I N	Agenc	y Name		NSTON-SALEN	IN	NCIDENT/INVESTIGATION						OCA 2438439							
C I	ORI	NG				22.02	1	REPORT							Date / Time Reported SMTWTFS Month Day Yr Time				
D E	10		NC 034				10   2								25   2024	71 me 4			
N T	#1			n Auto From Ai	diction	on $\begin{array}{ c c c c c c c c c c c c c c c c c c c$							Month Day Yr Time						
D D	#2		ncident	77 11000 1 7000 110					-	Location	_		4   20	7.02   1111	<u> 10</u>			Offense Tract	
A	Com 399 E Sprague St/vargrave St, Wir																	412	
T A	#3	rime i	ncident						Att Com	Premise	Тур	e					Victim Reside	nce Type ly ∏Multi Family	
МО			d or Con											Forcible Yes	N/A	_	apon / Tools	· <b>-</b>	
	□ No																. 15 /4	1 1 177	
	# of Victims   Type																		
V	0			igious   L.E. Of			uty 🔲 Othe	er/Un	know	'n		ernal 🔲		scious [	Other	Majo	or N		
I C	Victim/Business Name (Last, First, Middle)  Victim of DOB / Age Crime #														Race	Sex	Relationship To Offender		
T I	V1		DA	ΓA OMITTED														☐ Non-Resident	
M	Home Address DATA OMI'									I						Home Phone			
,	Employer Name/Address DATA OMI															Business Phone			
	VYR	M	ake	Model	Color   Lic/Lis   Vin						Vin								
O T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes																			
	Victim		Status	Value	Property Description								Mak	e/Mo	odel So	erial Number			
	"						2007 BLU , JLJ2011 NC								CHEV 7			ATA OMITTED	
P -																		FOR	
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ID	Office CAN	r <i>IIPE</i> .	A. T. (1	ID (5778)		Officer Sig	Officer Signature Supervisor Signature PERKINS, R. A. (15028)												
			Signatur	<u> </u>	Case Status	se Status Case Disposition:													
Status							☐ Further ☐ Inact ☐ Closed	ive /Clea	ared		j		l by Ai l by Ai	Loc rest rest by Ander	] Refuse other Ag	ency	looperate	Page 1	