I N	Agenc	y Name	e WIN	IN	INCIDENT/INVESTIGATION							OCA 2444267							
C	ORI	NC	NC 02/	10200				REPORT								Date / Time Reported S M T W T F S Month Day Yr Time			
D E	NC NC 0340200  Crime Incident(s)									Att At Found SMTWTFS Month Day Yr Time						$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			
N T	#1		iioidoini(s	, Discharging F	irea	ırm		_	Com	Month	. I			lime 0:06  Hrs				Time   19:05  Hrs.	
D	#2	Crime I	ncident					_	Att		_	Incident	7   12	.00	12	10	79   2024	Offense Tract	
Α								Com	· · · · · · · · · · · · · · · · · · ·					lem N	NC 27105   223     Victim Residence Type				
T A	#3	Jillie 1	ncident				☐ Att Premise Type ☐ Com							☐ Single Family ☐ Multi Family					
МО			d or Com					Forcible ☐ Yes ☐ No						☐ Yes	Weapon / Tools				
	# of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:															Alcohol Use:			
3.7	I Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Religious L.E. Officer Line of Duty Other/Unknown Internal Unconscious Other Major N/A															_			
V I		Victim/		Name (Last, First,			пту 🔲 Оппе	21/ () 11	IKHOW	<sup>/11</sup>   [		Victim of		S / Age	Race	<u> </u>			
C T	V1			ΓA OMITTED		,			Crime #								To Offender	Resident	
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	Employer Name/Address DATA OM								TTED							Business Phone			
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ID	Officer GE(		GAN I	ID P. <i>D. (16071)</i>		Officer Sig	Officer Signature Supervisor Signature CROKE, B. K. (15602)												
ıν	GEOGHEGAN, P. D. (16071)  Complainant Signature Case Stat									S Case Disposition:						,			
Status										Investigation Unfounded Located Extra							tradition Declined		
siaius							Closed	☐ Closed/Cleared ☐ Cleared by Ar						inrest by Another Agency					