I N	Agenc	y Namo	e WIM	, IN	INCIDENT/INVESTIGATION								OCA 2424011									
C	ORI	NG			-	REPORT								Date / Time Reported SMTWTFS								
D E			NC 034										07 06 2024 13:10 Hrs.									
N	#1										Att At Found SMTWTFS Last Known Month Day Yr Time Month Day Com 07 06 2024 13:10 Hrs 07 06									Time	•	
T	Crime Incident														:10 Hrs	<u> 1 07 </u>	(06		13:09 Offense Tra	Hrs.	
D A								ı —	Com			•	d Ln,	Wii	nston-sal	em No				322		
T A	#3	Crime I	ncident		☐ Att Premise Type ☐ Com									Victim Residence Type ☐ Single Family ☐ Multi Family								
	How A	Attacke	d or Con	nmitted		Forcible					Weapon / Tools											
МО	DATA OMITTED See No. 1. See 1.															X N/A	A					
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																					
V	0 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Internal Unconscious Other Major No No																					
I		Victim/		Name (Last, First,			uty 🔲 Out)I, OII	intiio W		<u> </u>	Victim			/ Age	Race	.		ionship	Resident S	Status	
C T	V1 DATA OMITTED																To Of	ffender	☐ Reside			
I M				TA OMITTED																Unkno		
111	Home Address DATA OMI																Home Phone					
	Employer Name/Address DATA OMI																Business Phone					
	VYR	Color Lic/Lis Vin							Vin													
O T H E R S I N V O L V E	DATA OMITTED																					
D																						
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column	R = Recovered if recovered for other	D = er jur	Damaged isdiction)	Z = Seized	B =	Burn	ied C	= Co	ounterfe	it / Forg	ged	F = Foun	d						
	Victim #	Property Description									Mak	Iake/Model Serial Number				er						
								HANDGUN								TAURU	S/G3	•	DA	TA OMIT	TED	
P - R - O																			INT	FOR	ION	
																				FORMATI SECURIT		
																				PURPOSE		
P :																						
R																				LY THE F		
T Y																				/E PROPE		
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																				C REPOR		
			ehicles S	tolen 0		mber Veh	icles Recovere		0						· ·	u.						
ID	Office JAM		ON, B. 1	Officer Sig	natuı	re 						Supervisor <i>HARRI</i>	Signati SON,	ire <u>B.</u> M	<u>1. (</u> 15	5 <u>721</u>)						
	Complainant Signature Case Stat									S Case Disposition:												
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	ared			□ Cle		Arı Arı	□ Loca rest □ rest by And	Refuse other Ag	gency	Coopera	ate	Page		