I N	Agenc	y Name		VSTON-SALEN] IN	INCIDENT/INVESTIGATION						OCA 2413464								
C I	ORI	NG					1	REPORT							Date / Time Reported SMTWTFS Month Day Yr Time					
D E	10		NC 034		│ │								04 18 2024 14:40 Hrs							
N T	#1			, Drug Violat	☐ Att At Found SMTW显FS Month Day Yr Time Time Month Day Month Day								Month Day Yr Time							
D	#2	Crime I	ncident	0		Att	Location	of Ir	ncident					.0 2		Offense Tra				
A T		'rime I	ncident					_	Com	604 Li			insto	n-salem	NC 27		Victim R	esiden	311	
A	#3							☐ Att Premise Type ☐ Com								☐ Single Family ☐ Multi Family				
МО			d or Con MITTEI			-	-					Forcible Yes No	X N/A	We	apon / T	ools				
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																			
3.7	1 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Internal Unconscious Other Major															own				
V I															Race	<u> </u>		nship	□N/A Resident S	
C T	V1	DΔ		Crime #								To Offe	ender	☐ Resider						
I M				ΓΑ OMITTED								1,							Unknov	
	Home Address DATA OMIT									ΓΤΕD						Home Phone				
	Employer Name/Address DATA O														Business Phone					
,	VYR Make Model Style						Color Lic/Lis Vin						Vin							
T H E R S I N V O L V E D	DATA OMITTED																			
Status Codes																				
	Victim # DCI Status Value OJ QTY						Property Description								Mak	ake/Model Serial Number				r
P - R - O														DA	ГА ОМІТТ	ED				
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-	Numb	er of V	ehicles S	tolen 0	Nun	nher Vehic	cles Recovere	d	0											<u></u>
	Office	r		ID		ioci v Cill	Officer Sig		-				T	Supervisor	sor Signature					
ID			H. (16) Signatur		Case Status	ÝA7							ES, P. M. (15679)							
Status	Comp	iamalli	Signatur				☐ Further ☐ Inact ☐ Closed	☐ Further Investigation ☐ Unfounded ☐ L												