I N	Agenc		NSTON-SALE	CII	CIDENT/INVESTIGATION						OCA 2433100											
I C	ORI	NC					1	REPORT							Date / Time Reported S M T W T F S Month Day Yr Time							
D E		NC NC 0340200  Crime Incident(s)								│ │ Att │ At Found │								09   15   2024  22:00 Hrs.				
N T	#1								Month Day Yr Time									Month Day Yr Time				
D.	#2 Crime Incident															Offense Tract						
Α .	Shoplifting															NC 27106 123 Victim Residence Type						
T A	#3	nme i	ncident						Att Com	Premise	: 1 y	pe							ce 1ype y ∏Multi F	amily		
МО			d or Con											Forcible	W NI/A	We	apon / To		_			
WIO	DATA OMITTED See No No																					
V	# of Victims   Type   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:    Society   Government   Financial Institute   Broken Bones   Severe Lacerations   Yes   Unk																own					
	2		Rel	igious 🔲 L.E. Of	ficer	Line of D			nknow	- 1	_	nternal			Cacera Other	mons Majo		No L	_	O W II		
I C	Victim/Business Name (Last, First, Middle)  Victim of DOB / Age Crime # 36														Race	Sex	Relation To Offe	ship ider	Resident S Resider			
T I	VI DATA OMITTED													A	$_{F}$			☐ Non-Re	esident			
М -	Home	Addre	ess					DODE				1,			11	Home Phone Unknown						
	Employer Name/Address  DATA OMIT  Employer Name/Address															Business Phone						
	DATA OMI															Business I none						
	VYR	M	ake	Model	Sı	tyle	Color		Li	c/Lis				Vin								
T H E R S I N O L V E D	DATA OMITTED																					
Status Codes																						
	Victim #		Status		Property Description							Mak	lake/Model Serial Number									
- - P -	2	"							1 7 1						11141	DATA OMITTED						
	2	77	7				FINGERNAILS											T . T	FOR	<u></u>		
	2	77 77	<i>5</i>				BODY SPRAY FINGERNAILS									INFORMATION SECURITY						
R O			3			1	PHYGENIYAILS									PURPOSES						
Р <sup>-</sup> Е -																						
R																			LY THE FI			
T Y																TWELVE PROPERTY						
٠.																			SPLAYED			
-																			C REPORT			
-																						
			ehicles S	-		mber Veh	icles Recovere		0													
ID	Officer TER		O. (15	II (819)	Officer Sig	natu	re					Supervisor BRUNI			_ <del></del> (15921	)						
117			Signatur		Case Statu		BRUNER, K. M. (15921)  Case Disposition:										$\neg$					
Status							☐ Further  ☐ Inact ☐ Closed ☐ Closed	tive l/Cle	ared				by A	Trest by And	Refuse other Ag	gency	Cooperate		Page 1	ined		