I N	Agenc	y Nam		NSTON-SALEN	CIE	CIDENT/INVESTIGATION						OCA 2413124							
C	ORI	NC	NC 034	40200			REPORT						Date / Time Reported SMTWTFS Month Day Yr Time						
D E			ncident(s				Att At Found SMTW Month Day Yr T						T F S	04	15 2024 20:11 Hrs Known Secure				
N T	#1			, mon Law Robbe	_	Com	Month 04	Da			lime :11 Hrs			Day Yr L	Time				
D	#2	Crime I	ncident						\rightarrow	Location	of I	ncident						Offense Tract	
A T	Crime Incident																Victim Reside	323	
A	#3	Jillie i	ncident						☐ Att Premise Type ☐ Com							☐ Single Family ☐ Multi Family			
МО			d or Com					☐ Yes						Forcible Yes	Weapon / Tools				
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															lcohol Use:			
	Society ☐ Government ☐ Financial Institute ☐ Broken Bones ☐ Severe Lacerations ☐ Yes ☐ Unknow																		
V I		Victim		-			uty Othe	er/Un	know	n 🗆		ernal Victim of			Other	<u> </u>		N/A Resident Status	
C T	Victim/Business Name (Last, First, Middle) Victim of Crime # DOB / Age Crime #														Race	Sex	To Offender		
I	- 1		DA	ΓA OMITTED								1,						☐ Non-Resident☐ Unknown	
М	Home Address DATA OMIT									ГТЕО						Home Phone			
	Employer Name/Address DATA OMI'															Business Phone			
,	VYR	Color Lic/Lis Vin							Vin										
					<u> </u>														
О																			
T H																			
E																			
	DATA OMITTED																		
N	N V																		
V O																			
L V																			
E																			
D																			
_	S L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found																		
Status Codes	(Chec	k "OJ"	= Stolen column	R = Recovered if recovered for other	D = I er juri	Jamaged sdiction)	Z = Seized	В=	Burn	ed $C = C$	Cour	nterfeit / F	orged	F = Four	ıd				
	Victim #	DCI	Status	Value	Property Description								Mak	e/Mo	odel Se	erial Number			
-							TUN GUN								GUARI)	DA	TA OMITTED	
P - R	I	1 88 7 1 MISCELLANEOUS MERCHANDISE											IN	FOR FORMATION					
					+													SECURITY	
ο .																		PURPOSES	
P .																			
R					_													ILY THE FIRST	
T Y					+												IWEL	VE PROPERTY ITEMS ARE	
					\dashv	_											D	ISPLAYED ON	
•																		2C REPORTS	
					\prod														
	Numb Office:		ehicles S	tolen 0		nber Vehi	cles Recovere Officer Sig		o re				1	Supervisor	Signati	ıre			
ID	PER	RELI		(16180)								NELS(ON, S. M. (15176)						
	Complainant Signature Case State									Case Disposition: nvestigation ☐ Unfounded ☐ Located ☐ Ex							□ Ext	adition Declined	
Status					tive	/e ☐ Cleared by Arrest ☐ Refuse to Coop							ooperate						
							☐ Closed			nausted				rest by Ander				Page 1	