т [Agency Name INCIDENT/INVESTIGATION OCA														—						
I N C	Agenc	y Ivaiii		ERNERSVIL	E IN	INCIDENT/INVESTIGATION REPORT							2024-001350								
I	ORI	NC	034010	00		KEI OKI							Date / Time Reported SMTWTFS Month Day Yr Time 04 08 2024 11:51 Hrs.								
D E			ncident(s			☐ Att At Found SMTW						04 Last	Knowi th D		ure S	МТ	WT	ırs. ∄S			
N T	#1		Van	dalism/damag	е То	Proper	ty	☐ Com	0^{MC}		Day Y:		lime 3:18 Hrs	Mon 04			2024	Гіте 17:0		Hrs.	
D	#2	Crime I	ncident					Att			of Incident	v	•11 37	C 27	201		Ot	ffense	Trac	t	
A T	112	Crime I	ncident					☐ Com		mise T		, Kerr	ersville N	C 27.		ictim	n Residenc	Z2 e Typ	e	—	
A	#3				☐ Com						☐ Single Family ☐ Multi Far										
МО		Attacke	d or Con	nmitted									Yes XN/A				Tools				
V I	# of Victims Type Person X Business Injury None Minor														£ T41	<u>. I</u>	Drug/Alco	ahol I	Ice.		
		icuins		☐ Person ciety ☐ Govern			Financial Instit	titute Broken Bones				_	Minor ☐ Loss of Teeth ☐ Severe Lacerations				Yes Unknown				
	1	***		ligious L.E. C						onscious Other Major											
С	V1			Name (Last, Firs	t, Mia	die)		Victim of Crime #				DOI	OB / Age Race Se				Offender 🛛 Resident				
T I	V 1	PILI	JIMON .	T MANOR	1,										⊐ No ⊐ Ur		sident				
М	Home	e Addre	ess					l		l		Home	e Pho			KHOW	-				
	Empl	oyer Na	me/Add	ress						Business Phone				Mobile Phone							
	VVD		1	134 11	1.0	. 1	1.0.1	1.7	. /т :				17.								
	VYR		ake	Model		tyle	Color		ic/Lis	s			Vin								
O	CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim) Type: ☑ Person ☐ Business ☐ Society ☐ Government ☐ Financial Institute ☐ Religious ☐ L.E. Officer Line of Duty ☐ Other/Unknown																				
	Code			First, Middle)	ety _	_ Govern	шеш 🔲 ғшап	iciai ilistit	ute		engious 🗀	L.E. U	incer Line of	Vio	ctim of		OB / Age		Race	Sex	
T H	RP MEADOWS, JAMES LAMONT JR													Cr	ime#				B	M	
E R	Home	e Addre	ss													Н	ome Phon	e			
S	Employer Name/Address														Business Phone				Mobile Phone		
I	Dushiess Filone																				
N V	Type: Person Business Society Government Financial Institute Religious L.E. Officer Line														e of Duty Other/Unknown Victim of DOB / Age Race					Sex	
O L	(200, 200, 200, 200,														Crime #						
V E	Home	e Addre	SS													H	ome Phone	e			
D	Empl	over Ne	me/Add	rann		Rue				Queinass Dha	usiness Phone				Mobile Phone						
	Linpi	Oyel Iva	iiic/Add	iess									Jusiness I no	ile		Modile I noile					
Status Codes				R = Recovered if recovered for ot				B = Burn	ned	C = C	ounterfeit /	Forged	F = Found								
P R	Victim #		Status	Value	ОЈ	QTY	/	Property Description						Mal	ce/Mod	lel	1 Serial Number				
	1 29 4 \$350.00 1 WIND							1 7 1													
O P																					
E R																					
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ļ																					
	Numb		ehicles S		Nu D#	mber Vel	hicles Recovere						Supervisor	Signat	ure					_	
ID	EMI	FING		M. (E5240)	IJ#			Signature					Supervisor Signature MCRAE, C. A. (M5192)								
Status	Comp	lainant	Signatur		ther Investigation Unfounded					☐ Located ☐ Extradition Declined											
								☐ Inactive ☐ Cleared by					Arrest Refuse to Cooperate Arrest by Another Agency								
I							TM Closed	/T 1 - T-	· la	.t.d	Dooth	- c Occ-	nder 🗖	Dagge		D1	:	Pag	TO 1		