I N	Agenc	y Name	STON-SALEN	IN	INCIDENT/INVESTIGATION						OCA 2429633								
C	ORI	NC	NC 02	10200				REPORT							Date / Time Reported SMTWTFS Month Day Yr Time				
D E	10		NC 034		Att At Found SMTWTFS Month Day Yr Time								08 19 2024 23:50 Hrs. Last Known Secure SMTWTFS Month Day Yr Time						
N T	#1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	nerdeni(s	, Discharging F	irea	arm		_	Com	Mont	h			lime 3:50 Hrs			19 2024	Time	
D	#2	Crime I	ncident						Att			of Incident	7 2.	0.50	7 00		·	Offense Tract	
Α								Com									311		
T A	#3	Jime i	ncident						Att Com	Premi	se 1	ype				- 1	Victim Reside	nce Type ly	
МО		d or Con MITTEI		Forcible ☐ Yes ☐ No						Weapon / Tools									
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															lcohol Use:			
	1 Society Government Financial Institute Broken Bones Severe Lacerations Wes Unknown Internal Unconscious Other Major															_			
V I		Victim/		Name (Last, First,			пу 🔲 Опи	21/ U1	IKHOV	VII	☐ I	Internal U		S / Age	Race	<u> </u>			
C T	V1			ΓA OMITTED						Crime #		. 8			To Offender	☐ Resident			
I M		DA	IA OMITIED					1,						☐ Non-Resident☐ Unknown					
IVI ·	Home Address DATA OMI									TTED						Home Phone			
	Employer Name/Address DATA OM								TTED						Business Phone				
	VYR	Color Lic/Lis Vin						Vin											
				l	<u> </u>														
О																			
T																			
E																			
R S																			
	DATA OMITTED																		
I N	DATA UNITTED																		
V																			
O L																			
V E																			
D																			
Status Codes																			
Codes	Victim			Dro	nerty	Descri	ntior	<u> </u>			Mal	ce/Mo	odel Sa	erial Number					
,	#	# DCI Status Value OJ QTY Property Des							Deseri	scription				IVICI	C/ 141C		ATA OMITTED		
- P -																		FOR	
																	IN	SECURITY	
R O					\dashv													PURPOSES	
Ρ.					\dashv													1010 0020	
E ·																	ON	ILY THE FIRST	
T Y																	TWEL	VE PROPERTY	
1 .					_													ITEMS ARE	
-					\dashv	+												ISPLAYED ON 2C REPORTS	
-																			
			ehicles S	tolen 0		nber Vehi	cles Recovere		0										
ID	Office TAY	r LOR.	B. T. (Officer Sig	Officer Signature Supervisor Signature MCCARTHY, D. J. (15427)														
	TAYLOR, B. T. (16255) Complainant Signature Case State									Case Disposition:									
Status					☐ Further		estiga	ition		☐ Unfour		rrest Loc	ated Refuse	e to C	Cooperate Ext	radition Declined			
J							Closed	osed/Cleared								Page 1			