I N	Agenc	y Name		NSTON-SALEN	OLICE] IN	INCIDENT/INVESTIGATION							OCA 2411158							
C ·	ORI	NG					1	REPORT							Date / Time Reported S M T W T F S Month Day Yr Time						
D E	10		NC 034		Att At Found								03 31 2024 09:31 Hrs								
N T	#1							Att At Found S M T W T F S M T W T F S M T W T T M T								Month Day Yr				Hrs.	
D.	#2	Crime I	ncident	33 1		Att	Location	of Ir	ncident		•					Offense Tract					
A T	Crime Institute														em NC 27127 314 Victim Residence Type						
A	#3	Jime I	nerdent					☐ Att Premise Type ☐ Com							☐ Single Family ☐ Multi Family						
МО			d or Com MITTEI				Forcible ☐ Yes ☐ No														
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																				
* 7	0 Society Government Financial Institute Broken Bones Severe Lacerations Wes Unknown Internal Unconscious Other Major															wn					
V I																Majo Sex			□N/A Resident Sta	atus	
C T	V1			ΓA OMITTED		,						rime #		- 7 8 -		~	To Offer	nder	☐ Resident	t	
I M ·				IA OMITTED															☐ Unknow		
141	Home Address DATA OMI									TTED						Home Phone					
	Employer Name/Address DATA								A OMITTED							Business Phone					
	VYR Make Model Style						Color Lic/Lis Vin						Vin								
T H E R S I N V O L V E D	DATA OMITTED																				
Status Codes																					
	Victim # DCI Status Value OJ QTY						Property Description								Mak	Make/Model Serial Number					
	"							Transport Francisco								DATA OMITTED					
- P - R					_													INI	FOR FORMATIO	NI.	
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	Number of Vehicles Stolen 0 Number Vehicles Recovered 0 Officer ID# Officer Signature Supervisor Signature																				
ID	SIM	ON, S	. T. (15	870)								(0)									
	Complainant Signature Case Stat									1 1						Located Extradition Declined					
Status					☐ Inact	Inactive ☐ Cleared by Arres losed/Cleared ☐ Cleared by Arres															