I N	Agenc	y Nam	NSTON-SALEN	. IN	INCIDENT/INVESTIGATION							OCA 2424867							
C	ORI	NC	NC 034	10200			1	REPORT							Date / Time Reported SMTWTES Month Day Yr Time				
D E			ncident(s			│ │ │ Att │ At Found │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │							TI⊒IS	Day 11 Time O7 12 2024 23:43 Hrs. Last Known Secure S M T W T F S Month Day Yr Time Time S M T W T F S S M T W T F S S M T W T F S S M T W T F S S M T W T F S S M T W T F S S M T W T F S S M T W T F S M T W T F S M T M T W T F S M T W T W T F S M T W T W T W T W T W T W T W T W T W T					
N T	#1			, Vandalis	m			_	Com	Month	ı I			Time 3:43 Hrs			Day Yr L	Time	
D	#2	Crime I	ncident						Att	Location	n of	f Incident	•	•				Offense Tract	
A T																	27 Victim Reside	314	
A	#3	JIIIIC I	ncident						Com	1 Tellils	JIY	pe				- 1		ly □Multi Family	
МО			d or Com					•						Forcible Yes [X N/A	We	apon / Tools		
	# of Victims Type None Drug/Alcohol Use:															lcohol Use:			
	1		□ So	ciety Governm	ent	□F	inancial Instit			וֹ] В	roken Bone	es _	☐ Severe	Lacera	tions	□ Ye	es Unknown	
V I		Victim		igious L.E. Off			uty Othe	er/Un	know	n [□ Ir	victim of		nscious	Other Race				
C T	T/1															sex	To Offender	☐ Resident	
I	1		DA	ΓA OMITTED					1,			A	F		Non-Resident ☐ Unknown				
M	Home Address DATA OMIT															Home Phone			
	Employer Name/Address DATA OM														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																			
	Victim #	DCI	Status	Value	Property Description								Mak	e/Mo	odel So	erial Number			
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	Numb		ehicles S	tolen 0		nber Vehi	cles Recovere		0				1	Supervisor	Signati	ıre			
ID	SPA	RKS,	D. L. (15888)	Officer Sig	,11atur	.0					REYNO	DLDS,	S. A	. (15618)				
	Comp	lainant	Signatur	e			Case Status Case Disposition:							ated		□ Evt	radition Declined		
Status							☐ Closed	tive l/Clea	ıred			☐ Cleared	l by Ai	Locarrest □ rrest by Ancender □	Refuse other Ag	gency	ooperate	Page 1	