I N	Agenc		NSTON-SALE	CIE	CIDENT/INVESTIGATION						OCA 2425294								
C ·	ORI	NC				1	REPORT							Date / Time Reported SMIWTFS Month Day Yr Time					
D E	10		NC 034						Att	At Four	nd SM표W			TFS	07		16   20.	7 Time 24   11:28 Hrs.   S M I W T F S	
N T	#1			, 1g Threats -intir	_	Com	Month 07	Ι			T F S  Time !:28  Hrs			yn Secure Day Yr 16   2024	Time $ A  11:25$ Hrs.				
D.			ncident						Att	Location	n of	Incident						Offense Tract	
A T		Trimo I	ncident	Shopliftii	ng			-	☐ Att Premise Type						ılem N	lem NC 27103 322 Victim Residence Type			
A	#3	Jiiiie i	ncident						Com	1 Tellise	ı yı	pe				- 1		nily	
МО			d or Con MITTEI										Forcible Yes [	X N/A	We	apon / Tool	S		
	# of Victims   Type   None   Minor   Loss of Teeth   Drug/Alcohol Use:															Alcohol Use:			
	2		☐ So	ciety   Governm	ent	□ F	inancial Instit				] Bı	roken Bone	es —	☐ Severe	Lacera	tions		Yes Unknown	
V I		Victim/		igious  L.E. Of			uty 🔲 Othe	er/Ur	ıknow	/n _		Victim of		nscious  B / Age	Other Race				
C T	V1	v ictiii/			Crime #					DOI	41	Race	SCA	To Offende	er Resident				
I	- 1	DA	ΓA OMITTED					1,			W	F	1RU	Non-Resident ☐ Unknown					
М -	Home	Addre	ess		ГТЕD								Home Phone						
	Employer Name/Address DATA OM								TTED						Business Phone				
•	VYR	M	Model	Color Lic/Lis Vin						Vin									
T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes	L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found (Check "OJ" column if recovered for other jurisdiction)																		
	Victim		Status	Value		Pro	nerty	Descripti	ion				Mal	ce/Mo	ndel	Serial Number			
	"						VARIOUS PAIRS OF SUNGLASSES								14141	C/ 141C		DATA OMITTED	
- P -															FOR				
																		INFORMATION SECURITY	
R O																		PURPOSES	
Р <sup>-</sup> Е -																			
R																		ONLY THE FIRST	
Y .														-			TWI	ELVE PROPERTY ITEMS ARE	
																		DISPLAYED ON	
-				+														P2C REPORTS	
_																			
			ehicles S			mber Vehi	cles Recovere		0					C	C: ·				
ID	Office RIC.		OSON,	S. G. (15580)	Officer Sig	natu	re					Supervisor MCKA			A. M. (14	884)			
	Complainant Signature Case State									Case Disposition:									
Status							☐ Further  ☐ Inact ☐ Closed ☐ Closed	ive /Clea	ared				by A	rrest by And	Refuse other Ag	gency	Cooperate	Page 1	