I N	Agenc	y Name		STON-SALEN	CIE	CIDENT/INVESTIGATION						OCA 2434862								
C I	ORI	NC	NC 02	10200				REPORT						Date / Time Reported SMTWTFS Month Day Yr Time						
D E			NC 034				Att	At Foun	nd	SM	ITW	T F S	09 Last		28 2024 on Secure	$4 \mid 23.02$ Hrs. S M T W T F \pm				
N T	#1			, Assault-non Agg	ated Ass	sault	ı —	Com	Month 09	D			T F <u>\$</u> Time B:02 Hrs			n Secure Day Yr 28 2024	Time			
D	#2		ncident		,				Att	Location	of]	Incident						Offense Tract		
A T	Com 348 E Hanes Mill Rd, Winston-sale. H₃ Crime Incident □ Att Premise Type																27105 Victim Reside	124		
A	#3	Jillie I	neident						Com	Tremise	тур							ly □Multi Family		
МО			d or Com MITTEI								Forcible Yes No	Weapon / Tools								
	# of V	ictims	Туре	▼ Person	I	Business				Injur	у	☐ None	ΙXΙΜ	_	Loss o	f Tee	th Drug/A	lcohol Use:		
*7	1 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Internal Unconscious Other Major															_				
V I		Victim/		Name (Last, First,			пу 🔲 Опи	21/ ()1	IKIIOW	^{/11} <u></u>		Victim of		B / Age	Race		Relationship	Resident Status		
C T	V1		DΛ	ΓA OMITTED				(Crime #		39			To Offender						
I M				TA OMITTED					1,			В	F	1RU	Unknown					
	Home	Addre	ss		TTED							Home Phone								
	Employer Name/Address DATA OMI									TTED					Business Phone					
,	VYR	Color Lic/Lis						Vin	in											
O T H E R S I N V O L V E D	DATA OMITTED																			
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column i	R = Recovered for other	D = i er jur	Damaged isdiction)	Z = Seized	B =	= Burr	C = 0	Cou	nterfeit / F	orged	F = Found	d					
	Victim # DCI Status Value OJ QT					QTY	Property Description							Mak	ce/Mo	del S	erial Number			
- - P - R													DA	ATA OMITTED						
					_												IN	FOR NFORMATION		
																		SECURITY		
ο .																		PURPOSES		
P -					_												0.1	H M WHE EID OF		
R T																		VE PROPERTY		
Y ·					\dashv												1 WEI	ITEMS ARE		
																	D	ISPLAYED ON		
																	I	2C REPORTS		
-					\prod_{i}		1 5	1												
	Numb		ehicles S	tolen 0		nber Vehi	cles Recovere		o re				I	Supervisor	Sionati	ure				
ID	BYERLY, N. P. (16192)								WILL								IAMS, K. A. (15631)			
	Complainant Signature Case State									tion		ase Dispos ☐ Unfoun		□ Loca	ated		□ Ext	radition Declined		
Status							☐ Inact	ive /Clea	ared		j	☐ Cleared ☐ Cleared	by Ai	rest Dece	Refuse ther Ag	gency	ooperate	Page 1		