I N	Agenc	y Name		STON-SALEN	OLICE] IN	INCIDENT/INVESTIGATION							OCA 2430036				
C I	ORI	NC	NC 034				REPORT								Date / Time Reported SMTWTFS Month Day Yr Time			
D E			ncident(s			<u> </u>	│ ☐ Att │ At Found │ S M T W T F S │ Month Day Yr Time								08 23 2024 03:08 Hrs. Last Known Secure SMTWTFS Month Day Yr Time			
N T	#1			Trespassi	ng			ı —	Com	Month 08				ime :08 Hrs				Time 03:07 Hrs.
D	#2	Crime I	ncident					ı —	Att Location of Incident Offens									Offense Tract 214
A T	#3	Crime I	ncident						Com Att	Premise 7			r, w	inston-sai	Victim Residence Type			
A								Com							☐ Single Family ☐ Multi Family			
МО			d or Com					Forcible							Weapon / Tools			
V	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																	
	2		_	ciety Government Gious L.E. Off		_	inancial Institution		know			ken Bone rnal 🔲		☐ Severe	Lacerat Other	tions Majo		es □Unknown O□N/A
I C		Victim/	Business	Name (Last, First,	Victim of Do						3 / Age 30	Race	Sex	Relationship To Offende	Resident Status			
T I	V1 DATA OMITTED									1,					$\left \begin{array}{c} w \end{array}\right $	$_{F}$	1RU	☐ Non-Resident
M	Home Address														<i>W</i>		ne Phone	Unknown
	DATA OF								ITTED									
	•	oyer Na	ime/Addi	ress	ATA OMITTED								Business Phone					
,	VYR	M	ake	Model	Sty	le	Color		Lic	:/Lis				Vin				
T H E R S I N V O L V E D	DATA OMITTED																	
Status Codes	(Chec	k "OJ"	= Stolen column i	R = Recovered frecovered for other	D = D r juris	Damaged sdiction)	Z = Seized	B =	Burn	ed C = 0	Coun	iterfeit / F	orged	F = Found	il 			
	Victim # DCI Status Value OJ QTY						Property Description								Mak	e/Mo		erial Number
- P - R _		 											D	ATA OMITTED FOR				
																	I	NFORMATION
																		SECURITY
O P .					_													PURPOSES
E ·					+												0	NLY THE FIRST
T																	TWE	LVE PROPERTY
Y																		ITEMS ARE
					_													DISPLAYED ON
-					+													P2C REPORTS
-	Numb	er of V	ehicles S	tolen 0	Num	ber Vehic	cles Recovere	d	0					ı				
ID	Office:	r DFR	M D (ID (15720)		Officer Signature Supervisor Signature MULGREW, M. J. (14746)												
ID		Signature	Case Status							III C L C	· · · · · · · · · · · · · · · · · · ·							
Status	-						☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	red			Unfoun Cleared Cleared	ded by Aı by Aı	Test by Ano	Refuse ther Ag	gency	ooperate [Page 1