I N	Agenc	y Name		NSTON-SALE	OLICE	IN	NCIDENT/INVESTIGATION REPORT						OCA 2481147						
C	ORI	NC	NC 034	40200			1			KEP	JKI			Date / Mon	Time th	Reported Day	s Yr	M T =	
D E	17		ncident(s					│ │ Att │ At Found					메티이	04 03 2024 Last Known Secure					22 Hrs. WTFs
N	#1				. 0 4		☐ At	î l ı		Day Yr	Т	'ime			n Secure Day Yr		Time		
T			eny Of	Motor Vehicle	Pari	ts Or Ac	cessories	-	ⁿ 03 31 2024 02:00 Hrs 03 31 20. Location of Incident								02:00		
D	#2	cillie i	iiciuciii					☐ At	٠ ا	3518 Sb 421/linville			d ch 421	Ra				ffense	Tract
A T	Cuimo Incident													ru,	Victim Residence Type				
A	#3							Co		•	. 1				☐ Single Family ☐ Multi Family				
МО			d or Con MITTEI					Forcible Yes						Weapon / Tools					
																· · · ·			
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																		
V	1 Society Government Financial Institute Broken Bones Severe Lacerations Wes Unknown Internal Unconscious Other Major Mo No																		
I		Victim/		Name (Last, First,			<u> </u>			<u> </u>	Victim of		3 / Age		e Sex Relationship Resident Status				nt Status
C T	V1		DA'	EA OMITTED							Crime #		29			To Offen		Res	
I			DA	TA OMITTED							1			$\mid B \mid$	M	RU		_	n-Resident known
M	Home Address DATA OMIT									TTED '					Home Phone				
,	Employer Name/Address DATA OMI									TTED					Business Phone				
1	VYR Make Model Style						Color Lic/Lis Vin					Vin							
				•	•			•				•							
O T H E R S I N V O L V E D	DATA OMITTED L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found																		
Status Codes	(Chec	ost S k "OJ"	= Stolen column	if recovered for oth	er ju	risdiction)	Z = Seized	B = B	urne	a C=C	ounterfeit / F	orgea	F = Foun	u					
	Victim #	DCI		Property Description							ce/Mo	del	Seri	ial Nur	nber				
	"							TIRE AND RIM						DATA O				'A OM	IITTED
P		PCA TARG 1 20						017 BLK , 29600552 NC							ODG Charger FOR				
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R .																		ECUR	
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-	Numb	er of V	ehicles S	Stolen 0	Nin	mber Veb	cles Recovere	d 0											
	Office		cincles S	=	Nu: D#	moer veni	Officer Sig					Т	Supervisor	Signati	ure				
ID			K. D.	(15687)	January 51g	nature Supervisor RATL						IFF, K. D. (15687)							
	Comp	lainant	Signatur	e			Case Statu		Case Disposition:									11	
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Cleare	d		☐ Unfoun ☐ Cleared ☐ Cleared ☐ Death of	l by Aı l by Aı	Trest by And	Refuse other Ag	gency	ooperate		dition l	Declined ge 1