Ţ.																	
I N	Agene	y Inallie		STON-SALE	M P	OLICE								2438332			
C · I	ORI			/ . .	REPORT							Date / Time Reported S M T W T F S Month Day Yr Time					
D			NC 034									10 25 2024 01:03 Hrs.					
E N	#1	Crime I	ncident(s			□ Att	Mo	Found nth	Day Yr	T W T	T <u></u> FS 'ime	Last H Mont	Known S h Day	ecure Yr	SMTWT _± S Time		
T.		Trimo I	naidant	Trespass	ing			X Con	1	-		4 01	:03 Hrs	s 10	25	2024	
D	Com 800 Cloiston Dubuchanan St														1-salen	NC	Offense Tract 313
A T													inan Si, i	1113101			ence Type
А	#3								n		••				□Si	ngle Fan	nily □ Multi Family
МО			d or Con MITTEI										Forcible □ Yes [□ No	X N/A	Weapo	n / Tools	
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															Alcohol Use:	
	1		🛛 🖾 So	ciety 🔲 Governm	lent	🗆 F	inancial Instit				Broken Bone	s	□ Severe	- Lacerat	ions		⁷ es □ ^{Unknown}
V I				igious L.E. Of			ity 🗌 Othe	er/Unkno	wn		Internal			Other			
Ċ		Victim/	Business	Name (Last, First,	Mid	dle)					Victim of Crime #	DOF	B / Age	Race		lationshij Offende	
T I	V1		DA	ГА OMITTED							1,						Non-Residen
M ·	Home	Addre									1,				Home P	hone	Unknown
	Home	Audic	33			D	ATA OMI	ITED							110me 1	none	
	Emplo	oyer Na	ume/Addi	ress		D	ATA OMITTED							Business Phone			
	VYR	M	ake	Model	S	tyle	Color	L	ic/Lis				Vin				
H E R S I N V O L V E D	DATA OMITTED																
Status	L = L	ost S	= Stolen	R = Recovered	D_=	Damaged	Z = Seized	$\mathbf{B} = \mathbf{B}\mathbf{u}$	med	$\mathbf{C} = \mathbf{C}$	ounterfeit / F	orged	F = Foun	d			
Codes	Victim	K "OJ"	column	if recovered for oth	er jui	risdiction)											
	# DCI Status Value OJ QTY						Property Description							Mak	e/Model		Serial Number
																D	FOR
																I	NFORMATION
P- R																	SECURITY
0																	PURPOSES
Р ⁻ Е -																	
R																	NLY THE FIRST
T Y ·																TWE	LVE PROPERTY
· ·																T	ITEMS ARE
-																	DISPLAYED ON P2C REPORTS
-																	
-	Numb	er of V	ehicles S	tolen 0	Nu	mber Vehi	cles Recovere	d 0					I				
	Office			C (16207)) #		Officer Sig	nature					Supervisor	Signatu	re	15(10)	
ID			JTH, B. Signatur	<u>. C. (16307)</u>			Case Status	3			Case Dispos	ition	ŔEYNO	JLDS,	з. А. (1	13018)	
Status	Comp	unun	Signatul	~		☐ Further ☐ Inact	□ Further Investigation □ Unfounded □ Lo						Cated Extradition Declined Refuse to Cooperate nother Agency				
									xhaus	ted	\square Death o				ution De	clined	Page 1