I N	Agenc	y Name	NSTON-SALEN	IN	NCIDENT/INVESTIGATION REPORT						OCA 2443607								
C I	ORI	NC									Date / Time Reported SMTWTFS Month Day Yr Time								
D E	NC NC 0340200 Crime Incident(s)									☐ Att At Found SMT₩TFS Month Day Yr Time						$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			
N T	#1	Jimic I	nerdeni(s	, Drug Viola	tions	•		_	Com	Month 12	Ι			ime 1:36 Hrs			Day Yr	Time $01:35$ Hrs.	
D	#2	Crime I	ncident						\rightarrow			Incident	+ 01	.50	12		74 2024	Offense Tract	
Α	Crime Incident																	411	
T A	#3	Jillie I	ncident						Com	Premise	: 1 y	pe					Victim Resido	ily ∏Multi Family	
МО			d or Com MITTEI		•	•					Forcible Yes No	X N/A	We	apon / Tools					
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															Alcohol Use:			
V	1			ciety Governm ligious L.E. Of			inancial Institute		know		_	roken Bone		Severe	Lacerar Other		. –	es Unknown	
I	Victim/Business Name (Last, First, Middle) Victim of DOB / Age Rac														Race	<u> </u>	Relationship	Resident Status	
C T	V1		DA	ΓΑ OMITTED	Crime #								To Offender	Resident Non-Resident					
I M									1,						Unknown				
	Home Address DATA OMI									ΓΤΕD						Home Phone			
	Employer Name/Address DATA OMI									TTED						Business Phone			
,	VYR	Color Lic/Lis Vin							Vin										
T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column	R = Recovered if recovered for other	D = E er juris	Damaged sdiction)	Z = Seized	B =	Burn	ied C=	Coı	unterfeit / F	Forged	F = Foun	d				
	Victim #	Status		Property Description							Mak	e/Mo	odel S	erial Number					
	"						001 SIL , LAV5274 NC								MAZD	Tribu	te D.	ATA OMITTED	
P - R - O																	T	FOR NFORMATION	
																	1	SECURITY	
																		PURPOSES	
P :																			
R																		NLY THE FIRST	
Т Ү .																	IWE	LVE PROPERTY ITEMS ARE	
					\dashv												Г	OISPLAYED ON	
•																		P2C REPORTS	
	Numb		ehicles S	tolen 0		ber Vehi	cles Recovere		<i>0</i>				1	Supervisor	Signat	ıre			
ID	ROE		Officer Signature Supervisor Signature PERKINS, R. A. (15028)																
	Complainant Signature Case State ☐ Furth									Case Disposition:							□ Ev	radition Declined	
Status							☐ Inact	tive l/Clea	ared			Cleared	by A	rest by And	Refuse other Ag	ency	Cooperate	Page 1	