I N	Agenc	y Name		STON-SALEN] IN	INCIDENT/INVESTIGATION							OCA 2438567						
I C	ORI REPORT															Date / Time Reported S M T W T F S Month Day Yr Time			
D E			ncident(s				X Att At Found SMTWTFS Month Day Yr Time							10 26 2024 20:04 Hrs. Last Known Secure S M T W T F S Month Day Yr					
N T	#1			Shopliftir	ıg				Com	Month 10				ime):04 Hrs			26 2024	Time 20:04 Hrs	
D	#2	Crime I	ncident] [Location			llaga	Cr Win	gton g	alom	NC	Offense Tract 314	
A T	#3	Crime I	ncident					 	Com Att	Premise 7			uage	Cr, Wins	sion-se		Victim Resid		
A									Com									ily ∏Multi Famil	
МО	DATA OMITTED													Forcible Yes No					
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																		
V	1 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Internal Unconscious Other Major															es Unknown			
I C	Victim/Business Name (Last, First, Middle) Victim of DOB / Age Ra														Race	<u> </u>	Relationship	Resident Status	
T	V1		DA	ΓA OMITTED								Crime #					To Offender	Resident ☐ Non-Reside	
I M ·	Ното	Addre										1,				Цоп	1ST ne Phone	Unknown	
					ATA OMI	IITTED							Trome r none						
	Emplo	oyer Na	ıme/Addı	ress	D.	ATA OMI	TA OMITTED							Business Phone					
•	VYR	M	ake	Model	Sty	yle	Color		Lic	:/Lis				Vin					
T H E R S I N 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 r juri	Damaged isdiction)	Z = Seized	B =	Burn	ed $C = C$	Cour	nterfeit / F	orged	F = Foun	d				
	Victim #		Status		OJ	QTY		Pro	perty	Description	on				Mak	e/Mo	odel S	erial Number	
													D	ATA OMITTED					
-					_												T	FOR NFORMATION	
P - R					_													SECURITY	
O P -																		PURPOSES	
Р Е -																		NI X THE EIDOT	
R T					-													NLY THE FIRST LVE PROPERTY	
Y -																	1,,,	ITEMS ARE	
-																	I	DISPLAYED ON	
-					\Box													P2C REPORTS	
-	Numb	er of V	ehicles S	tolen 0	Nun	nber Vebi	cles Recovere	d	0										
	Office	r		ID		ioci v Ciil	Officer Sig		-				T	Supervisor	Signat	ıre			
ID			<i>JTH, B.</i> Signature	. C. (16307)			Case Status				C	ase Dispos	ition	(0)					
Status	Comp	iumalli	DigitatuI (☐ Further ☐ Inact ☐ Closed	r Inve ive /Clea	red			☐ Unfoun ☐ Cleared ☐ Cleared	ded by Aı by Aı	Loc rest rest by And	Refuse other Ag	gency	ooperate r	Page 1	