I N	Agenc	y Name		NSTON-SALE	М Р	OLICE	, IN	INCIDENT/INVESTIGATION							OCA 2440721					
C	C REPORT													Month Reported 5 = 1 - 1 1						TFS
D E			NC 034		At Foun						<i>11 11 2024 16:23</i> Hrs.									
N T	#1	Jime I	nerdent(s	, Shopliftii	Att Com	Month Day Yr Time Month Day Yr Time									Time					
D .	Crime Incident																17 21		Offense T	
A		· · ·						_	Com				Pw, V	Vinston-s	alem 1				123	
T A	# 1													Victim Reside. ☐ Single Fami						i Family
МО			d or Com		Forcible Yes						☐ Yes	Weapon / Tools								
	# of Victims Type Person Main Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															e:				
**	Society Government Financial Institute Broken Bones Severe Lacerations Unknown																			
V I		Victim/		Name (Last, First,			uty Othe	er/Un	Know	n _	_	ernal Victim of		S / Age	Race	<u> </u>			□N/A Resident	
C T	V1 DATA OMITTED																To Offe	ender	Reside	dent
I M				IA OMITTED								1,							Unkr	
141	Home Address DATA OMIT									ГТЕО						Home Phone				
	Employer Name/Address DATA OMI									TTED						Business Phone				
,	VYR	M	Color Lic/Lis Vin							Vin										
H E R S I N V O L V E D	DATA OMITTED																			
Status Codes																				
	Victim #		Status	Value	Property Description								Make/Model Serial Number							
- - P -	# DCI Status Value OJ QTY 1 75 7 1 CELL PHON.							1 7 1								CK/Motog DATA OMITTED				
	1 75 7 1 CELL PHONE										CONSUMER FOR									
	1	26	7		_	1	HEADPHONES								HEYDA	TDAY/Earbuds INFORMATION SECURITY				
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ID	ROS	OHA		. (15979)									or Signature DT, V. A. (15514)							
Status	Comp	lainant	Signatur	e			Case Statu Further X Inact Closed	r Inve tive I/Clea	red]		ded by Ai by Ai	Loc rest rest by And] Refuse other Ag	ency	ooperate	· _	Adition Do	