I N	Agenc	y Name		STON-SALEN	1 PC	OLICE] IN	ICIDENT/INVESTIGATION					OCA 2434497						
I ·	ORI	NC	NC 03/	10200			1	REPORT					Date / Time Reported SMTWIFS Month Day Yr Time						
D E	NC NC 0340200 Crime Incident(s)								☐ Att At Found SMTWTFS ☐ Month Day Yr Time						09 26 2024 10:37 Hrs. Last Known Secure S M T H T F S Month Day Yr Time				
N T	#1	S	Simple 1	Assault-non Agg	grave	ated Ass	sault	ı —	Com	Month 09			fime 0:37 Hrs				Time 16:56 Hrs.		
D	#2	Crime I	ncident] [Att Com		of Incident		ston-sale	m NC	2710	l l	Offense Tract 213		
A T	#3	Crime I	ncident					_	Att	Premise 7		u, win	sion-saiei	n ive		Victim Reside			
A		\	1 C						Com Forcible					☐ Single Family ☐ Multi Family Weapon / Tools					
MO			d or Com MITTEI										Yes [X N/A	we	apon / 100is			
	# of V	ictims	Туре	N Person	_	Business				Injury		_	_	Loss o		_	lcohol Use:		
V	2 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Internal Unconscious Other Major															_			
I C		Victim/	Business	Name (Last, First,	Midd	le)					Victim of Crime #	of DO	B / Age	Race		Relationship To Offender	Resident Status		
T I	V1		DA	ΓA OMITTED				1,		62	W	M	1AQ,2V	☐ Non-Resident					
M ·	Home	Addre	SS						_		1,			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		ne Phone	Unknown		
	DATA OMI														Davis and Dlama				
	Employer Name/Address DATA OM													Business Phone					
	VYR	M	ake	Model	Sty	yle	Color		Lic	:/Lis			Vin						
O T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes	(Chec	k "OJ"	= Stolen column	R = Recovered frecovered for other	D = I r juri	Damaged sdiction)	Z = Seized	B =	Burn	ed C = C	Counterfeit	/ Forged	F = Foun	d 					
	Victim # DCI Status Value OJ QTY					QTY	Property Description							Mal	ce/Mo		erial Number		
- P - R _					_											DA	TA OMITTED FOR		
					<u> </u>											II	NFORMATION		
																	SECURITY		
O P -					_												PURPOSES		
E - R					_											Ol	NLY THE FIRST		
Т					\dashv												VE PROPERTY		
Y																	ITEMS ARE		
					_												ISPLAYED ON		
-					+								-			I	2C REPORTS		
-	Numb	er of V	ehicles S	tolen 0	Nun	nber Vehic	cles Recovere	d	0										
ID	Office		GH	(15035) ID	#		Officer Sig	Officer Signature Supervisor											
ID	RUSSELL, G. H. (15035) Complainant Signature Case Stat									NAVY, C. M. (15037) Case Disposition:									
Status	•		-				☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	ared		☐ Unfo ☐ Clear ☐ Clear	unded ed by A ed by A	☐ Loc	Refuse other Ag	gency	ooperate	Page 1		