I N	Agenc	y Name		NSTON-SALEN	A P	OLICE	INCIDENT/INVECTIOATION							OCA 2436087							
C	ORI	NC	NC 034	10200			]	REPORT						Date / Time Reported   S M T W T F S Month Day Yr Time 10   07   2024   19:24 Hrs.							
D E			ncident(s				<u> </u>		<u> </u>	At Found	4le l	ıl ırl w	TIFISI	10				<i>19.</i> ≝ т			
N	#1	crime n	nerdeni(3	Missing Pe		□ A	.m M	Month			TFS			n Secure	r —	Time	2	_			
T .	<u> </u>	Crime I	ncident	missing 1 e		07   2024   19:24   Hrs   10   07   2024   19:23   Fon of Incident   Offense Trace									rs.						
D A	#2 Crime Incident																				
T	#3	#3 Crime Incident ☐ Att Premise Type ☐ Com												Victim Residence Type ☐ Single Family ☐ Multi Family							
A		A 1	1 0	*** 4				Forcible							у <mark>П</mark> М	ulti Fan	nily				
MO		DATA OMITTED															Weapon / Tools				
V	# of V	lictims	Type	PT Dames		D				Injury	□ None		□ No	Loss	f Too	th Dri	σ/Α1α	rohol i	Use:	_	
	# of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:    Society   Government   Financial Institute   Broken Bones   Severe Lacerations   Yes   Unknow															vn					
	T ☐ Religious ☐ L.E. Officer Line of Duty ☐ Other/Unknown ☐ Internal ☐ Unconscious ☐ Other Major ☐ NO ☐ N/A																				
I C		Victim/	Business	Name (Last, First,	Midd	ile)					Victim of Crime #	DOE	3 / Age	Race	Resident Statu To Offender Resident Statu Resident					tus	
T	V1		DA	TA OMITTED									24	117	, ,	To Office			on-Resid	den	
I M											1,			W	]				nknown	1	
	Home	e Addre	ess			D.	ATA OMI	ΓTED							Home Phone						
	Empl	oyer Na	me/Add	ress	D.	ATA OMITTED							Business Phone						$\neg$		
,	VYR   Make   Model   Style						Color   Lic/Lis   Vin						Vin							$\dashv$	
																				$\dashv$	
T H E R S I N V O L V E D	DATA OMITTED																				
Status Codes	(Chec	k "OJ"		R = Recovered if recovered for other			Z = Seized	B = B	urnea	1 C=C	ounterreit / F	orgea	F = Found	1							
	Victim # DCI Status Value OJ QT					QTY	Property Description							Mak	e/Mo	del	Ser	ial Nu	ımber		
P - R .														DA		MITTEI	5				
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			ehicles S	-		nber Vehic	cles Recovere						Cumare	Ciarret	140					$\dashv$	
ID	Office HIL		М. (158	ID 317)	HT.		Officer Sig	Officer Signature Supervise CHU							or Signature E, V. N. (15139)						
			Signatur					Case Status Case Disposition:						,							
Status							☐ Further ☐ Inact ☐ Closed ☐ X Closed	ive /Cleare	d		☐ Unfoun ☐ Cleared ☐ Cleared ☐ Death o	by Ar	Test Local rest by Anomalous	Refuse ther Ag	gency	ooperate	_		Declin ge 1	ed —	

DCI-600F