I N	Agenc	y Nam		NSTON-SALEN	OLICE	. IN	INCIDENT/INVESTIGATION							OCA 2436045							
C	ORI	NG					-	REPORT								Date / Time Reported SMTWTFS Month Day Yr Time					
D E			NC 034					_								10   07   2024  12:20 Hrs.					
N	#1	Time 1	ncideni(s	) Larceny- All	ı —	Att   At Found   S M T W T F S   Last Known S Month Day Yr Time   Last Known S Month Day   10   107   2024   12:20   Hrs   10   07									y Yr Time						
T	Crime Incident														10	10   07   2024   12:19   Hrs. Offense Tract					
D A								_	Com				Av, V	Vinston-sc	alem N				412		
T A	#3	Crime I	ncident					Premise	remise Type					Victim Residence Type ☐ Single Family ☐ Multi Family							
	How A	Attacke	d or Com	nmitted				<u> </u>	Com					Forcible		_	apon / Too		/ 🔲 With	u ranniy	
МО	DATA OMITTED See No.															<b>1</b>					
	# of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:																				
*7	1																				
V I		Victim/		Name (Last, First,			uty 🔲 Out	21/ ()11	IKIIOW	'''   L	<u>  In</u>	Victim of		B / Age	Race				Residen		
C T	V1 DATA OMITTED												73				To Offen	der	Resi	dent -Resident	
I M				IA OMITTED								1			W	F			Unk		
171	Home	Addre	ess		ГТЕ	TED							Home Phone								
	Emplo	yer Na	me/Add	ress	ATA OMI								Business Phone								
	VYR	M	ake	Model	Color   Lic/Lis   Vin						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 if recovered for other	D = i er jur	Damaged isdiction)	Z = Seized	B =	Burn	ied C=	Co	unterfeit / F	Forged	F = Foun	d						
	Victim #	Status		Property Description							Mak	Jake/Model Serial Number				ber					
_	09 7 1 TRUIST CRE															DATA OMITTED					
P -		20	7			1	MONEY/CASI	/CASH										INII	FOR FORMA		
					$\dashv$														SECURI		
R O																			PURPOS		
P :																					
R																			LY THE		
Т Ү.																	TW		E PRO		
٠.					$\dashv$													ITEMS ARE DISPLAYED ON			
																	P2C REPORTS				
			ehicles S	-		nber Veh	cles Recovere		0					g :	a.						
ID	Office <i>MO</i>		ETTE, F	ID R. <i>I. (16384)</i>	Officer Sig	Officer Signature Supervisor Signature WAGONER, S. D. (15802)															
	Complainant Signature Case State									Case Disposition:									1122 -	1' 1	
Status							☐ Further  ☐ Inact ☐ Closed ☐ Closed	tive /Clea	ared			☐ Unfoun☐ Cleared☐ Cleared☐ Death o	by Ail by Ai	Locarrest □  rrest by Ancested	Refuse other Ag	gency	ooperate	_	dition D		