I N	Agenc	y Name		NSTON-SALEN	CIDENT/INVESTIGATION						OCA 2429030										
C	ORI	NC	NC 034	40200			1	REPORT							Date / Time Reported SMTWIFS Month Day Yr Time						
D E			ncident(s		Att   At Found SMTW∃FS   Month Day Yr Time								O8   15   2024   05:27 Hrs								
N T	#1			, aking & Enterin	ı —	Com	Month 08	D			ime 5:27  Hrs				-	Time 05:26					
D	#2	Crime I	ncident		<u> </u>				$\rightarrow$	Location	ı of	Incident					•		ffense T		
A T	Crimo Insident															NC 27107 211 Victim Residence Type					
A	#3	iiiie i	ncident				☐ Att   Premise Type   ☐ Com								☐ Single Family ☐ Multi Family						
МО			d or Con MITTEI			•					Forcible Yes	X N/A	We	apon / To	ols						
	# of Victims   Type   Person   X Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:															. ·					
	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow															I					
V I		lictim/		igious  L.E. Off Name (Last, First,			uty 🔲 Othe	er/Un	know	n 🗆		ternal  Victim of		nscious [	Other	<u> </u>		No hin	□N/A Resident		
C T	V1	v ictiiii/			Crime #				o / Age	Race	sex	To Offen	der	🛛 Resid	lent						
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	Employer Name/Address DATA OMI														Business Phone						
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	Victim #	Property Description								Mak	Make/Model Serial Number										
		77 OTHE 1 OTHER														OD/Panel DATA OMITTED					
P - R	08         7         1         TOBACCO PRODUC           06         7         1         CLOTHES/FURS							)CTS							GARETTES FOR INFORMATION						
			/				CLOTHES/F UNS								IVI LIVO/	SECURITY					
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ID	GAR	F. I. (1		MUL								GREW, M. J. (14746)									
	Compl	aınant	Signatur	e	Case Statu  Further		Case Disposition:  Investigation ☐ Unfounded ☐ Located ☐ Extraction								dition De	eclined					
Status					tive				Cleared	by A	rest	] Refuse	e to C	ooperate	_						
							☐ Closed			hausted				nder 🗆					Page	1	