Ţ																		
I N	Agenc	y Ivallio		VSTON-SALE	M F	POLICE	INCIDENT/INVESTIGATION							OCA 2411383				
C I	ORI					REPORT							Date / Time Reported S M I W T F S Month Day Yr Time					
D			NC 034										04	(	02   202	24  $09:03$ Hrs.		
E N	#1	Crime I	ncident(s					Att At Found SMI TFS Month Day Yr Time							Knowr	n Secure ay Yr	SM <u></u> TWTFS Time	
Т				& Run Accide	nt-p	o Or Pva		X Com	04		02   2024	4   09	0:03   Hrs	s 04	02	2   2024	09:03 Hrs	
D	#2	fime I	ncident					□ Att □ Com			of Incident	Gllag	o Dr. Wii	nston s	alam	NC	Offense Tract 314	
A T		Crime I	ncident					Com 714 Brannigan Village Dr, W						ision-s			lence Type	
А	#3									5							nily □Multi Family	
МО			d or Con MITTEI										Forcible Yes No	X N/A	Wea	pon / Tools	:	
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															Alcohol Use:		
	0		□ So	ciety 🔲 Governm	nent	🗆 F	inancial Institu				Broken Bone			- Lacerat	acerations 🛛 🗆 Yes 🗖 Unknown			
V	0			ligious 🔲 L.E. O			ity 🗌 Othe	er/Unknov	vn		nternal 🔲		nscious	Other	Major			
I C	V1															Relationshi Fo Offende	p Resident Status r	
T I	V1 DATA OMITTED																□ Non-Residen	
M	Home Address															Dhona	Unknown	
	Home	Audre	.88			D	ATA OMI	MITTED						Home Phone				
	Emplo	oyer Na	ume/Add	ress	D	ATA OMITTED							Business Phone					
	VYR Make Model				S	tyle	Color Lic/Li			is V			Vin					
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D																		
Status	L = L	ost S	= Stolen	R = Recovered	D =	Damaged	Z = Seized	B = Bur	ned C	= Cc	ounterfeit / F	Forged	F = Four	nd				
Codes	(Chec	k "OJ"	column	if recovered for oth	er ju	risdiction)												
	Victim #	DCI	Status	Value	OJ	QTY		Property	/ Descrij	ption	ı			Mak	e/Mod		Serial Number	
-												DATA OMITTED						
						├											FOR INFORMATION	
P ·																	SECURITY	
R. O																	PURPOSES	
P																	I CIU OSES	
E· R																0	NLY THE FIRST	
Т																TWE	LVE PROPERTY	
Y ·																	ITEMS ARE	
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-																	P2C REPORTS	
-	N1	or of V	abiala- C	tolon 0	NT-	mbar V-1.	alas Passere	4 0										
	Office		ehicles S	-	Nu D#	mber veni	cles Recovere	-					Supervisor	r Signati	ıre			
ID	RUF	FF, K.	G. (15	096)						<del></del>			(0)					
	Comp	ainant	Signatur	e				Case Status Case Disposition: ☐ Further Investigation ☐ Unfounded ☐ Lo						cated				
Status							□ Inact	☐ Inactive ☐ Cleared by Arrest [						Refuse to Cooperate				
							Closed		hausted		$\Box$ Cleared $\Box$ Death c		rrest by An	other Ag	gency cution	Declined	Page 1	
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