| I N | Agenc | | NSTON-SALEN | CIE | CIDENT/INVESTIGATION | | | | | | OCA 2440091 | | | | | | | | |
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| C | ORI | NC | NC 02 | 40200 | | | 1 | | REPORT | | | | | | Date / Time Reported SMTWTFS Month Day Yr Time | | | | |
| D E | 10 | | NC 034 | | ☐ Att At Found | | | | | | Day YF Time 11 07 2024 01:40 Hrs. Last Known Secure SMTWIFS Month Day Yr Time | | | | | | | | |
| N T | #1 | Jimic I | • | , ossession/conce | alin | g Wean | ons | _ | Com | Month 11 | I | | | Time $1:40$ | | | | Time $01:39$ Hrs. | |
| D | #2 | Crime I | ncident | | | 8 ··· F | | _ | Att | | | f Incident | + 01 | .40 | - 11 | | 77 2024 | Offense Tract | |
| A | | 7 T | | | | | | _ | Com | | | First St, | Wins | ton-salen | n NC 2 | | | 321 | |
| T A | #3 | Jillie I | ncident | | | | | | Att Com | Premise | ту | pe | | | | - 1 | Victim Resid | nily ∏Multi Family | |
| МО | | | d or Con MITTEI | | | | | • | • | | | | | Forcible Yes No | X N/A | We | apon / Tools | | |
| | # of V | ictims | Туре | ☐ Person | ΠΊ | Business | | | | Inju | ry | ☐ None | | | Loss o | f Tee | th Drug/ | Alcohol Use: | |
| * 7 | 1 Society Government Financial Institute Broken Bones Severe Lacerations Wes Unknown Internal Unconscious Other Major No NA | | | | | | | | | | | | | | | _ | | | |
| V I | | Victim/ | | Name (Last, First, | | | ину 🔲 Онн | 21/ U1 | IKHOW | ^{/11} [|] In | Victim of | | S / Age | Race | <u> </u> | | | |
| C T | T/1 Crime # | | | | | | | | | | | | | | | | To Offende | r Resident | |
| I M | DATA OMITTED 1, | | | | | | | | | | | | | | | | | ☐ Non-Resident | |
| IVI · | Home Address DATA OMI | | | | | | | | | ГТЕО | | | | | | Home Phone | | | |
| | Employer Name/Address DATA OMI' | | | | | | | | | TTED | | | | | | Business Phone | | | |
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| Codes | Victim | | | | Ť | Í | | | | | | | | Т | Make/Model Serial Number | | | | |
| | # DCI Status Value OJ QTY 13 EVID 1 (380) S8 | | | | | | | | Property Description &W .380 SHEILD | | | | | | | te/Mo heild | | Serial Number ATA OMITTED | |
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| ID | Office SNI | A. P (| Officer Sig | natu | re | | | | | Supervisor FLYN/ | | | (605) | | | | | | |
| ıν | SNIDER, A. P. (16152) Complainant Signature Case State | | | | | | | | | FLYNN, J. L. (15605) Case Disposition: | | | | | | | | | |
| Status | | | | | r Inv | estiga | tion | | ☐ Unfoun | | rrest Loc | ated Refuse | e to C | Ooperate Ex | tradition Declined | | | | |
| siaius | | | | /Cle | | hausted | | Cleared | l by Aı | rrest by And | other Ag | gency | | Page 1 | | | | | |