I N	Agenc	y Name	WIN] IN	INCIDENT/INVESTIGATION							OCA 2425243							
C	ORI	NC	NC 02	10200		REPORT								Date / Time Reported SMTWTFS Month Day Yr Time					
D E	NC NC 0340200 Crime Incident(s)								☐ Att							$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$			
N T	#1		`	Disorderly Co	ondu	ıct		_	Com	Month 07	D			ime :52 Hrs			Day Yr - 15 2024	Time	
D	#2	Crime I	ncident	·					- 1	Location	ı of	Incident						Offense Tract	
A T	Colors Incident														C 271		Victim Reside	312	
A	#3	Jime 1	nerdent					☐ Att Premise Type ☐ Com							☐ Single Family ☐ Multi Family				
МО			d or Con						•					Forcible Yes	₩ N/A	We	apon / Tools		
WO	No No																		
V	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown																		
	1			igious L.E. Off					know		•			Severe scious	Lacera Other	tions Majo		_	
I C	7	Victim/	Business	Name (Last, First,	Victim of Crime #				DOI	3 / Age 60	Race	Sex	Relationship To Offender						
T I	V1 DATA OMITTED										`	<i>1</i> ,		00	W	M	To offender	☐ Non-Resident	
M	Home	Addre	SS						1,			, , ,		ne Phone	Unknown				
	Employer Name/Address DATA OMI Employer Name/Address									TTED									
	Emplo	me/Add	ATA OMI	A OMITTED							Business Phone								
,	VYR	M	ake	Model	Sty	/le	Color		Lic	c/Lis				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 for other	D = I r juri	Damaged sdiction)	Z = Seized	B =	Burn	C = 0	Cou	ınterfeit / F	orged	F = Found	i				
	Victim # DCI Status Value OJ QTY						Property Description								Mal	ce/Mo	odel S	erial Number	
- P - R													DA	ATA OMITTED					
					\dashv												11	FOR NFORMATION	
																		SECURITY	
O .																		PURPOSES	
E ·					_												01	NLY THE FIRST	
R T					_													VE PROPERTY	
Υ .																		ITEMS ARE	
																		ISPLAYED ON	
-					_												I	2C REPORTS	
-	Numb	er of V	ehicles S	tolen 0	Nun	nber Vehic	cles Recovere	d	0										
115	Office	r		ID				Officer Signature Supervisor Signature WILKES, K. N. (15827)											
ID	RHYNE, B. D. (16252) Complainant Signature Case Signature															/V. (13827)		
Status	r -		<i>y</i>				☐ Further ☐ Inact ☐ Closed ☐ Closed	r Inve tive /Clea	ıred			☐ Unfoun☐ Cleared☐ Cleared☐	ded by Ai by Ai	Locarrest rest by Ano	Refuse ther Ag	gency	ooperate	Page 1	