I N	Agenc		ISTON-SALEN	OLICE] IN	INCIDENT/INVESTIGATION							OCA 2413693					
I C	ORI	NC	NC 034	10200			REPORT							Date / Time Reported SMTWTFS Month Day Yr Time				
D E			ncident(s				│ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │							Day 11 Time O4 20 2024 O3:11 Hrs.				
N T	#1			Threatening S	uici	de		ı —	Com	Month 04			Time 3:11 Hrs			Day Yr 🖰	Time 03:10 Hrs.	
D .	#2	Crime I	ncident	<u> </u>					Att	Location	of Incident	•	•	•			Offense Tract	
A T		Trime I	ncident					_	Com	Premise T		Ct, Wi	nston-sal	em NC		Victim Reside	323	
A	#3	omic i	nerdent					☐ Att Premise Type ☐ Com						☐ Single Family ☐ Multi Family				
МО			d or Com MITTED					Forcible Yes No					Weapon / Tools					
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															lcohol Use:		
3.7	1			ciety Governme			inancial Instit		know	. –	Broken Bo		Severe	Lacerar Other			es Unknown	
V I																	Resident Status	
C T	V1		DA	ΓA OMITTED						Crime #		C			To Offender	☐ Resident ☐ Non-Resident		
I M ·				IA OMITILD							1,						Unknown	
	Home	Addre	ss		D	ATA OMI	TTED							Home Phone				
	Employer Name/Address DATA O								 MITTED						Business Phone			
	VYR	Model	Color Lic/Lis Vin						Vin									
О																		
T H																		
E	E																	
S S	R S																	
_	DATA OMITTED																	
I N	I N V																	
V O																		
L																		
V E																		
D																		
	s L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found																	
Status Codes	(Chec	k "OJ"	= Stolen column i	R = Recovered for other	D = I r juri	Damaged isdiction)	Z = Seized	B =	Burn	ed $C = C$	Counterfeit /	Forged	F = Foun	d				
	Victim # DCI Status Value OJ QTY					QTY	Property Description							Mak	e/Mo	odel Se	erial Number	
- - P - R													DA	ATA OMITTED				
					_											IN	FOR FORMATION	
					_												SECURITY	
0																	PURPOSES	
Р ⁻ Е -																	T II THE TIP OF	
R T					_												VE PROPERTY	
Y -					-											1 WEL	ITEMS ARE	
-					\dashv											D	ISPLAYED ON	
-																F	2C REPORTS	
-	Num1	or of 17	ahialaa C	tolon 0	Nive	abar Vaki	alas Dasaver-	d	0									
	Office	r	ehicles S	ID		noer venic	cles Recovere Officer Sig		e e				Supervisor					
ID	HIN			WILKES, K. N. (15827)														
									Case Status Case Disposition: Further Investigation Unfounded Located							□ Extr	adition Declined	
Status								☐ Inactive ☐ Cleared by Arrest ☐ Refuse to Cooperate ☐ Closed/Cleared ☐ Cleared by Arrest by Another Agency						looperate -				
							□ Closed			hausted			ender ⊏				Page 1	