I N	Agenc	y Name		STON-SALEN	IN	ICIDENT/INVESTIGATION						OCA 2422797							
C ·	ORI	NC				02102		REPORT							Date / Time Reported SMTWTFS Month Day Yr Time				
D E			NC 034				☐ Att At Found							06 26 2024 22:13 Hrs.					
N T	#1			, Stalking			_	Month Day Yr Time Month Day Yr Time									Time		
D.	#2	Crime I	ncident		·				- 1	Location	of I	Incident				_	<u> </u>	Offense Tract	
A T	Crime Incident Com 3411 Old Vineyard Rd, Winstor																C 27103 Victim Resider	322	
A	#3								Com						☐ Single Family ☐ Multi Family				
МО			d or Com											Forcible Yes	N/A	We	apon / Tools		
																cohol Use:			
	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow																		
V I		Victim/		igious L.E. Off Name (Last, First,			ity 🔲 Othe	er/Un	know	'n 🔲		ernal Victim of		scious B / Age	Other			□N/A Resident Status	
C T	V1	v ictiii/							Crime #	DOI	24	Race	Sex	To Offender	Resident Resident				
I M			DA.	ΓA OMITTED					1,			W	F	1ST	☐ Non-Resident ☐ Unknown				
IVI ·	Home	Addre	ess		ГТЕ	D							Home Phone						
	Employer Name/Address DATA OMI															Business Phone			
	VYR	M	Model	Color Lic/Lis Vin							Vin								
				l					<u> </u>										
O																			
T H																			
E R																			
S																			
I	DATA OMITTED																		
N																			
V O																			
L V																			
E																			
D																			
Status	is $L = Lost$ $S = Stolen$ $R = Recovered$ $D = Damaged$ $Z = Seized$ $B = Burned$ $C = Counterfeit / Forged$ $F = Found$																		
Codes	(Chec	k "OJ"	column i	f recovered for other	r jur	isdiction)													
	# DCI Status Value OJ QTY						Property Description								Mak	e/Mo		rial Number TA OMITTED	
- - P -																	DA	FOR	
																	IN	FORMATION	
R																		SECURITY	
O P -																		PURPOSES	
E - R																	ON	LY THE FIRST	
Т																	TWEL	VE PROPERTY	
Υ -																		ITEMS ARE	
-					\dashv	+												SPLAYED ON 2C REPORTS	
-																		- 1-4	
			ehicles S			nber Vehi	cles Recovere		0						u.				
ID	Office: LAN	r <u>'CAS</u> T	ER, J.	C. (16061)	Officer Sig	Officer Signature Supervisor Signature SOMERVILLE, T. J. (16036))			
	Complainant Signature Case State									Case Disposition:									
Status						Inact	tive	Investigation Unfounded Located Cleared by Arrest Refu						Refuse	e to C	ooperate	autuon Declined		
								☐ Closed/Cleared ☐ Cleared by Arres						rest by Another Agency					