I N	Agenc	y Name		STON-SALEN	1 P	OLICE	IN	NCIDENT/INVESTIGATION						OCA 2435267				
C	ORI	NC	NC 034	10200			1	REPORT							Date / Time Reported SMTWTFS Month Day Yr Time			
D E		ncident(s			Att At Found SMTWTFS Month Day Yr Time						10 02 2024 00:23 Hrs. Last Known Secure SMTFFFS Month Day Yr Time							
N T	#1 C	'ommi	ınicatir	ng Threats -intin	nida	ition, No	n Physical	_	Com	Month 10			Time $0:23$ Hrs			02 2024	Time $00:22$ Hrs.	
D	#2	Crime I	ncident]	Att Com	Location			d, Winsto	n sala	100 NA	1	Offense Tract 324	
A T	#3	Crime I	ncident						Att	Premise 7		Ciub K	a, winsio	n-saie		Victim Resider		
A		1	1 0	*** 1				☐ Com Forcible					TE 31	☐ Single Family ☐ Multi Family Weapon / Tools				
МО			d or Com MITTEI					Yes										
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																	
V	2 Society Government Financial Institute Broken Bones Severe Lacerations Wes Unknown Internal Unconscious Other Major No NA															_		
I C		Victim/	Business	Name (Last, First,	Mido	ile)					Victim Crime	of DC	B / Age	Race	Sex	Relationship To Offender	Resident Status Resident	
T I	V1 DATA OMITTED										<i>1</i> ,	"	24	W	$_{F}$	1VO,20	☐ Non-Resident	
M	Home Address										1,					ne Phone	Unknown	
	DATA OM														During Dlama			
	Employer Name/Address DATA O													Business Phone				
	VYR	M	ake	Model	St	yle	Color		Lic	c/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 er jur	Damaged isdiction)	Z = Seized	B =	Burn	C = C	Counterfei	t / Forge	d F = Foun	.d				
	Victim # DCI Status Value OJ QTY					QTY	Property Description							Mal	ce/Mo		rial Number	
- P - R _													DA	TA OMITTED FOR				
																IN	FORMATION	
																	SECURITY	
O P .					_												PURPOSES	
E ·					\dashv											ON	LY THE FIRST	
T																TWEL	VE PROPERTY	
Υ .																	ITEMS ARE	
																	SPLAYED ON	
					_											Р	2C REPORTS	
_	Numb	er of V	ehicles S	tolen 0	Nur	nber Vehi	cles Recovere	d	0									
ID	Office:		SE I	ID <i>M</i> (16379)		Officer Sig	Officer Signature Supervisor Signature NELSON, S. M. (15176)											
ID	VANTREASE, J. M. (16379) Complainant Signature Case S													,				
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	ared		□ Cle		Loc Arrest Loc Arrest by And	Refus	gency	ooperate	Page 1	