I N	Agenc	y Namo		NSTON-SALEN	IN	INCIDENT/INVESTIGATION							OCA 2423107								
C .	ORI	NC					1	REPORT							Date / Time Reported SMTWTFS						
D E	10		NC 034		Att At Found SMTWTFS Month Day Yr Time								06 29 2024 09:05 Hrs								
N T	#1	nerdeni(s	Lost Prope	_	Com	Month 06				ime 0:05 Hrs				r 💳	Time $09:04$						
D.	#2	Crime I	ncident			_			Incident	4 03	7.03	<u> </u>		<u> 19 20.</u>		Offense Tract	_				
A		7 T	! 4 4					_	Com				Wins	ston-saler	n NC			-: 4	111	_	
T A	#3	Jillie I	ncident					☐ Att Premise Type ☐ Com								Victim Residence Type ☐ Single Family ☐ Multi Family					
МО			d or Com			Forcible ☐ Yes ☐ No															
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															cohol Use:					
3.7	0 Society Government Financial Institute Broken Bones Severe Lacerations The Internal Unconscious Other Major No NA															'n					
V I	 ,	Victim/		Name (Last, First,			шіу 🔲 Опіс	21/ U11	IKIIOW	11		ternal U		S / Age	Race	<u> </u>			□N/A Resident Stat	us	
C T	V1			ΓA OMITTED		,						Crime #		. 8			To Offen	nder	☐ Resident		
I M			DA	IA OMITTED															☐ Non-Resid		
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•	Empl	ATA OMI	A OMITTED							Business Phone					_						
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	# 1	Property Description DDERALL								Mak	ake/Model Serial Number DATA OMITTED				-						
-	1	1 10 LOST 40 ADDERALL 1 10 LOST 28 ALPRAZOLAM															<i>D</i> 11	FOR	-		
P · R																		IN	FORMATION	1	
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-	Numb	er of V	ehicles S	tolen 0	Nun	nber Vehi	cles Recovere	d	0											_	
ID	Office SER		, A. J. (ID 16078)	Officer Sig	Officer Signature Supervisor									or Signature						
ıυ			Signatur				Case Statu	Case Status Case Disposition:						GIVII I I	ГН, Ď. G. (14704)						
Status	1		-										Extra	dition Decline	ed						
Status					Closed	☐ Closed/Leads Exhausted ☐ Death of Offender						other Ag	gency	7	, [Page 1	_				