I N	Agenc	y Name		STON-SALEN	1 P	OLICE	] IN	INCIDENT/INVESTIGATION							OCA 2437770					
C	ORI	NC				-	REPORT							Date / Time Reported S M T W T F S Month Day Yr Time						
D E			NC 034		│ │ │ Att │ At Found │ -S MTWTFS								10   20   2024  22:45 Hrs.							
N T	#1	71111C 11		Att   At Found   S M T W T F S Month Day Yr Time   At Com   10   20   2024   22:45   F								Month Day Yr Time				Time	ırs.			
D	#2	Crime I	ncident	Missing Pe	_	10   20   2027   22.73   10   20   2027									ffense Tract					
Α		7 T						_	Com				Vinst	on-salem	NC 2	27105 124 Victim Residence Type				
T A	#3	Jillie I	ncident					☐ Att Premise Type ☐ Com							☐ Single Family ☐ Multi Family					
МО			d or Com MITTED					•					Forcible  Yes	N/A	We	apon / Too	ls			
	# of Victims   Type   No   Drug/Alcohol Use:																			
	1 Society Government Financial Institute Broken Bones Severe Lacerations Wes Unknown Internal Unconscious Other Major No NA															wn				
V I		Victim/		Name (Last, First,			ity 🗌 Othe	er/Un	iknow	n 🗆		rnal   rictim of		scious   B / Age		e Sex Relationship Resident Statu				atus
C T	V1						Crime #		35			To Offen	ler	X Resident	t					
I M				ΓΑ OMITTED					1,			В	M			☐ Non-Resi ☐ Unknow				
171	Home	SS	ГТЕ	TED						Home Phone										
	Employer Name/Address DATA								A OMITTED							Business Phone				
,	VYR Make Model Style						Color Lic/Lis Vin						Vin	1						
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 juri	Damaged sdiction)	Z = Seized	B =	Burn	ed $C = C$	Coun	nterfeit / F	orged	F = Found	l					
	Victim # DCI Status Value OJ QTY						Property Description								Mak	Make/Model Serial Number				
														DAT	A OMITTE	D				
P - R - O					$\dashv$													INF	FOR ORMATIO	
					+														ECURITY	-
																		F	URPOSES	
Р <sup>-</sup> Е -																				_
R.					_														Y THE FIR	
Т Ү.					+	+											1 W		E PROPER' TEMS ARE	
					$\dashv$	+													PLAYED O	
																			C REPORTS	
	Numb		ehicles S	tolen 0		nber Vehic	cles Recovere		0				- 1	Supervisor	Signat	ıre				$\dashv$
ID	SCH	Officer Sig	Officer Signature Supervi							or Signature <i>TE</i> , <i>R</i> . <i>D</i> . (15708)										
	Case State    X Further									Case Disposition:									dition Deal!	ned
Status							☐ Inact	ive /Clea	ared			Cleared Cleared	by Ar	Test Danier Danier	Refuse ther Ag	gency	ooperate	LAUTA	dition Declir Page 1	