I N	Agenc	y Name		STON-SALEN	OLICE] IN	INCIDENT/INVESTIGATION							OCA 2438474						
C	ORI	NC	NC 03/	10200			1	REPORT							Date / Time Reported SMTWTFS Month Day Yr Time					
D E	NC NC 0340200 Crime Incident(s)									Att At Found SMTWTFS Month Day Yr Time						10 26 2024 03:25 Hrs.				
N T	#1			Aggravated A	ssai	ılt		ı —	Com	Month 10				ime :25 Hrs	Mont 10			Time $03:24$ Hrs.		
D	#2	Crime I	ncident					ı —	→									Offense Tract 313		
A T	#3	Crime I	ncident					_	Att	Premise 7		ew Ci,	vv tr	ision-saie	m NC		/ictim Resid			
A									Com						☐ Single Family ☐ Multi Family					
МО			d or Con MITTEI					Forcible							Weapon / Tools					
V	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																			
	2 Society Government Financial Institute Broken Bones Severe Lacerations Unknown Internal Unconscious Other Major No NA															_				
I C		Victim/		Name (Last, First,									/ Age	Race	Sex	Relationshi To Offende	Resident Status			
T I	V1 DATA OMITTED													28	W	$_{F}$	10 Offende	Non-Resident □ Non-Resident		
M	Home	Addre	\$5		1,							W		ne Phone	Unknown					
					ATA OMI	ITTED														
	Emplo	oyer Na	me/Add	ress	ATA OMI	TA OMITTED							Business Phone							
	VYR	M	ake	Model	Sty	yle	Color		Lic	c/Lis				Vin	'					
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	R = Recovered for other	D = I r juri	Damaged sdiction)	Z = Seized	B =	Burn	ed $C = C$	Counterf	feit / For	ged	F = Found	l					
	Victim # DCI Status Value OJ QTY						Property Description								Mak	e/Mo	del	Serial Number		
- - P - R																	Е	ATA OMITTED		
					+]	FOR NFORMATION		
					\dashv													SECURITY		
O .																		PURPOSES		
E ·					\dashv													NLY THE FIRST		
R T					+													LVE PROPERTY		
Y																		ITEMS ARE		
																		DISPLAYED ON		
-					_													P2C REPORTS		
•	Numb	er of V	ehicles S	tolen 0	Nun	nber Vehic	cles Recovere	d	0											
115	Office	r		ID				Officer Signature Superviso								or Signature				
ID	WILLIAMS, C. D. (16372) Complainant Signature Case St.													vEAL, I	EAL, L. A. (15628)					
Status	- » p ·		<i></i>				☐ Further ☐ Inact ☐ Closed ☐ Closed	r Inve ive /Clea	ared			nfounded leared by leared by	d y An y An	Loca	Refuse ther Ag	ency	ooperate	Page 1		