I N	Agenc	y Name		NSTON-SALEN	CIDENT/INVESTIGATION						OCA 2440430								
I C	ORI	NC	NC 034	10200			1	REPORT						Date / Time Reported SMTWTFS Month Day Yr Time					
D E			ncident(s		Att At Found SMTWTFS Month Day Yr Time								In log 2024 14:43 Hrs. Last Known Secure S M T W T F S Month Day Yr Time						
N T	#1		`	Trespassi	ng			_	Com	Month	ı I			lime 1:43 Hrs				Time 4 14:43 Hrs	
D .	#2	Crime I	ncident							Locatio	on of	Incident					•	Offense Tract	
A T		'rime I	Violat ncident	tion Of City/cou	nty	Ordinan	исе	$\overline{}$	☐ Att Premise Type						NC 2			dence Type	
A	#3	Jime 1	neident					_	Com	Tienns	J I y	рC				- 1		mily Multi Family	
МО			d or Con MITTEI			•					Forcible Yes	X N/A	We	apon / Tool	s				
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															/Alcohol Use:			
	Z Society ☐ Government ☐ Financial Institute ☐ Broken Bones ☐ Severe Lacerations ☐ Yes ☐ Unkno																		
V I		Victim/		igious L.E. Off Name (Last, First,			uty Othe	er/Un	know	n [□ In	Victim of		scious E	Other Race	<u> </u>			
C T	V1	v ictiii/								Crime #	DOI	o / Age	Race	SCA	To Offend	er Resident			
I	` -		DA	ΓA OMITTED								1,2						☐ Non-Residen ☐ Unknown	
М -	Home Address DATA OMIT									ГТЕО						Home Phone			
	Employer Name/Address DATA OMI								TTED						Business Phone				
	VYR	M	ake	Model	St	yle	Color		Lic	c/Lis				Vin					
T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes																			
	Victim #		Property Description								Mak	e/Mo	del	Serial Number					
- - P -	π	# DCI Status Value OJ QTY Property Description								11141			DATA OMITTED						
																		FOR INFORMATION	
																		SECURITY	
R O																		PURPOSES	
Р ⁻ Е -																			
R																		ONLY THE FIRST	
T Y																	1 W.	ELVE PROPERTY ITEMS ARE	
-																		DISPLAYED ON	
-																		P2C REPORTS	
-																			
			ehicles S			mber Vehi	cles Recovere		0				-	Supervise	Signat	ıre			
ID	Officer ID# Office ANDERSON, B. R. (15633)								Signature Supervisor Signature MATHEWS, C. K. (15509)										
	Complainant Signature Case State ☐ Further									tion	(Case Dispos			ated			xtradition Declined	
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	ared			Cleared	by A	Loc rest rest by And	Refuse other Ag	gency	ooperate	Page 1	