I N	Agenc	y Nam		NSTON-SALEN	. IN	INCIDENT/INVESTIGATION							OCA 2437257								
C I	ORI	NC					1	REPORT							Date / Time Reported SMTWTFS Month Day Yr Time						
D E	10		NC 034										10 16 2024 18:12 Hrs.								
N T	#1			, Larceny- All	Oth	er	_	☐ Att At Found S M T ₩ T F S Month Day Yr Time Month Day N T M T M T M T M T M T M T M T M T M M T M T M T M M T M T M M T								Month Day Yr Time					
D	Crime Incident													•					Offense Tract	_	
A T		rime I	ncident					_	Com	210 In			Win	ston-saler	n NC	C 27105 121 Victim Residence Type					
A	#3	Jime i	neident					☐ Att Premise Type ☐ Com							☐ Single Family ☐ Multi Family						
МО			d or Con MITTEI											Forcible Yes	X N/A	We	apon / To	ols			
	# of Victims Type None Minor Loss of Teeth Drug/Alcohol Use															cohol Use:	\dashv				
	1		□ So	ciety Governm	ent	□F	inancial Instit] Ві	roken Bone	es —	☐ Severe	Lacera	ions		-	Unknowr	n	
V I		Victim		igious L.E. Off			uty Othe	er/Un	know	n _		Victim of		nscious B / Age	Other Race			No chin	□N/A Resident Statu	16	
C T	V1	· ictiiii				Crime #			DOI	40			To Offe	nder	■ Resident						
I			DA	ΓΑ OMITTED					1,			$\mid w \mid$	F			☐ Non-Reside	ent				
M	Home Address DATA OMI'									ГТЕО						Home Phone					
,	Employer Name/Address DATA Of														Business Phone					-	
,	VYR	Color Lic/Lis Vin						Vin													
O T H E R S I N V O L V E D	DATA OMITTED																				
Status Codes																					
	Victim #	Status		Property Description							Make/Model Serial Number										
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P - R - O	1	75	5			1 1	SMART WATO	СН							Т МОВ.	DBILE/Sync FOR INFORMATION					
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ID			T. (160			Officer Sig								rvisor Signature RUNER, K. M. (15921)							
	Comp	lainant	Signatur	e			Case Statu									Evtr	dition Decline	_ -			
Status							☐ Inact	tive /Clea	ıred			☐ Cleared	by A	rrest by And	Refuse other Ag	gency	ooperate		Page 1	-	