| I N C | Ageno | y Name | | NSTON-SALE | A P | OLICE | IN | INCIDENT/INVESTIGATION REPORT | | | | | | | OCA 2430911 | | | | |
|---|---|--------------------------------|-----------|--------------------|-----------------------|-----------|---------------|----------------------------------|----|----------|---------------------|--------------------|-----------------------|--|--------------------------------|---------------|-----------------------|-----------|--|
| I | ORI | NC | NC 034 | 40200 | | | | REPORT | | | | | | Date / Time Reported S M T W T F S Month Day Yr Time 08 29 2024 16:32 Hrs. | | | | | |
| D E | | | | | | | | I □ A | I | At Found | Isla | สา โพโ | मा हा डा | 08 | | | 4 16:3 s m t w | | |
| N | #1 | Crime Incident(s) Shoplifting | | | | | | | | Month | | | ∓FS ime | | | ay Yr | Time | | |
| T | | Crime I | ncident | Shopiljili | ıg | | | DX C | - | | 29 202 | 5:32 Hrs | s 08 | | 9 2024 | 16:31 Offense | | | |
| D A | #2 | | | | | | | | | | 1010 Hanes Mall Bv, | | | salem | NC 2 | 27103 | 323 | 11401 | |
| T | #3 Crime Incident | | | | | | | | | | | | | | Victim Residence Type | | | | |
| A | | | | | | | | □ C | om | | | | | | ☐ Single Family ☐ Multi Family | | | | |
| МО | | | d or Con | | | | | | | | | | Forcible Yes | N/A | Wea | npon / Tools | | | |
| MO | DATA OMITTED | | | | | | | | | | | | | | | | | | |
| • | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | | | | |
| | 1 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Internal Unconscious Other Major | | | | | | | | | | | | | | | | | | |
| V I | Continue of Duty Continue o | | | | | | | | | | | | | | | | | | |
| C | V1 | v ictiiii | Dusiness | rume (East, 1 hst, | iviide | iic) | | | | | Crime # | |) / Age | Race | | To Offender | | ident | |
| T I | V 1 | | DA | TA OMITTED | | | | | | | 1, | | | | | | ı — | -Resident | |
| M | Hom | e Addre | 222 | | | | | | | | 1, | | | 1 | Home Phone Unknown | | | | |
| | 110111 | o i iudic | ,55 | | | D | ATA OMI | ΓTED |) | | | | | | Trome Thome | | | | |
| | Employer Name/Address DATA OMITTED | | | | | | | | | | | | | | Busi | ness Phone | | | |
| | VYR | l M | ake | Model | Color Lic/Lis Vin | | | | | | Vin | | | | | | | | |
| | | | | | | yle | | | | | | | | | | | | | |
| E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | |
| Status Codes | | | | | | | | | | | | | | | | | | | |
| Codes | (Check "OJ" column if recovered for other jurisdiction) Victim | | | | | | | | | | | | | | | | | | |
| - - P - | # DCI Status Value OJ | | | | | 1 7 1 | | | | | | | | Mak | e/Mo | | erial Num | | |
| | 1 | 06 7 1 SHOES | | | | | | | | | | | D | ATA OMI FOR | | | | | |
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| R O | | | | | \dashv | | | | | | | | | | | | PURPO | | |
| Ρ. | | | | | $\overline{}$ | | | | | | | | | | | | TORTO | SLS | |
| Е - | | | | | \dashv | | | | | | | | | | | Ol | NLY THE | FIRST | |
| R T | | | | | \dashv | | | | | | | | | | | | VE PRO | | |
| Y · | | | | | | | | | | | | | | | | | ITEMS | | |
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| • | | | | | | | | | | | | | | | | | P2C REPO | | |
| • | | | | | | | | | | | | | | | | | | | |
| • | Numb | er of V | ehicles S | tolen 0 | Nur | nber Vehi | cles Recovere | d 0 | | | | | · | | | | | | |
| | Office | | | ID | # | | Officer Sig | nature | | | | | Supervisor | Signati | ıre | | | | |
| ID | | | T. J. (| | | | G ~ | JAME | | | | | | | ERSON, B. M. (15386) | | | | |
| | Complainant Signature Case Status Case Disposition: □ Further Investigation □ Unfounded □ Located | | | | | | | | | | | | ated | | □ Evi | radition E | Declined | | |
| Status | | | | | | | ☐ Closed | ive /Cleare | ed | | ☐ Cleared | l by Ar l by Ar | rest [rest by Ander [|] Refuse other Ag | gency | ooperate | Page | | |

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