I N	Agenc	y Nam		NSTON-SALEN	OLICE	IN	INCIDENT/INVESTIGATION								OCA 2442953					
C	REPORT														Date / Time Reported SMTWIFS Month Day Yr Time					
D E	10		ncident(s		│ │ │ │ │ Att │ At Found │ │ │ 別 제 피 제 과 티 S									11 28 2024 13:41 Hrs						
N T	#1			Discharging F	arm	Com	Month Day Yr Time						Last Known Secure SMTWIFS Month Day Yr Time 11 28 2024 13:40 Hrs.							
D	#2	Crime I	ncident	0 0	Att	Location	n of	Incident					•		ffense Tra					
A T	Crime Institute															-salem NC 112 Victim Residence Type				
A	#3	Jillie I	ncident						Com							☐ Single Family ☐ Multi Family				
МО			d or Con MITTEI				Forcible ☐ Yes ☐ No						Weapon / Tools ✓ N/A							
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																			
	X Society															nown				
V I		Victim/		Name (Last, First,			uty Otno	er/Un	ıknow	n 🗆		victim of		scious [-	e Sex Relationship Resident Status				Status
C T	V1 DATA OMITTED															~	To Offen	der	☐ Resider	nt
I M				IA OMITTED								1,							☐ Unkno	
171	Home Address DATA OMI'									ГТЕD						Home Phone				
,	Employer Name/Address DATA OM								TTED						Business Phone					
,	VYR Make Model Style						Color Lic/Lis Vin							Vin						
T H E R S I N V O L V E D	DATA OMITTED																			
Status Codes																				
Codes	Victim				December December								3.6.1	Make/Model Serial Number						
	# DCI Status Value OJ QTY 13 FOUN 15 (9MM						(9MM) AMMU	Property Description MM) AMMUNITION							FC	Ake/Model Serial Number DATA OMITTED				
P - R - O																FOR				
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Ρ.																			CIG OBE	
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-	Numb	er of V	ehicles S	tolen 0	Nur	nber Vehi	cles Recovere	d	0					1						
ID	Office	r 4 MIN	I M	(16366)	Officer Sig	natui	re					Supervisor			(15654	5)				
ID			Signatur				Case Statu							WAGU	GONER, K. B. (15655)					
Status	r		<u> </u>				☐ Further ☐ Inact ☐ Closed ☐ Closed	r Inve tive /Clea	ared			☐ Unfoun☐ Cleared☐ Cleared	ded by Ai by Ai	Loc rrest C] Refuse other Ag	gency	ooperate		Page 1	