I	Agency Name INCIDENT/INVESTIGATION													OCA 2442042				
N C	ODI		VSTON-SALE	REPORT							2443913 Date / Time Reported SM TW TES							
I D	ORI	NC	NC 034	40200									Date / Time Reported S M T W T F S Month Day Yr Time 12   06   2024   12:45 Hrs.					
E N		Crime In	ncident(s	)		1		- 11	At Found Month	Dav Yr	I T W	T <u></u> ¥S Time				SMTWT⊒S		
T .	#1			Vandali	sm			⊠ Co	om	12	06   2024		2:45  Hrs	1	06		Time   <u>12:44</u>   Hrs.	
D	Com 1918 Oakonest Ct Wing													m NC	27106	5	Offense Tract 114	
A T	#3	Crime I	ncident					Att Premise Type						Victim Residence Type				
A		ttoolro	d or Con	mittad				Com Forcibl								ingle Fam on / Tools	ily <b>□</b> Multi Family	
МО			MITTEI					□ Yes □ No						X N/A				
	# of V	ictims		[X] Person ciety □ Governm		Business	inancial Instit							□ Loss of Teeth Drug/Alcohol Use: The Lacerations □ Yes □ Unknown				
v	1			ligious 🔲 L.E. O				er/Unknown						Lacerati Other I	ons Major			
I C		Victim/	Business	Name (Last, First	, Mid	dle)			Victim of DOB / Age Race Sex Relationship Resident Statu					Resident Status				
T I	V1		DA	TA OMITTED							Crime #		53	ת			Non-Residen	
M ·	Home	Addre	\$5			1,								<i>F</i> Home I	1RU	Unknown		
			ume/Addi				ATA OMITTED											
		-		ATA OMITTED							Business Phone							
	VYR	M	ake	Model	tyle	Color		Lic/	Lis			Vin						
E R N V O L V E D	DATA OMITTED																	
Status				R = Recovered			Z = Seized	$\mathbf{B} = \mathbf{B}$	urne	d $C = C$	ounterfeit / F	orged	F = Found	1				
Codes	(Chec Victim			if recovered for oth		Ĺ												
- - -	# DCI Status Value OJ QTY						Property Description POWER CORDS							Make	e/Model		erial Number ATA OMITTED	
																FOR		
																Ι	NFORMATION	
R O																	SECURITY PURPOSES	
P -																	PURPOSES	
E- R																0	NLY THE FIRST	
Т																TWE	LVE PROPERTY	
Y -																	ITEMS ARE	
-																	DISPLAYED ON P2C REPORTS	
-																	P2C REPORTS	
-	Numb	er of V	ehicles S	tolen 0	Nu	mber Vehi	cles Recovere	d 0					I					
ID	Officer FIF		I. O. (1.		D#		Officer Signature Supervisor Signature MATTISON, G. M. (15167)											
ID			1. <i>O</i> . (1. Signatur				Case Statu	Case Status Case Disposition:										
Status			-				□ Further Investigation □ Unfounded □ Lo						Refuse to Cooperate nother Agency					
							Closed			austed	$\square$ Death c			Prosec		eclined	Page 1	