I N	Agenc	y Name		STON-SALEN	л P	OLICE	IN	CIDENT/INVESTIGATION REPORT					OCA 2439945					
C ·	ORI	NG				02102	-						Date / Time Reported SMTWTFS Month Day Yr Time					
D E			NC 034		Att At Found							11 06 2024 01:32 Hrs. Last Known Secure S M T M T F S Month Day Yr Time						
N T	#1												Time $1:32$ Hrs				Time $00:00$ Hrs.	
D .	#2		ncident	15541111 11011 1188	,,,,,	<i>area</i> 1155			\rightarrow	Location			1.32 1115	' 11	<u> </u>		Offense Tract	
A	□ Com 301 Medical Center Bv, Winston-sa																312	
T A	#3	rime i	ncident						☐ Att Premise Type ☐ Com						Victim Residence Type ☐ Single Family ☐ Multi Family			
МО			d or Con MITTEI					Forcible Yes					☐ Yes [Weapon / Tools				
	# of V	ictims	Type	☐ Person		Business				Injury	[X] No	ne 🗆	│	Loss o	f Tee	th Drug/A	lcohol Use:	
	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown															_		
V I		Victim/		igious L.E. Off Name (Last, First,			ity Othe	er/Un	know	'n 📗	Internal Victim	_	onscious DB / Age	Other Race		r ⊠ Ne Relationship		
C T	Crime # 36													race	БСА	To Offender	□ Resident	
I M	DATA OMITTED										1			B	F	10K	☐ Non-Resident☐ Unknown	
IVI ·	Home	Home Address DATA OMI								TTED					Home Phone			
•	Employer Name/Address DATA OMI								 TTED					Business Phone				
	VYR	M	ake	Model	St	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 f recovered for other	D = i	Damaged isdiction)	Z = Seized	B =	Burn	ed C = C	Counterfei	t / Forge	d F = Foun	d				
	Victim # DCI Status Value OJ QTY					QTY	Property Description							Mak	e/Mo	odel So	erial Number	
- - P - R															DA	ATA OMITTED		
					_											IN	FOR FORMATION	
																	SECURITY	
0																	PURPOSES	
Р ⁻ Е -																		
R T					-												VE PROPERTY	
Y ·					\dashv											TWE	ITEMS ARE	
-																D	ISPLAYED ON	
																I	2C REPORTS	
-	NI1	on c £ \$ 7	ahiat C	tolon 0	N'	nh on 37-1 '	alaa Da	a	0									
	Numb Office:		ehicles S	tolen 0		nber Vehic	cles Recovere Officer Sig		e e				Supervisor	Signat	ıre			
ID	JACOBS, T. R. (15814)								-				STUM	P, J. K	. (14	4922)		
64.4	Complainant Signature Case State Furth									Investigation Unfounded Located Extradition D							radition Declined	
Status							Closed	Cleared by Arrest by Another Agency Speed/Cleared Death of Offender Prosecution Decline						Г	Page 1			