I N	Agenc	y Name		NSTON-SALEN	OLICE] IN	INCIDENT/INVESTIGATION							OCA 2424887						
C																the / Time Reported S M T W T F \pm conth Day Yr Time 07 13 2024 $03:27$ Hrs.				
D E		Crime Incident(s)						Att At Found SMTWTFS Month Day Yr Time												
N T	#1			Discharging F	ı —	Com	Month 07				ime :27 Hrs					Time 03:26	Hrs.			
D	#2 Crime Incident														NC	271/	35	C	offense T	ract
A T	#3	Crime I	ncident					_	Com Att	Premise 7		-	win.	ston-salei	n NC	Victim Residence Type				
A					Com							☐ Single Family ☐ Multi Family								
МО			d or Com										Forcible Yes No	X N/A	We	apon / To	ols			
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																			
V	1 Society Government Financial Institute Broken Bones Severe Lacerations Who Major Who Major No No No																			
I C	Victim/Business Name (Last, First, Middle) Victim of DOB / Age F														Race	Sex		hip	Residen	t Status
T I	V1 DATA OMITTED Crime #																10 Offen		□ Resid	Resident
M ·	Home	Addre	cc									1,				Home Phone				
	DATA ON								ITTED							Trome I none				
	Emplo	oyer Na	me/Add	ress	D.	ATA OMITTED								Business Phone						
,	VYR Make Model Style						Color Lic/Lis Vin						Vin							
H E R S I N V O L V E D	DATA OMITTED																			
Status Codes																				
	Victim # DCI Status Value OJ QTY						Property Description								Mak	ake/Model Serial Number				ber
	п	The year of the contract of th													TA OMI					
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-	Numb	er of V	ehicles S	tolen 0	Nue	nher Vehic	cles Recovere	d	0											
	Office	r		ID		ioci v Cill	Officer Sig		_				Ī	Supervisor	Signati	ıre	1005:			
ID			. <i>T. (16</i> Signatur			Case Status	STUI							MP, J. K. (14922)						
Status	Comp	iaiiidill	oignatul'				☐ Further 【X Inact ☐ Closed	☐ Further Investigation ☐ Unfounded ☐ L												