I N	Agenc	y Nam		NSTON-SALE	OLICE	IN	INCIDENT/INVESTIGATION								OCA 2445391						
C	ORI	NC	NC 034	10200			1	REPORT								Date / Time Reported SMTWTFS Month Day Yr Time					
D E	10		ncident(s		Att At Found SMTWTFS Month Day Yr Time								12 18 2024 14:22 H: Last Known Secure S M T W T F Month Day Yr Time					Hrs.			
N T	#1			, erceny From Co			Com	Month 12	D			lime 1:22 Hrs				r 🗀	Time 14:21				
D	#2	Crime I	ncident	·						Location	ı of	Incident					•		Offense Tr		
A T	Coince Institute																	sidon	123		
A	#3	.111116 1	ncident			☐ Att Premise Type ☐ Com							Victim Residence Type ☐ Single Family ☐ Multi Family								
МО			d or Con				Forcible Yes						Weapon / Tools								
	# of Victims Type Person X Business Injury None Minor Loss of Teeth Drug/Alcohol Use:):					
	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow															I					
V I		Victim		igious L.E. Of Name (Last, First,			uty Othe	er/Un	know	n 🗆		ternal Victim of		scious [Other	r Major					
C T	V1	v ictiii/			IVIICIC	aic)						Crime #	DOI	o / Age	Race	Sex	To Offer	nder	Residence Residen	lent	
I	1		DA	ΓA OMITTED								1,2							□ Non-I		
M	Home	Addre	ess		ATA OMI	OMITTED							1	Home Phone							
	Employer Name/Address DATA OM															Business Phone					
,	VYR	Color Lic/Lis Vin						Vin													
O 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 = er jur	Damaged isdiction)	Z = Seized	B =	Burn	C = 0	Cou	ınterfeit / F	Forged	F = Foun	d						
	Victim #	DCI	Value	Property Description								Mak	ake/Model Serial Number				er				
								MATERIALS								DATA OMITTED					
P -																		IN	FORMAT	CION	
				+	\dashv														SECURIT		
R O																			PURPOS		
P :																					
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T Y																	TV		VE PROP		
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			ehicles S	tolen 0		mber Veh	cles Recovere		0						<u> </u>						
ID	Office BOY	r <i>LES</i> .	E. W. (Officer Sig	Officer Signature Supervise JACC								or Signature DBS, A. P. (14962)								
	Complainant Signature Case Sta									Case Disposition:											
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	tive /Clea	ıred				by A	Loc rest rest by Ander] Refuse other Ag	gency	Cooperate		Page		