To Offende	Resident					
I	, ]		DA	ΓΑ OMITTED	1,										☐ Non-Resident				
M	Home Address DATA OMI'									ГТЕО						Home Phone			
	Employer Name/Address DATA ON															Business Phone			
,	VYR	Color Lic/Lis Vin						Vin											
O T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes	L = Lo (Chec	ost S k "OJ"	= Stolen column i	R = Recovered if recovered for other	D = l er juri	Damaged isdiction)	Z = Seized	B =	Burn	ed C=	Cou	ınterfeit / F	orged	F = Foun	d				
	Victim # DCI Status Value OJ QTY						Property Description								Mak	ce/Mo	odel	Serial Number	
- - P - R													Ι	OATA OMITTED					
					$\dashv$													FOR INFORMATION	
					_													SECURITY	
ο .																		PURPOSES	
Р <sup>.</sup> Е .																			
R					_													ONLY THE FIRST	
Т Ү .					$\dashv$												TWI	ITEMS ARE	
-					$\dashv$													DISPLAYED ON	
-					$\dashv$													P2C REPORTS	
			ehicles S	-		nber Vehi	cles Recovere		0					C	G: -				
ID	Office:	DER,	<u>M.</u> D. (	(15720) ID	Officer Sig	natui	re					Supervisor MULG	Signati REW,	ure <u>M</u>	J. (14746)	ı			
	Complainant Signature Case State								Case Disposition:										
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	tive /Clea	ared				by A	Loc rest rest by Ander	] Refuse other Ag	gency	Cooperate	Page 1	