I N	Agenc	e WIN	, IN	INCIDENT/INVESTIGATION							OCA 2431951								
C	ORI	NC	NC 02	10200				REPORT								Date / Time Reported SMTWTES Month Day Yr Time			
D E			NC 034			☐ Att At Found SMTWTFS Month Day Yr Time							Day 17 Time						
N T	#1		(Discharging H	ired	arm		_	Com	Month 09	D			ime 1:29 Hrs			06 2024	Time	
D	#2	Crime I	ncident	0 0					Att	Location	of	Incident						Offense Tract	
A T	Crime Incident																C 27103 Victim Reside	323	
A	#3	Jillie i	ncident					☐ Att Premise Type ☐ Com							☐ Single Family ☐ Multi Family				
МО			d or Com					Forcible ☐ Yes ☐ No						Weapon / Tools					
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															lcohol Use:			
	Society ☐ Government ☐ Financial Institute ☐ Broken Bones ☐ Severe Lacerations ☐ Yes ☐ Unkn															_			
V I		Victim/		Name (Last, First,			uty Otne	er/Un	iknow	n	_	ernal Victim of		scious [Other Race	<u> </u>			
C T																	To Offender	☐ Resident	
I M													1,					☐ Non-Resident☐ Unknown	
171	Home Address DATA OMI'									TTED						Home Phone			
,	Employer Name/Address DATA OMI								TTED							Business Phone			
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Status Codes																			
Cours	Victim					Property Description								e/Mo	odal S	erial Number			
	# DCI Status Value OJ QTY 13 EVID 1 (45) F) PROJECTILE							Mar	C/IVIC		ATA OMITTED	
P - R - O																		FOR	
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				+														PURPOSES	
Ρ.																			
E ·																	Ol	ILY THE FIRST	
T v																	TWEL	VE PROPERTY	
Y																	D	ITEMS ARE	
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-																			
			ehicles S	-		mber Veh	icles Recovere		0						a:				
ID	Office SON		ILLE, T	T. J. (16036)	Officer Sig	Officer Signature Supervisor Signature NELSON, S. M. (15176)													
	Complainant Signature Case Stat									Case Disposition:							,	10. 5. 11.	
Status					Inact	her Investigation Unfounded Local Cleared by Arrest] Refuse	e to C	ooperate	radition Declined				
							☐ Closed	losed/Cleared						rest by And	Another Agency Prosecution Declined Page 1				