I N	Agenc	y Namo		NSTON-SALE	IN	INCIDENT/INVESTIGATION							OCA 2425183						
C I	ORI	NC				1	REPORT							Date / Time Reported SMTWTFS Month Day Yr Time					
D E	NC NC 0340200 Crime Incident(s)									│ │ □ Att │ At Found │						07 15 2024 12:45 Hrs.			
N T	#1	Jimic I		, utobreaking An	_										Time				
D	#2	Crime I	ncident						-			Incident	f 12		7 07			Offense Tract	
A	Com 530 N Patterson														alem 1			111	
T A	#3	Jillie 1	ncident					☐ Att Premise Type ☐ Com							Victim Residence Type ☐ Single Family ☐ Multi Family				
МО			d or Com											Forcible Yes [X N/A	We	apon / Tools		
	# of Victims Type None Minor Loss of Teeth Drug/Alcohol Use:															lcohol Use:			
	2 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown																		
V I		Victim/		igious L.E. Of Name (Last, First,			uty Othe	er/Un	know	'n		ternal Victim of		nscious B / Age	Other Race			□N/A Resident Status	
C T	V1	v ictiii/			Crime #					24	Race	SCA	To Offender	Resident Resident					
I	DATA OMITTED											1,			W	M	1RU	☐ Non-Resident ☐ Unknown	
М	Home Address DATA OMIT									TTED						Home Phone			
	Employer Name/Address DATA OMI														Business Phone				
1	VYR Make Model Style C							Color Lic/Lis Vin						Vin					
0																			
O T																			
H E																			
R S																			
	DATA OMITTED																		
I N	DATA OMITTED																		
V	V																		
O L																			
V E																			
D																			
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column	R = Recovered if recovered for other	D = I er juri	Damaged isdiction)	Z = Seized	B =	Burn	ed C=	Cou	ınterfeit / F	orged	F = Foun	d				
	Victim #	DCI	Status	Value		Property Description							Mal	Make/Model Serial Number					
	1 13 7 1 (12G)							F) FIREARMS/AMMUNITION							STEVE		20 DA	TA OMITTED	
P -	2	PSU	TARG			1	2015 TAN ,	DJT9464 NC							SUBA 2	Κv	TN	FOR	
																	IN	FORMATION SECURITY	
R O					_									+				PURPOSES	
Р.																			
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Т Ү.																		VE PROPERTY	
٠.					_													ITEMS ARE	
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			ehicles S			nber Vehi	cles Recovere		0										
ID	Office PEA	r /N, A.	ID 808)	Officer Sig	natur	re					Supervisor WAGO			 B. (15655)					
	Complainant Signature Case State									WAGONER, K. B. (15655) Case Disposition:									
Status					☐ Further X Inact								adition Declined						
J							Closed	Closed/Cleared Cleared by Arres						rrest by And	est by Another Agency der				