I N	Agenc	y Nam		NSTON-SALEN	OLICE	IN	INCIDENT/INVESTIGATION							OCA 2424638					
C	ORI	NC	NC 02	40200			1	REPORT							Date / Time Reported SMTWTFS Month Day Yr Time				
D E	10		NC 034				Λ++ I	At Four	nd	Islm	ıl ırl w	TI-FIS	07		11   2024	Time 4 11:21 Hrs. SMTWTFS			
N T	#1	Jimio I	nerdeni(s	, Embezzlement	_	☐ Att   At Found   S M T W T F S   Last Known Month   Last Known Mont								nown Secure   S M T W T					
D	#2	Crime I	ncident						_	Location	n of	Incident						Offense Tract	
Α	Crime Incident Crime Incident Com 720 W Twenty-fifth And One-half St,															1.	Vieties Deside	113	
T A	#3	Jrime i	ncident					☐ Att Premise Type ☐ Com							Victim Residence Type ☐ Single Family ☐ Multi Family				
МО			d or Com						!					Forcible Yes	X N/A	We	apon / Tools	· <del>=</del>	
																lachal Haar			
	Society Government Financial Institute Broken Bones Severe Lacerati																		
V	2			igious 🔲 L.E. Of			uty 🔲 Othe	er/Un	know	n _		ternal 🔲		scious [	Other	Majo	r 🛛 N		
I C	Crime #														Race	Sex	Relationship To Offender		
T I																	1ER	☐ Non-Resident	
M	Home Address DATA OMI									TTED						Home Phone			
	Employer Name/Address DATA OMI														Business Phone				
	VYR	M	Color   Lic/Lis   Vin							Vin									
O T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes	(Chec	k "OJ"	= Stolen column	R = Recovered if recovered for other	D = 1 er jur	Damaged isdiction)	Z = Seized	B =	Burn	ed C=	Cou	ınterfeit / F	orged	F = Foun	ıd				
	Victim #	DCI	Status	Value	Property Description								Mak	e/Mo	del So	erial Number			
- - P - R	1	1 20 7 1 CURRENCY												DA	ATA OMITTED				
																	IN	FOR FORMATION	
					$\dashv$													SECURITY	
ο .																		PURPOSES	
P :																			
R.					_													VE PROPERTY	
Т Ү.					-												IWEL	VE PROPERTY ITEMS ARE	
-					$\dashv$												D	ISPLAYED ON	
•																	I	2C REPORTS	
-					$\Box$														
	Numb		ehicles S	tolen 0		nber Vehi	cles Recovere Officer Sig		<i>0</i>				ı	Supervisor	Signati	ıre			
ID	SMI	TH, A	. B. (16	5051)									r Signature CR, J. C. (14943)						
	Comp	lainant	Signatur	e		1	Case Status Case Disposition:						□ Loc	eated		□ Evt	radition Declined		
Status							☐ Inact	tive /Clea	ıred			☐ Cleared	by A	rest by Ander	] Refuse other Ag	gency	ooperate	Page 1	