I N	Agenc	y Name		STON-SALE	REPORT							2438926 Date / Time Reported SM I M T F S Month Day YI Time 10 29 2024 11:54 Hrs.						
C · I	ORI																	
D			NC 034															
E N	#1	Crime I	ncident(s				□ Att At Found □ Att Month Day Yr Time							Last Known Secure SM TFS Month Day Yr Time				
T .		7		Drug Viola	tion	is		X Con	10			1 11	:54 Hrs	10	29	2024	11:53 Hrs.	
D	Com A20 F Hanas Mill Pd Winst														Offense Tract On-salem NC 27105 124			
A T	шр (Crime I	ncident												Victim Residence Type			
А	#3							Con	n						□Sir	ngle Fam	ily □ Multi Family	
МО			d or Con MITTEI					-					Forcible Yes [No		Weapon	n / Tools		
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															Alcohol Use:		
	1		🛛 🖾 So	ciety 🔲 Governm	nent	🗆 Fi	inancial Institu			_	Broken Bone		□ Severe	Laceratio	ons		es Unknown	
V I		7: - 4: /		ligious □ L.E. Of Name (Last, First,			ity 🗌 Othe	er/Unkno	wn		Internal			Other M		X N		
Ċ		victim/	Business	Name (Last, First,	Mia	die)					Victim of Crime #	DOR	/ Age	Race S		ationship Offender		
T I	V1		DA	ΓΑ OMITTED							1,						Non-Residen	
M ·	Home	Addre	-55					1,							Home Pl	one	Unknown	
	Попк	/ fuure				D.	ATA OMITTED											
	Emplo	oyer Na	ume/Add	ress		D	ATA OMITTED							Business Phone				
	VYR	M	ake	Model	S	tyle	Color Lic/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	B = Bur	ned	C = C	ounterfeit / F	orged	F = Found	d				
Codes	Victim	K "OJ"	column	if recovered for oth	er ju	risdiction)												
	# DCI Status Value OJ QTY						Property Description							Make	/Model		erial Number ATA OMITTED	
																D.	FOR	
																I	NFORMATION	
P- R																	SECURITY	
0																	PURPOSES	
Р ⁻ Е -																		
R																	NLY THE FIRST	
T Y ·																TWE	LVE PROPERTY	
· ·																	ITEMS ARE	
-																	DISPLAYED ON P2C REPORTS	
-																		
-	Numb	er of V	ehicles S	tolen 0	Nu	mber Vehio	cles Recovere	d 0					I					
	Office		IC	II	D#		Officer Sig	-					Supervisor	Signatur	e C D	(16252)	
ID			J. C. (1 Signatur	i i i i i i i i i i i i i i i i i i i		Case Status	s			Case Dispos	ition.	PEREZ	-KEYE	ь, <i>D</i> . (10555)		
Status	Comp	ununt	Signatul	-			□ Further Investigation □ Unfounded □ Lo							□ Refuse to Cooperate				
									xhauste	ed	\square Death of			Prosecu		clined	Page 1	