I N	Agenc	y Nam		NSTON-SALEN	1 P	OLICE	IN	CIE	CIDENT/INVESTIGATION						OCA 2412355							
C	ORI	NC	NC 02	40200	1			REF	O	RT			Date / Mon	Time	e Reported Day	yr Yr	M I W	TFS				
D E	10		NC 034				A ++ 1	At Four	nd	Islm	n III w	TFS	04		09 20	024		Hrs.				
N T	#1								Att Com	Month 04	Ι			TFS Time			vn Secure Day Yr 09 202	. —	Time $21:31$			
D .	#2		ncident	1554441 11011 1187	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			_	Att			Incident	+ 21	1:32 Hrs	3 04		19 202		offense T			
A	Resisting Arrest																		121			
T A	#3	ncident			Att Com	Premise	Ty	pe				- 1	Victim Res		• •							
МО			d or Con MITTEI		Forcible Yes						Weapon / Tools											
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															e:						
	2 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown																					
V I		Victim		-			uty \(\subseteq Other	er/Un	ıknow	n _] In	Victim of			Other Race	.		No hin	□N/A Residen			
C T	V1 Crime #														Racc	БСЛ	To Offen	der	☐ Resi	dent		
I	` -		DA	ΓA OMITTED								2							☐ Non- ☐ Unkı	-Resident		
M	Home Address DATA OMI									TTED						Home Phone						
	Employer Name/Address DATA OMI'														Business Phone							
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O T H E R S I N V O L V E D	DATA OMITTED																					
Status Codes	(Chec	k "OJ"	= Stolen column	R = Recovered if recovered for other	D = I er juri	Damaged sdiction)	Z = Seized	B =	Burn	ied C=	Co	unterfeit / F	Forged	F = Foun	ıd							
	Victim #	DCI	Property Description								Mal	ake/Model Serial Number				ber						
		77 OTHE 1 CAR KEY														DATA OMITTED						
		06	ОТНЕ		_	1 1	FIREFIGHTE	ER JACKET										INIE	FOR FORMA			
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TD.	Office		T /16	ID		Officer Sig	Officer Signature Supervisor Signature															
ID	HIATT, J. T. (16081) Complainant Signature Case Stat																I, A. R. (15714)					
Status	Comp		-ignatur	_			☐ Further ☐ Inact ☐ Closed	r Inve ive /Clea	ared			☐ Unfoun☐ Cleared☐ Cleared☐	ded by Ai by Ai	Loc rest rest by Ander] Refuse other Ag	gency	Cooperate		dition D Page			