I N	Agenc	cy Nam		NSTON-SALE	OLICE	INCIDENT/INVESTIGATION							OCA 2484225						
C I	ORI	NC					-			REP	ORT		-	Date / 7 Mont	fime Re	eported ay Yr	SMTWIFS Time		
D E			NC 034				│Att │ At Found │ ऽषामअगमऽ							12 12 2024 10:38 Hrs. Last Known Secure Month Day SMTMTFS Time					
Ν	#1		licident(s) All Other I	Trau	d		☐ Att X Co	M	onth	Day Yr		ime	1		v Yr '	Time		
Τ.	шо Г	Crime I	ncident	All Other I	- Tuu	u				_	<u>11 202</u> of Incident	4 09	0:35 Hrs	12	11	2024	09:35 Hrs Offense Tract		
D A	$\begin{bmatrix} - & - & - & - \\ - & - & - & - & - \\ - & - &$														lem N	IC	324		
T A	#3	Crime I	ncident				Att Premise Type						Victim Residence Type □Single Family □Multi Family						
МО			d or Con MITTEI										Forcible □ Yes [□ No	A N/A	Weapo	on / Tools			
V I																Drug/A	Alcohol Use:		
	$1 \qquad \Box \text{ Society } \Box \text{ Government } \Box \text{ Financial Institute } \Box \text{ Broken Bones } \Box \text{ Several}$														re Lacerations ☐ Yes ☐ Unknown ☐ Other Major				
	Image:														<u> </u>	lationshi			
C T	V1	v ietiiii				uic)					Crime #	DOI	19	Race .		Offender	Resident		
I	•		DA	FA OMITTED						1			B	F	RU	□ Non-Residen			
M ·	Hom	e Addre	ss											Home Phone					
	Employer Name/Address DATA OMITTED																		
	Empl	oyer Na	ame/Add	ATA OMITTED							Business Phone								
	VYR	M	ake	Color]	Lic/L	is			Vin	I								
E R S I N V O L V E D	DATA OMITTED																		
Status	L = L	ost S	= Stolen	R = Recovered	D =	Damaged	Z = Seized	$\mathbf{B} = \mathbf{B}\mathbf{i}$	irned	C = C	ounterfeit / F	orged	F = Found	ł					
Codes	(Cheo Victin		column	if recovered for oth	ier jur	risdiction)													
- - - - - - - - - - - -	#	DCI	Status	Value	Property Description							Make	/Model		erial Number ATA OMITTED				
	1	1 20 7 1 MONEY/CASH													D	FOR			
																I	NFORMATION		
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Р ⁻ Е -																			
R.																	NLY THE FIRST		
T Y ·																IWE	LVE PROPERTY ITEMS ARE		
-																I	DISPLAYED ON		
-																	P2C REPORTS		
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			ehicles S	0		mber Vehi	cles Recovere	. 0					G	<u>C:</u>					
ID	Office RAT	LIFF	<u>K. D.</u>	(15687)	D#		Unicer Sig	Officer Signature Supervisor Signature RATLIFF, K. D. (15687)											
Status			Signatur				X Inact	Further Investigation Unfounded Loc						Refuse to Cooperate					
										sted	\square Death o			Iner Age		eclined	Page 1		