| I | Agenc | y Name | <u> </u> | | | | -0-10-4 | | OCA | | | | | | | | | | |
|--|--|--------------|--------------------|-------------------------------------|------------|------------------------|--|---|-----|---------|--------------------|-----------------------|---|---|------------------------------|-------------------|---------------------------|--|--|
| N | rigene | y i tulli | | NSTON-SALE | OLICE | INCIDENT/INVESTIGATION | | | | | | | 2414285 | | | | | | |
| C | ORI | | | | | REPORT | | | | | | | Date / Time Reported SMTWTFS Month Day Yr Time | | | | | | |
| D | | | NC 034 | | | | | | | | | | 04 24 2024 14:15 Hrs. | | | | | | |
| E N | #1 | Crime I | ncident(s | | | | Att At Found SMTHTFS Month Day Yr Time | | | | | | | Last Known Secure SMTWTFS Month Day Yr Time | | | | | |
| T | | Cuimo I | | ing & Entering | Wit | thout Fo | rce | □ Od 24 2024 14:15 Hrs 04 17 2024 14:14 | | | | | | | | | | | |
| D | D #2 | | | | | | | | | | | | | | salem NC 27101 Offense Tract | | | | |
| A T | 112 | Crime I | ncident | | | | | ☐ Att | | emise T | | VV LILE | sion-saien | i ive . | | ictim Resid | | | |
| A | #3 | | | | | | | Com | | | | | | ☐ Single Family ☐ Multi Family | | | | | |
| MO | How | Attacke | d or Con | nmitted | | | | | • | | | | Forcible | NI/A | Wea | pon / Tools | | | |
| МО | DATA OMITTED Yes XIN/A No | | | | | | | | | | | | | | | | | | |
| V I | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | Alcohol Use: | | | |
| | 1 | | | ciety Governm | | _ | Financial Institu | | | _ | Broken Bone | | ☐ Severe | Lacerations Yes Unknown Other Major No N/A | | | | | |
| | | Victim/ | | ligious L.E. Of Name (Last, First, | | | uty Otne | er/Unkno | wn | _ I | nternal Victim of | | scious B / Age | Race | | Relationship | | | |
| C | V1 | v ictiii/ | | | IVIIG | dic) | | | | | Crime # | DOL | 50 | Race | | To Offender | Resident | | |
| T I | V 1 | | DA | TA OMITTED | | | | | | | 1 | | | $\mid w \mid$ | $_F$ | | Non-Residen ☐ Unknown | | |
| M | Home | e Addre | ss | | | | | | | | | | | Home Phone | | | | | |
| | | | | | | | OATA OMIT | TTED | | | | | | | | | | | |
| | Empl | oyer Na | me/Add | ress | | Г | ATA OMI | OMITTED | | | | | | Business Phone | | | | | |
| | VYR | M | ake | Model | S | tyle | Color Lic/Lis Vin | | | | | | Vin | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| O T H E R S I N V O L V E D | | DATA OMITTED | | | | | | | | | | | | | | | | | |
| Status | s L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found | | | | | | | | | | | | | | | | | | |
| Codes | (Chec | k "OJ" | | if recovered for oth | | | | 2 - Du | | | | 3.500 | 1 10011 | - | | | | | |
| P - R _ O | " | | | | | QTY | 1 7 1 | | | | | | | Mak | e/Mod | lel S | erial Number | | |
| | | 36 7 1 1 | | | | | | MISCELLANEOUS TOOLS | | | | | | | DATA OMITTED | | | | |
| | | | | | | | | | | | | | | | | T | FOR NFORMATION | | |
| | | | | | | | | | | | | | | | | 1. | SECURITY | | |
| | | | | | | | | | | | | | | | | | PURPOSES | | |
| P : | | | | | | | | | | | | | | | | | | | |
| R | | | | | | | | | | | | | | | | 0 | NLY THE FIRST | | |
| T Y | | | | | | | | | | | | | | | | TWE | LVE PROPERTY | | |
| | | | | | | | | | | | | | | | | г | ITEMS ARE DISPLAYED ON | | |
| | | | | | | | | | | | | | | | | | P2C REPORTS | | |
| - | | | | | | | | | | | | | | | | | | | |
| | Numb | er of V | ehicles S | tolen 0 | Nu | mber Veh | icles Recovere | d 0 | | | | | | | | | | | |
| ID | Office RO | | I.F. M | D. (16060) |) # | | Officer Sig | nature | | | | | Supervisor ROWE | Signatu RS K | ire S /1 | 4602) | | | |
| ID | | | LE, M. Signatur | | | | Case Status | S | | | Case Dispos | sition: | DOWE | ERŠ, K. S. (14602) | | | | | |
| Status | p | | <i>G</i> | | | | ☐ Further ☐ Inact ☐ Closed ☐ Closed | Investigive /Cleared | | ı | ☐ Unfoun☐ Cleared | ded by Ai by Ai | rest by Ano | Refuse ther Ag | ency | operate Declined | radition Declined Page 1 | | |