I N	Agenc	y Namo		NSTON-SALEN	. IN	INCIDENT/INVESTIGATION								OCA 2481422					
C	ORI	NC	NC 02	10200		1	REPORT								Date / Time Reported SMTWTFS Month Day Yr Time				
D E	NC NC 0340200 Crime Incident(s)									☐ Att At Found						04 22 2024 21:07 Hrs. Last Known Secure S M T W T F S			
N T	#1			, Larceny- All	_	Month Day Yr Time Month Day Yr T									Time $19:50$ Hrs.				
D	#2	Crime I	ncident						Att	Location	of I	Incident					, , , , ,	Offense Tract	
A T	Crime Incident															-salem NC 27106 114 Victim Residence Type			
A	#3	Jiiiie i	ncident						Com	Fielilise	тур	C						ly □Multi Family	
МО			d or Con											Forcible Yes	X N/A	We	apon / Tools		
	No No															lcohol Use:			
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: Broken Bones Severe Lacerations Yes Unknow																		
V				igious 🔲 L.E. Off			uty 🔲 Othe	er/Un	know	n _				nscious [Other	ther Major No N/A			
I C		Victim/	Business	Name (Last, First,					Victim of Crime #	DOE	3 / Age 43	Race	Sex	Relationship To Offender					
T I	V1		DA	ΓA OMITTED					1			$\mid U \mid$	M		☐ Non-Resident				
M	Home Address DATA OMIT															Home Phone			
	Employer Name/Address DATA OMI														Business Phone				
	VYR	M	ake	Model	Color							Vin							
O T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column	R = Recovered if recovered for other	D = 1 er juri	Damaged isdiction)	Z = Seized	B =	Burn	ed $C = 0$	Cou	nterfeit / F	orged	F = Found	d				
	Victim #	DCI	Status	Value		Property Description								ce/Mo	odel So	erial Number			
- - P - R	1	1 65 7 1 1D CARD												DA	ATA OMITTED				
					\dashv												IN	FOR FORMATION	
					+													SECURITY	
ο .																		PURPOSES	
P :																			
R					_													NLY THE FIRST	
T Y					\dashv												IWEL	VE PROPERTY ITEMS ARE	
					\dashv												D	ISPLAYED ON	
•					\neg													2C REPORTS	
			ehicles S	-		nber Vehi	Cofficer Sign		0				-	Cupamias	Cionat	uro			
ID	Office WAI		<i>L, J. A</i> .	(15882) ID	Officer Sig	Officer Signature Supervisor Signature WADDELL, J. A. ((15882)				
	Complainant Signature Case Sta									Case Disposition:								radition Declined	
Status							☐ Further ☐ X Inact ☐ Closed ☐ Closed	tive /Clea	ared		[☐ Cleared ☐ Cleared	by Ar	Locatest Locatest Trest by Ander	Refuse ther Ag	gency	ooperate	Page 1	