I N	Agenc	y Name		NSTON-SALE	M P	OLICE	IN	INCIDENT/INVESTIGATION							OCA 2484023					
C	ORI	NC	NG 02	40200			1			REPO)K I		Ī	Date / Mon	Time th	Reported Day Y			T F S	
D E			NC 034						1	A . E 1	I cl x	d 다니 wi	메티이	11		25 20		Time 11:43 4 T W	Hrs. TF£	
N	#1	Jillie I	ncident(8					At Found Month	-		T F ₹			n Secure Day Yr	T	ime				
T	All Other Fraud												7:46 Hrs	11	1 2	23 202		7:46 fense Tra	Hrs.	
D A	#2	crimic r	neraent				☐ Att Location of Incident Com 5009 Towergate Cr Apt. 6, W						ot. 6. Win							
T	#3 Crime Incident														Victim Residence Type					
A	Com														☐ Single Family ☐ Multi Family					
МО			d or Con				☐ Yes						Forcible Yes	X N/A	We	apon / Too	S			
V																				
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																			
	1 Society Government Financial Institute Broken Bones Severe Lacerations Wes Unknown Internal Unconscious Other Major Wes No NA																			
I		Victim/		Name (Last, First,			, 📙			<u> </u>	Victim of		3 / Age		Sex Relationship Resident Status				Status	
C T	V1		DA	TA OMETED							Crime #		21			To Offend	er 🔯	Reside		
I			DA	TA OMITTED							1			$\mid B \mid$	F	$F \mid RU \mid \begin{array}{c} \square \text{ Non-R} \\ \square \text{ Unknown} \end{array}$				
M	Hom	e Addre	ess				ATA OMI	TTED)						Home Phone					
	Empl	oyer Na	ame/Add	ress				A OMITTED A OMITTED						Business Phone						
	VYR	I M	ake	Model	I St	tyle							Vin							
	, 110	111	unc	Model		.,,,,,	Color		Lie											
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	# 1	DCI 20	Status 7	Value	QTY 1	Property Description MONEY/CASH							Mak	ake/Model Serial Number DATA OMITTED						
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	Office	r		II		7 0.111	Officer Sig					ı	Supervisor	Signati	ıre					
ID	WA	DDEL		. (15882)				WAD.							DELL, J. A. (15882)					
	Comp	lainant	Signatur	re			Case Status							cated Extradition Declined						
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Cleare	ed		☐ Cleared	by Ar	☐ Loca rest ☐ rest by Ano nder ☐	Refuse ther Ag	gency	ooperate		Page		

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