I	I Agency Name INCIDENT/INVESTIGATION OCA																		
N	7 Igene	y I tulli		VSTON-SALE	M P	POLICE	INCIDENT/INVESTIGATION REPORT							2423596					
C I	ORI							ŀ	KEPC	DRI		İ	Date /	Time th	Reported Day Yr	SMTWTFS			
D			NC 034										07   03   2024  09:49 Hrs.						
E N	#1	Crime I	ncident(s	<i>'</i>		_		Att	I Mc	t Found onth	Day Yr	1	'ime		Know h D	n Secure ay Yr	SMTWTFS Time		
T	<del></del>	⊃mimo o I		ing & Entering	Wit	thout Fo	rce									09:48 Hrs.			
D	D #2														NC 27101 Offense Tract 222				
A T	ща (	Crime I	ncident					Att		emise Ty		ion-s	atem ive	2/101		ictim Reside			
A	#3							□ Com						☐ Single Family ☐ Multi Family					
МО			d or Con										Forcible	ST NI/A	Wea	apon / Tools			
MO	DATA OMITTED See No. 1.																		
V I	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use																		
	1		. –	ciety Governm		_	Financial Instit			_	Broken Bone		□ Severe	e Lacerations					
	<del></del>	Victim/		ligious L.E. O			uty 🔲 Othe	ei/Ulikilo	WII		nternal  Victim of		S / Age	Race	<u> </u>	r ⊠ No Relationship			
C T	7.1 Crime #   7.1															To Offender			
I	I DATA OMITTED													$\mid B \mid$	M		□ Non-Resident □ Unknown		
M	Home	Addre	ss				NATIA ONIII	T. A. O. MITTIED						Home Phone					
	F 1	N.T.	/A 11					TA OMITTED											
	Empl	oyer Na	me/Add	ress		Ι	ATA OMITTED							Business Phone					
	VYR	M	ake	Model	S	tyle	Color Lic/Lis Vin						Vin						
O T																			
Н																			
E R																			
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	DATA OMITTED																		
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V																			
U L	O L																		
V E																			
D																			
Status	us L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found																		
Codes			column	if recovered for oth	ner ju	risdiction)	Т												
- - P -	Victim # DCI Status Value OJ QTY						Property Description							Mak	e/Mo		erial Number		
		09 7 1 1						FOOD STAMP CARD							DATA OMITTED				
																IN	FOR FORMATION		
																111	SECURITY		
R O																	PURPOSES		
P :																			
R																	ILY THE FIRST		
T Y																TWEL	VE PROPERTY ITEMS ARE		
													-			D	ISPLAYED ON		
																	2C REPORTS		
			ehicles S	-		mber Veh	icles Recovere							~.					
ID	Office MIN		D. (16		D#		Officer Signature Supervisor Signature MULLINS, B. H. (15079)												
_			Signatur				1	Case Status Case Disposition:											
Status							☐ Further  【X Inact		ation	1	☐ Unfoun ☐ Cleared		rest Loc	ated   Refuse	e to Co	Extrooperate	radition Declined		
~ vacus							Closed	/Cleared								Г	Page 1		