I N	Agenc	y Nam		NSTON-SALEN	OLICE	. IN	INCIDENT/INVESTIGATION						OCA 2439705							
C .	REPORT														Date / Time Reported SMTWTFS Month Day Yr Time					
D E	10		ncident(s			☐ Att At Found _ S M T W T F S							11	11 04 2024 10:34 Hrs.						
N T	#1			, Shopliftii		Month Day Yr Time Month Day Y:									-	Time 10:33				
D.	#2 Crime Incident																		Offense T	
A T		rime I	ncident					_	Com Att	715 Premise			Vinste	on-salem	NC 27		Victim Res	siden	411	
A	#3	Jime i	nerdent		Tienns	inse Type					☐ Single Family ☐ Multi Family									
МО			d or Con MITTEI											Forcible Yes	X N/A	We	eapon / Too	ols		
	# of Victims Type Person Maisiness Injury None Minor Loss of Teeth Drug/Alcohol Use:															se:				
	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow																			
V I		Victim/		Name (Last, First,			uty Othe	er/Un	iknow	'n [<u> In</u>	victim of		scious B / Age	- -	r Major No N/A Sex Relationship Resident Status				
C T	VI DATA OMITTED															~	To Offen	der	Resi Resi	
I M ·				IA OMITTED								1,					Unkn			
111	Home	Addre		ATA OMI	ITTED								Home Phone							
	Employer Name/Address DATA								A OMITTED							Business Phone				
	VYR Make Model Style						Color Lic/Lis Vin						Vin							
T H E R S I N V O L V E D	DATA OMITTED																			
Status Codes																				
	Victim #	DCI	Property Description								Mak	ake/Model Serial Number				ber				
	# DCI Status Value OJ QTY Property Description 1 08 7 1 SNACKS									DATA OI										
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O P -]	PURPOS	SES
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-	Numb	er of V	ehicles S	tolen 0	Nur	mber Veh	cles Recovere	d	0											
	Office	r		ID		7011	Officer Sig		-					Supervisor	isor Signature					
ID			, A. J. (Signatur		Case Statu								ГН, Ď. G. (14704)							
Status	- ·p		<i>5</i>				☐ Further ☐ Inact ☐ Closed	r Inve tive /Clea	ared			☐ Unfoun☐ Cleared☐ Cleared	ded by Ai by Ai	Loc rest rest by And] Refuse other Ag	gency	Cooperate	_	dition D	