I N	Agenc	y Name		NSTON-SALEN	IN	ICIDENT/INVESTIGATION						OCA 2440006								
I C	ORI	NC	NC 034	10200			1	REPORT							Date / Time Reported S M T M T F S Month Day Yr Time 11 06 2024 10:30 Hrs.					
D E		Prime I			lπ	Att	At Found	d	SM	Τ₩	T F S	11 Last		06 20 on Secure Day Yr		10:30 нг МТМТ F				
N T	#1 Wspd-disturbing The Peace							_	Com	Month	Da			T F S Time D:30 Hrs					Fime 10:29 Hr	
D .	#2	Crime I	ncident			Att	Location	of I	Incident					,2 201		ffense Tract	_			
A T	Colors Insident														NC 27		Victim Res	idenc	114 e Type	
A	#3	JIIIIC I	nerdent					☐ Att Premise Type ☐ Com								☐ Single Family ☐ Multi Family				
МО			d or Com MITTEL				•					Forcible Yes	X N/A	We	apon / Too	ols				
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															ohol Use:	\exists			
* 7	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown															_	'n			
V I		Victim/		Name (Last, First,			ity U Otno	er/Un	ıknow	'n 📗 🔲		ernal Victim of		Iscious B / Age		ce Sex Relationship Resident Status				
C T	V1			ΓA OMITTED		Crime #					- 7 8 -			To Offen	der [☐ Resident				
I M ·				IA OMITTED								1,							☐ Non-Resid ☐ Unknown	
141	Home Address DATA OMIT									TTED						Home Phone				
•	Employer Name/Address DATA ON														Business Phone					-
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T H E R S I N V O L V E D	DATA OMITTED																			
Status Codes																				
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ID	MO	ONEY		(15484)									or Signature SLEY, S. A. (14880)							
	Complainant Signature Case Stat ☐ Furth									Case Disposition: Unfounded Decated E							Extrac	lition Decline	ed	
Status					☐ Closed							ooperate	_	Page 1	_					