I N	Agency	y Name		E IN	INCIDENT/INVESTIGATION									OCA 2024-004673									
C I	ORI NC 0340100							REPORT									Date/Time Reported SMTWTFS Month Day YT Time 11   16   2024   19:37 Hrs.						
D E	NC 0340100  Crime Incident(s)							Att At Found S M T W						T F s	. 11	'	16	2024	<i>1</i> 9.	₩Т Т	rs.		
N T	#1			, dalism/damag	е То	Proper	ty	_	Com	Mc	onth 1	рау 16			T F  <u>\$</u>   Time D:37  Hrs		Know th I		<sup>™</sup> Yr ∟ 2024	Time	;	rs.	
D	#2 Crime Incident							. —	Att	Lo	cation o	of Inc	ident							Offens	e Tract		
A T	#3 Crime Incident									Com 520 Michael St - B, Kernersvi						lle NC 27284 Z2 Victim Residence Type							
A	How Attacked or Committed								☐ Com							☐ Single Family ☐ Multi Famile  Weapon / Tools						nily	
МО				mitted <i>Aalicious Injur</i> y	To P	ronerty	Call								Forcible Yes	X N/A		apon /	Tools				
	# of V		Туре	Person		Business	Injury ☐ None ☐				ПΝ	☐ No				Drug/Alcohol Use:							
	Society Government Financial Instit									, –					Severe Lacerations onscious Other Major				Yes Unknown				
V I	Victim/Business Name (Last, First, Middle)																	Relat	Relationship Resident Status				
C T	V1 COORE, WILLIAM BLUE												me#		34			ТоО	ffender		esident on-Resi		
I M	Home Address											1,	,			W	M	Dl		_	nknowr	- 1	
																Home Phone							
	Employer Name/Address														Business Phone				Mobile Phone				
	VYR	M	ake	Model	Sı	tyle	Color		Li	c/Lis	S				Vin								
	CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)																						
O T H	Type Code			Business  Soci	ety 🗀	] Govern	ment   Finar	ncial	Institu	ute	□ Re	eligio	us 🗆 L	.E. O	fficer Line o		ctim o		/Unknow OB / Age		Race	Sex	
	VI 2 COORE, RACHEL LYNN															C <sub>1</sub>	rime #		$ W _F$				
E R	Home	Addre	ss													1,	'	Н	ome Pho	ne		$\exists$	
S	Emplo	ver Na	me/Addı	ress										1	Business Ph	one		M	obile Pho	one		$\dashv$	
I	Employer Name/Address  Business Ph																						
N V	Type: Person Business Society Government Financial Institute Religious L.E. Officer Line  Code Name (Last, First, Middle)														ficer Line of	Vi	ctim o	f D	Other/Unknown  f DOB / Age Race Sex				
O L																rime #							
V E	Home Address															Home Phone							
D	Emplo	yer Na	me/Addı	ress										]	Business Ph	Phone Mobile Phone					$\dashv$		
Status Codes				R = Recovered for ot				B :	= Burı	ned	C = C	ounte	erfeit / F	orged	F = Foun	d							
P	Victim # DCI Status Value OJ QTY								Property Description							Ma	ke/Mo	del	Serial Number				
	1	1 29 4 \$500.00 1 WINDOW																		-			
R O																						_	
P E																							
R T																							
Y																							
																						$\overline{-}$	
	Numb		ehicles S			mber Vel	hicles Recovere		0						Supervise	Signe	hiro						
ID	CASE, T. N. (C5251)								<i>H</i>							rvisor Signature ARMEL, A. J. (H5176)							
Status	Compl	ainant	Signatur	е			☐ Furthe									□ Extra	adition	Declin	ıed				
									active Cleared by Arre						rrest   rrest by And ander	ther A	gency			Do	ge 1	_	
I							I DXLUTOSEC	//Les	aas Ex	name	srea 1		Death o	LUTTE	nger 🗀	LETOSE	CHITTON	i Dech	mea I	<b>17</b> 8	25 1		