I N	Agenc	y Name		NSTON-SALEN	CIE	CIDENT/INVESTIGATION						OCA 2445396											
C I	ORI REPORT Date Mon														Date / Mon	e/Time Reported SMTWTFS nth Day Yr Time							
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D	#2	Crime I	ncident		8 ···F	_	Att Location of Incident Offens																
A	Crime Incident															NC 27127 313 Victim Residence Type							
T A	#3	Jillie 1	ncident						☐ Att Premise Type ☐ Com							☐ Single Family ☐ Multi Family							
МО			d or Con MITTEI											Forcible Yes									
	# of V	ictims	Туре	☐ Person	ПЕ	Business				Injury	y	☐ None	ПМ	_	Loss o	f Tee	th Dr	ug/Ale	cohol Use:	:			
	Mage Society ☐ Government ☐ Financial Institute ☐ Broken Bones ☐ Severe Lacerations ☐ Yes ☐ Unknown															- 1							
V I		Victim/		Name (Last, First,			uty Othe	er/Un	iknow	'n \square		ernal Victim of		scious [Race			No ship	□N/A Resident				
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ID	MATHEWS, C. K. (15509)								WAGONĔR, S. D. (15). (1580	2)					
	Comp	laınant	Signatur	e		estiga	tion	1 0	ase Dispos ☐ Unfoun	ded	□ Loc	ated		П	Extra	dition De	clined						
Status					tive	Ü		آ ا	Cleared	by A	rest] Refuse	e to C	to Cooperate									
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