I N	Agenc		NSTON-SALE	CIDENT/INVESTIGATION						OCA 2413162									
I C	ORI	NC	NC 02	40200			1	REPORT						Date / Time Reported SMIWTFS Month Day Yr Time					
D E	10		NC 034				A ++ 1	At Four	nd	Islm	ılırı w		04		16 2024	Time 4 03:00 Hrs. SMIWTFS			
N T	#1			, Assault-non Ag	erav	vated As	sault	_	Att Com	Month 04	Γ			T F S Time B:00 Hrs			Day Yr 🖰	Time $02:59$ Hrs.	
D.	#2		ncident				*******	_	Att			Incident	7 U.	0.00	<u> </u>			Offense Tract	
A	A Larceny- All Other X Com 832 Gray Av, W														C 271		Vieties Deside	222	
T A	#3	Jime i	ncident					☐ Att Premise Type ☐ Com						Victim Residence Type ☐ Single Family ☐ Multi Family					
МО			d or Con						Forcible Yes						Weapon / Tools				
МО	DATA OMITTED See See See See See See See See See Se																		
	# of Victims Type Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: Broken Bones Severe Lacerations Yes Unknown Unkn																		
V	1			igious L.E. Of					nknow		-	ternal \Box			Lacera Other	tions Majo		_	
I C	Victim/Business Name (Last, First, Middle) Victim of DOB / Age Crime # 55														Race	Sex	Relationship To Offender	Resident Status	
T I	V1		DA	ΓΑ OMITTED										55	W		To Offender	☐ Non-Resident	
M ·	Home Address														l VV	Hon	ne Phone	Unknown	
	DATA OMI									TTED									
	Employer Name/Address DATA OM									TTED					Business Phor				
	VYR	M	ake	Model	St	tyle	Color		Lic	c/Lis				Vin					
O T H E R S							DATA	A C	ЭM	ITTI	ΞΙ)							
V O L V E D	L V E D																		
Codes	(Chec	k "OJ"	column	if recovered for oth	er jur	risdiction)	Z = Scized		Duin					T = T out					
	Victim # DCI Status Value OJ QTY						Property Description								Mak	e/Mo		erial Number	
- P - R _	I	1 19 7 1 MOIBLE HOTSPOT												DA	ATA OMITTED FOR				
																	II	NFORMATION	
																		SECURITY	
O P -																		PURPOSES	
E -																	10	NLY THE FIRST	
R T																		VE PROPERTY	
Υ -																		ITEMS ARE	
																		ISPLAYED ON	
-																	ŀ	2C REPORTS	
-	Numb	er of V	ehicles S	tolen 0	Nui	mber Vehi	cles Recovere	d	0										
ID	Office WII		JIM	(16257)		Officer Sig	Officer Signature Supervisor Signature STUMP, J. K. (14922)												
ID			V, J. IVI. Signatur				Case Status	s	Case Disposition:										
Status	*		-				☐ Further ☐ Inact ☐ Closed ☐ Closed	tive /Clea	ared			☐ Unfoun☐ Cleared☐ Cleared☐	ded by Ai by Ai	Test by Ano	Refuse ther Ag	gency	ooperate	Page 1	