I N	Agenc	y Nam		NSTON-SALEN	IN	INCIDENT/INVESTIGATION							OCA 2411850								
C	ORI	NC	NC 034	40200	REP	REPORT					Date / Time Reported SMTWTFS Month Day Yr Time										
D E			ncident(s		│ │ │ │ │ │ Att │ At Found │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │								04 05 2024 21:31 Hr								
N T	#1		(Other Drug Vi	ion	1 m C1									st Known Secure S M T W T F S nth Day Yr Time 14 05 2024 21:30 Hrs.						
D	#2	Crime I	ncident						\rightarrow	Location	n of	Incident							Offense '		
A T	Crime Institute — An Drawin True																105 Victim Re	nidon	223		
A	#3	Jillie I	neident		Com							☐ Single Family ☐ Multi Family									
МО			d or Con MITTEI						Forcible ☐ Yes ☐ No						Weapon / Tools						
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															se:					
*7	Society																				
V I		Victim/		Name (Last, First,			uty 🔲 Out	21/ ()11	IKIIOW	" <u>L</u>		Victim of		3 / Age	-	e Sex Relationship Resident Status				nt Status	
C T	V1 DATA OMITTED																To Offen	der	Res	ident 1-Resident	
I M																	☐ Unk				
	Home	Addre	ess			D	ATA OMITTED									Home Phone					
	Emplo	oyer Na	ame/Add	ress	ATA OMI								Business Phone								
	VYR	M	Color Lic/Lis Vin							Vin											
H E R S I N V O L V E D	DATA OMITTED																				
Status Codes																					
Cours	Victim				Property Description								Mol	Make/Model Serial Number							
	Ŧ	# DCI Status Value OJ QTY 13 EVID						UZI" STYLE PISTOL								STERARMS DATA OMIT					
		13 EVID 1 (45) PISTOL													HIPOII						
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ID	Office PRI	r SK. I	042)		Officer Sig	natur	re					Supervisor YATES	or Signature ES, P. M. (15679)								
ID	PRISK, J. H. (16042) Complainant Signature Case Sta															20, 1 . W. (150/9)					
Status	-						☐ Furthe: ☐ Inact ☐ Closed	tive /Clea	ared			☐ Unfoun☐ Cleared☐ Cleared☐	ded by Ai by Ai	Loc rrest rrest by Ander] Refuse other Ag	gency	ooperate		dition I Pag	Declined e 1	