ı	Agenc	y Name	<u> </u>				¬	OIDEI		/1 h 13 / 1		TIO	ъ. Г	OC7				—		$\neg$		
N	rigene	y I talli		ERNERSVIL	INCIDENT/INVESTIGATION							OCA 2024-001382										
C	ORI	NC	034010	20	REPORT							Date / Time Reported SMTWTFS Month Day Yr Time										
D E	10		ncident(s					│ │							Day 17 Time   O4   10   2024   10:37 Hrs.   Last Known Secure   SMT M T F S   Month Day Yr Time   O4   Time   O5   O5   O5   O5   O5   O5   O5   O							
N	#1	Jime I	nerdeni(s	All Other	Frau	d		Att  Car  Com	Мо	nth	Day Yr	Т	ime	1		_	Yr 🖵	Time	2	_		
Т	#2	Crime I	ncident	Thi Other	ruu	<u> </u>		☐ Att	<u> </u>		25   2024 of Incident	<del> </del>   12	:00  Hrs	03	1	3	2024   C		e Tract	Hrs. t		
D A	#4							Con	7	11 Sa	lisbury St,	Kern	ersville N	IC 27	284			<i>Z</i> 2				
T A	#3	Crime I	ncident				☐ Att Premise Type ☐ Com							Victim Residence Type ☐ Single Family ☐ Multi Family								
- 11	How	Attacke	d or Con	nmitted				<del></del>				Forcible				ngie Family Multi Family n / Tools						
МО				ilently Charged	$T_{O}T_{i}$	he Victin	is Account						☐ Yes ☐	X N/A	*****	ipon /	10013					
		ictims		☐ Person			is riccount.		Т	Injury	☐ None		□ No	Loss of Teeth Drug/Alcohol U					Use:	_		
		10111110	So	ciety Govern	ment			nancial Institute Broken Bones				_	Severe Lacerations				Yes Unknown					
V	1			<u> </u>			Outy   Oth	Other/Unknown Internal Und					onscious    Other Major									
I C				Name (Last, Firs	,	,					Victim of Crime #	DOE	3 / Age 52	Race					lent Sta esident			
T I	V1	GUT	HRIE,	BUFFY ANNI	ETTE	Z					1,		32	W	F			□No	on-Res	sident		
M	Home	e Addre	.88								1,				Hom	e Pho		□ U <sub>1</sub>	nknow	/n		
															110111	ic i iic	nic					
	Empl	oyer Na	me/Add	ress									Business	siness Phone				Mobile Phone				
-	VYR	M	ake	Model	S	tyle	Color	Li	ic/Lis	3			Vin									
	COD	FG W	X7' .'	(D NO. NO.		0 (:6		·	D		D ('C )	1 (1	• \									
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)	, _									Vi	ctim of		OB / Age		Race	Sex		
T H															IIIIC #							
E R	Home	Addre	ss													Н	ome Phoi	ne				
S														Business Phone				Mobile Phone				
I	Employer Name/Address Bus														usiness i none				viodile Filone			
N	Туре	: 🔲 Pe	rson 🔲	Business   Socie	ty 🔲	Governn	nent    Financ	cial Institu	ıte	□ Rel	igious 🗆 L.	E. Off	icer Line of									
v o	Code Name (Last, First, Middle)														Victim of   DOB / Age   R					Sex		
L																						
V E	Home	e Addre	SS													H	ome Phor	ie				
D	Empl	oyer Na	me/Add	ress								E	Business Pho	one		M	Mobile Phone					
Status Codes				R = Recovered if recovered for ot				B = Bur	ned	C = C	ounterfeit / F	orged	F = Found	i								
codes	Victim	1				ΠÍ	/	D	. D.	:				M-1	/N <b>1</b>	1.1	Serial Number					
	# DCI Status Value OJ QTY  1 20 7 \$1.00 1 MONI						MONEY (CASH	Property Description  NEY (CASH)					Make/Mode				Seriai Number					
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ID	Office <i>MAI</i>		C. E. (	M5244)	D#		Officer Sig	r Signature					Supervisor Signature  JONES, W. B. (J5116)									
Status	Comp	lainant	Signatur	e	Case Statu																	
					Inac	☐ Further Investigation ☐ Unfounded ☐ Cleared by A						☐ Located ☐ Extradition Declined rrest ☐ Refuse to Cooperate										
							Closed/Cleared Cleared						by Arrest by Another Agency of Offender Proceedings Page 1									