I N	Agenc	y Name		NSTON-SALE	OLICE	INCIDENT/INVESTIGATION							OCA 2439836						
C	ORI	NC	NC 034	40200		REPORT							Date / Time Reported SM WW TFS Month Day Yr Time 11 05 2024 08:23 Hrs.						
D E			ncident(s			<u> </u>	Att At Found SMTWTFS Month Day Yr Time						Last Known Secure SMTWTFS						
N T	#1		Identity T			□ Com 11 04 2024 20:30 Hrs 04 01 2023													
D	#2	Crime I	ncident														Offense Tract 124		
A T	T #3 Crime Incident														'	Victim Resi	dence Type		
A		Attacke	d or Con	nmitted				□ C	om				Forcible	1	_	Single Fa	mily		
МО			MITTEI										Yes [X N/A	,,,	u pon / 100			
V	# of Victims Type Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																		
	1		☐ Re	ligious 🔲 L.E. Of	ficer	Line of Du			nown	. –	nternal		Severe	Lacera Other	tions Majo		Yes ☐ Unknown No ☐ N/A		
I C		Victim/	Business	Name (Last, First,	Mid	dle)		Victim of Crime #					3 / Age 31	Race	Sex	Relationsh To Offend			
T I	V1		DA	TA OMITTED								31	W	$_{F}$	1RU	Non-Resider ☐ Unknown			
M	Home	Addre	ss		D.	ATA OMI	TA OMITTED							Home Phone					
	Emplo	yer Na	ress	ATA OMITTED							Business Phone								
	VYR Make Model Style						Color Lic/Lis Vin						Vin						
O T H																			
E R																			
S							DATA	. 0	N // T	TTT.	D								
I N	DATA OMITTED																		
V																			
L	O L																		
V E																			
D																			
Status	L = L	ost S	= Stolen	R = Recovered	D =	Damaged	Z = Seized	$\mathbf{B} = \mathbf{E}$	Burnec	d C = Co	ounterfeit / F	orged	F = Found	d					
Codes	(Chec			if recovered for oth		ĺ													
	# DCI Status Value OJ QTY 1 77 7 1 1						Property Description IDENTITY THEFT							Mak	e/Mo		Serial Number DATA OMITTED		
														FOR					
Ρ .																	INFORMATION		
R O																	SECURITY PURPOSES		
Ρ .																	1 014 0525		
E ·																	ONLY THE FIRST		
T Y																TW	ELVE PROPERTY		
1 .																	ITEMS ARE DISPLAYED ON		
																	P2C REPORTS		
			ehicles S			mber Vehic	cles Recovere	-						a.					
ID	Office ALL		. E. (15) #		Officer Sig	Officer Signature Supervisor MATT								r Signature ISON, G. M. (15167)			
			Signatur				☐ Further	Case Status Case Disposition:						ated			extradition Declined		
Status							☐ Closed	/Cleare		wate d		by Aı	rrest rrest by And	Refuse ther Ag	gency	ooperate	Page 1		
							☐ Closed	/ Leads	∟xna	ustea	Death o	ı Offe	nuer	rrose	ution	Declined	rager		