I N	Agenc	y Nam		NSTON-SALEN	. IN	INCIDENT/INVESTIGATION						OCA 2423993								
C I	ORI	NC					1	REPORT						Date / Time Reported SMTWTFS						
D E			NC 034			I□ Att At Found SMTWTFI≤							07 06 2024 08:54 Hr							
N T	#1	ornine r	nerdeni(s	, Weapons-o	ther		_	☐ Att At Found S M T W T F S Month Day Yr Time Month Day Yr Time Month Day Month Day							ast Known Secure S M T W T F S North Day Yr Time 07 06 2024 08:53 Hrs.					
D	#2	Crime I	ncident						-	Location			F OC	0.54	7 07		<u>// 2</u>		Offense Tract	_
A		7 I						_	Com				, Win	ston-sale	m NC			D : 1	223	_
T A	#3	Jillie 1	ncident				☐ Att Premise Type ☐ Com							Victim Residence Type ☐ Single Family ☐ Multi Family						
МО			d or Con MITTEI								Forcible Yes	X N/A	We	apon / T	Γools					
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															cohol Use:	\dashv			
																n				
V I		Victim		igious L.E. Off Name (Last, First,			uty Othe	er/Un	know	n 📗 🗀	_	rnal victim of		scious Age	Other	<u> </u>		No Inship	□N/A Resident State	1115
C T	T/1 Crime #														Tuec	SUA	To Off	fender	☐ Resident	
I M			DA	ΓΑ OMITTED								1,							☐ Non-Resid	- 1
IVI ·	Home Address DATA OMIT									TTED						Home Phone				
	Employer Name/Address DATA OMI														Business Phone					
1	VYR	M	Model	Color Lic/Lis Vin						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 = I er juri	Damaged sdiction)	Z = Seized	B =	Burn	ed C = C	Coun	nterfeit / F	orged	F = Foun	d 					
	Victim #	DCI	Status	Value	Property Description								Mak	Make/Model Serial Number						
		13 EVID 1 (9MM) FIRE							ARMS/AMMUNITION						RUGER	<u> </u>				_
		59	EVID		_	1	FIREARM AC	CESS	ESSORIES						RUGER	/Mag	;azine	INT	FOR FORMATION	_
P - R - O					+														SECURITY	-
																			PURPOSES	-
P :																				
R																			LY THE FIRS	—
Т Ү.					_														VE PROPERT	<u>Y</u>
					+	-													SPLAYED ON	_ _
					+														C REPORTS	\vdash
			ehicles S	-		nber Veh	cles Recovere		0					C :	G.					_
ID	Office: CAR		<u>LL</u> , D.	C. (16283)	Officer Sig	Officer Signature Supervisor Signature MULLINS, B. H. (15079)														
			Signatur				Case Status		Case Disposition:									11.11 D 11	╗	
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	tive l/Clea	red				by Ar	Test by Ander] Refuse other Ag	ency	Cooperat	te	Page 1	;a —