I N	Agenc	y Namo		NSTON-SALEN	IN	INCIDENT/INVESTIGATION							OCA 2426197							
C	L DEDORT														Date / Mon	Date / Time Reported SMIWTFS Month Day Yr Time				
D E			ncident(s		│ │ │ │ │ Att │ At Found │ S M 五 W T F S								Day 17 Time 07 23 2024 22:17 H. Last Known Secure S M = M = N 1 1 1 1 1 1 1 1 1							
N T	#1							Att At Found S M T W T F S Month Day Yr Time X Com 07 23 2024 22:17 F										₂ └─ 24	Time	Hrs.
D	#2	Crime I	ncident	0 0					Att	Location	ı of	Incident					•		Offense Tra	
A T		Trimo I	ncident					_	Com				Win	ston-sale	m NC			nidon	121	
A	#3	Jillie I	ncident			Att Premise Type Com							Victim Residence Type ☐ Single Family ☐ Multi Family							
МО			d or Con MITTEI											Forcible Yes No						
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																			
V	1 Society Government Financial Institute Broken Bones Severe Lacerations Unknown Religious L.E. Officer Line of Duty Other/Unknown Internal Unconscious Other Major															iown				
I	Victim/Business Name (Last, First, Middle) Victim of DOB / Age Rac														-	e Sex Relationship Resident Status				
C T	V1 DATA OMITTED												Crime #				To Offen	der	☐ Resider	
I M												1,				☐ Unkn				
	Home	Addre	ess		ATA OMI	IITTED								Home Phone						
	Emplo	oyer Na	me/Add	ress	D	ATA OMI	A OMITTED							Business Phone						
,	VYR Make Model Style						Color Lic/Lis Vin						Vin							
T H E R S I N V O L V E D	DATA OMITTED																			
Status Codes																				
Cours	Victim		Status		Property Description								Mol	Make/Model Serial Number						
	"						(45) SHELL C	HELL CASING							PMC	DATA OMITTED				
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ID	Office:		. —— А. <i>D.</i> И	ID 7. (16005)	Officer Sig	Officer Signature Supervisor S GFOGE									Signature HEGAN, M. R. (16168)					
11/	Compl			Case Status								· · · · · · ·								
Status							☐ Further	tive /Clea	ıred				by Ai	Loc rrest rrest by Ander] Refuse other Ag	gency	ooperate		Page 1	