I N	Agenc	y Nam		NSTON-SALEN	OLICE	IN	INCIDENT/INVESTIGATION							OCA 2429464					
C	ORI	NG				02102	1	REPORT							Date /	Date / Time Reported S M T W T F S Month Day Yr Time			
D E			NC 034				Att At Found SMTWTFS Month Day Yr Time						Day Time 13:07 Hrs.						
N T	#1	Jime 1	nerdent(s) Shopliftii	1.0			_	Com	Month 08	Ι			ime 3:07 Hrs			Day Yr	Time $13:07$ Hrs.	
D .	#2	Crime I	ncident	Sitopititi	<u>'8</u>				\rightarrow		_	Incident	+ 1.	0.07 1115	<u> </u>			Offense Tract	
A		~ · ·						_	Com				rtowi	ı Rd, Win	ston-s			222	
T A	#3	Jrime I	ncident					☐ Att Premise Type ☐ Com								Victim Residence Type ☐ Single Family ☐ Multi Family			
МО			d or Com		Forcible Yes						☐ Yes	Weapon / Tools							
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															lcohol Use:			
	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown															_			
V I		Victim		igious L.E. Off Name (Last, First,			uty Othe	er/Un	know	'n 📗		Victim of		scious Age	Other Race	.		N/A Resident Status	
C T	V1	. 1011111				,						Crime #	DOI	J / IIgc	Race	BCA	To Offender		
I		DA	ΓA OMITTED					1,					1RU	☐ Non-Resident ☐ Unknown					
M	Home Address DATA OMI'															Home Phone			
	Employer Name/Address DATA OMI															Business Phone			
	VYR	M	ake	Model	Color							Vin							
O 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		Property Description								Mak	ce/Mo	odel Se	erial Number			
,	# DCI Status Value OJ QTY 08 7,5														IVICI	(C/ IVI		TA OMITTED	
- P -		08	5			1	FOOD											FOR	
					_												IN	SECURITY	
R O					\dashv													PURPOSES	
Ρ.					\dashv													TOTAL OBED	
E · R																	ON	ILY THE FIRST	
T																	TWEL	VE PROPERTY	
Υ .																	_	ITEMS ARE	
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					\dashv									-			Г	20 KLI OKIB	
-	Numb	er of V	ehicles S	tolen 0	Nur	nber Vehi	cles Recovere	d	0										
ID	Office		SON P	W (16352) ID	#		Officer Sig	natur	e					Supervisor	Signat	ure			
ID	ROBERTSON, B. W. (16352) Complainant Signature Case State									Case Disposition:									
Status	r -		<i>5</i>				☐ Further ☐ Inact ☐ Closed	r Inve tive /Clea	ıred			☐ Unfoun☐ Cleared☐ Cleared☐	ded by Ai by Ai	Loc rest rest by And	Refuse other Ag	gency	Cooperate	Page 1	