Ι.	Agenc	y Name	<u> </u>				1 1817							OCA				
N	8.	,		NSTON-SALE	OLICE	INCIDENT/INVESTIGATION PEROPT							2426113					
I C	ORI						REPORT							Date / Time Reported SMTWTFS Month Day Yr Time				
D		NC.	NC 034	40200									07 23 2024 05:34 Hrs.					
E N	- 1	Crime I	ncident(s)				X At	· I M	t Found	Day Yr	I I W	T F S	Last I Mont	Know h D	n Secure ay Yr	S M T W T F S Time	
T	#1		Bred	ıking & Enterin	g W	ith Forc	e											
D	#2	Crime I	ncident					Att Location of Incident Offen								Offense Tract		
A																	311	
T A	#3	Erime I	ncident					☐ Att Premise Type ☐ Com						Victim Residence Type ☐ Single Family ☐ Multi Family				
	Цом/	\ ttoolso	d or Con	mittad				ПС)111				Forcible			pon / Tools	· —	
MO			MITTEI										☐ Yes [X N/A	N/A			
										l			□ No			1		
V I	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																	
	1		_	igious 🔲 L.E. Of		_			own	_	Broken Bone Internal 🔲		Severe		Lacerations ☐ Yes ☐ Unknown Other Major ☐ No ☐ N/A			
	Τ,	Victim/		Name (Last, First,			ity 🔟 Guile	onkii		<u> П</u>	Victim of		3 / Age	Race		Relationshi		
C T	V1					,					Crime #	201	61	111100		To Offende	Resident	
I	I DATA OMITTED													$\mid B \mid$	M		Non-Resident	
Μ .	Home	Addre	SS													e Phone	Unknown	
						D.	ATA OMI	A OMITTED						110110				
	Emplo	oyer Na	me/Add	ress		D.	ATA OMITTED							Business Phone				
	VYR	I M	ake	Model	I St	tyle	Color Lic/Lis Vin						Vin					
	VIK	lwi	акс	Wiodei		lyic	Color		LIC/LI	1.5			V 111					
H E R S I N V O L V E D	DATA OMITTED																	
Status																		
Codes	(Chec Victim		column	if recovered for other	er jur	risdiction)												
- P -	# DCI Status Value OJ					QTY		Property Description				Make/M	e/Mod		erial Number			
																Ъ	ATA OMITTED	
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R O				+													PURPOSES	
Р -																		
E - R																О	NLY THE FIRST	
T Y																TWE	LVE PROPERTY	
																	ITEMS ARE	
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																	P2C REPORTS	
-																		
			ehicles S			mber Vehic	cles Recovere						<u> </u>	C.				
ID	Office HO		JTH. B	. <i>C.</i> (16307)	#		Officer Sig	Officer Signature Supervisor Signature REYNOLDS, S. A. (15618)										
111			Signatur				Case Status	Case Status Case Disposition:										
Status	•						☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Cleared	d	1	☐ Unfoun☐ Cleared	ded by Ai by Ai	rest by Ano	Refuse ther Ag	ency	Declined Ex	radition Declined Page 1	