I N	Agenc	WIN	IN	INCIDENT/INVESTIGATION							OCA 2435758								
I C	ORI	NC	NC 034	10200			1			REF	o	RT					Day Yr	SMTWTFS Time	
D E			ncident(s		Att At Found SMTWTFS Month Day Yr Time								10 05 2024 II:41 Hrs. Last Known Secure S M T W T F S Month Day Yr Time						
N T	#1		`	Drug Viola	tion	S		ı —	Com	Month 10	Ι			lime :41 Hrs				Time 11:40 Hrs.	
D .	#2	Crime I	ncident							Locatio	n of	Incident						Offense Tract	
A T		'rime I	Viol	ation Of Auto L	r	☐ Att Premise Type							em NO	NC 27105 112 Victim Residence Type					
A	#3	Jiiiic i	nerdent						Com	Tiennse	. 1 y	pc				- 1		ly □Multi Family	
МО			d or Con MITTEI						•					Forcible Yes	X N/A	We	apon / Tools		
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use															lcohol Use:			
V		Listins/		igious L.E. Off			uty Othe	er/Un	know	n _		nternal			Other				
Ċ	V1	v ictiiii/			Victim of Crime # DOB / A					3 / Age	Race	Sex	Relationship To Offender	☐ Resident					
T I	* 1		DA	ΓA OMITTED	1,2									□ Non-Resident □ Unknown					
М -	Home Address DATA OMI															Home Phone			
	Employer Name/Address DATA OM														Business Phone				
	VYR	Color	Color Lic/Lis Vin																
O																			
T																			
H E																			
R S	R S																		
	DATA OMITTED																		
I N	DATA UNITTED																		
V	v																		
O L																			
V E																			
D																			
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen	R = Recovered	D = er iur	Damaged risdiction)	Z = Seized	B =	Burn	ied C=	Coı	unterfeit / F	orged	F = Foun	d				
	Victim # DCI Status Value OJ QTY						Property Description								Mak	e/Mo	odel So	erial Number	
	п	" Troperty Besterpator												ATA OMITTED					
- P -																		FOR	
																	11	SECURITY	
R O																		PURPOSES	
Р ⁻ Е -																			
R																		VE PROPERTY	
T Y																	TWEL	VE PROPERTY ITEMS ARE	
-																	D	ISPLAYED ON	
																	I	2C REPORTS	
-	NT 1	o C T 7	alai -1	tolon	N.T	mb a :: 37 1 1	alaa D	a	0										
	Office	r	ehicles S	ID		iiber Vehi	cles Recovere Officer Sig		e re				1	Supervisor	Signati	ıre			
ID	FIE	LDS, I	I. O. (1.	5835)					1.	3 D'		MATT	TSON, G. M. (15167)						
	Complainant Signature Case Stat ☐ Furth									Case Disposition: Investigation ☐ Unfounded ☐ Located ☐ Extrad							radition Declined		
Status						☐ Inact	tive Cleared by Arrest Refu						Refuse	e to C	ooperate				
							Closed			hausted		Death o						Page 1	