I N	Agenc	y Name		VSTON-SALEN	1 PC	OLICE] IN	INCIDENT/INVESTIGATION						OCA 2481243				
C	ORI	NC	NC 03/	10200			1	REPORT						Date / Time Reported SMTWTFS Month Day Yr Time				
D E	NC NC 0340200 Crime Incident(s)								☐ Att At Found						Day 17 Time 10:16 Hrs. Last Known Secure SMTMTFS Month Day Yr Time			
N T	#1 C	Commi	ınicatir	ng Threats -intin	nidai	tion, No	n Physical		Com	Month 04	10 2024		lime):10 Hrs				Time $00:10$ Hrs.	
D	#2	Crime I	ncident								of Incident	ot Dr	Ant 301	Wine	ton		Offense Tract 114	
A T	#3	Crime I	ncident					_	☐ Com 3830 Bethania Lot Dr Apt. 301, ☐ Att Premise Type					Victim Residence Type				
A								Com					☐ Single Family ☐ Multi Family					
МО			d or Com MITTED					Forcible						Weapon / Tools				
V	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown																	
	T ☐ Religious ☐ L.E. Officer Line of Duty ☐ Other/Unknown ☐ Internal ☐ Unconscious ☐ Other Major ☒ No ☐ N/A															S □ Unknown □N/A		
I C		Victim/	Business	Name (Last, First,					Victim of Crime #	DOI	3 / Age	Race	Sex	Relationship To Offender	Resident Status Resident			
T I	VI DATA OMITTED										1		28	$\mid_{B}\mid$	M	1RU	☐ Non-Resident	
M	Home	Addre	ss											В		ne Phone	Unknown	
						D	ATA OMIT	(TTED										
	Emplo	me/Addı	ress	ATA OMIT	A OMITTED					Business Phone								
,	VYR	M	ake	Model	Sty	/le	Color		Lic	c/Lis			Vin					
O T H E R S I N V O L V E D		DATA OMITTED																
Status Codes	(Chec	k "OJ"	= Stolen column i	R = Recovered frecovered for other	D = L r juris	Damaged sdiction)	Z = Seized	В=	Burn	C = C	ounterfeit / F	orged	F = Found	i 				
	Victim # DCI Status Value OJ QTY					QTY	Property Description							Mak	ce/Mo		rial Number	
- P - R _		 											DA	TA OMITTED FOR				
																IN	FORMATION	
																	SECURITY	
O P .					+												PURPOSES	
E ·					+											ON	LY THE FIRST	
T.																	VE PROPERTY	
Y																	ITEMS ARE	
																	SPLAYED ON	
-					+											P:	2C REPORTS	
-	Numb	er of V	ehicles S	tolen 0	Num	nber Vehic	cles Recovere	d	0									
ID	Office	r		ID				Officer Signature Supervisor Signature										
ID			K. D. Signature	(<i>15687</i>) e		Case Status	Case Status Case Disposition:						LIFF, K. D. (15687)					
Status	r -		<i>y</i>				☐ Further ☐ Closed ☐ Closed	Inve ive /Clea	ıred		☐ Unfoun☐ Cleared☐ Cleared	ided l by Ai l by Ai	Loca	Refuse ther Ag	gency	ooperate	Page 1	