I N	Agenc	y Name		STON-SALEN	OLICE	IN	INCIDENT/INVESTIGATION							OCA 2440906							
C	ORI	NC	NC 034					REPORT								Date/Time Reported SM TWTFS Month Day Yr Time 11 12 2024 20:05 Hrs.					
D E			ncident(s					Att	At Found S M 또 W T F S									20:03 M∃W			
N T	#1			All Other F	Month Day Yr Time Month Day Yr									r 💳	Time $20:04$						
D	#2 Crime Incident																		Offense T		
A T		Crime I	ncident						Com	540 Ak			insto	n-salem [VC 27.		Victim Re	siden	122 ce Type		
A	#3								Com		71					- 1	Single I		• •	i Family	
МО			d or Com MITTED											Forcible Yes No							
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																				
V	1																				
I	Victim/Business Name (Last, First, Middle) Victim of DOB / Age Rac														Race	<u> </u>	Relation	ship	Resident	t Status	
C T	V1		DA	ΓΑ OMITTED								rime#					To Offer	nder	☐ Resid		
I M	Home	Addre										1,				Hon	1RU ne Phone		Unkr	iown	
	поше	Addre	88	TTE.	ED							Home Fhone									
	Employer Name/Address DATA OMITTED															Bus	iness Pho	ne			
,	VYR Make Model Style						Color		Lic	/Lis				Vin							
T H E R S I N O L V E D	DATA OMITTED																				
Status Codes																					
	Victim # DCI Status Value OJ					QTY	Property Description								Mak	ke/Model Seria			ial Numb	oer	
P - R - O -														DA	ГА ОМІТ	ΓΤΕD					
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	Office	r		ID			Officer Sig		-					Supervisor	Signati	ire	5700)			$\neg \neg$	
ID			<i>MAYA</i> , Signatur	<i>M. N. (16381)</i>			Case Statu	<i>W</i>						WHITE	HTE, Ř. D. (15708)						
Status	P		G				☐ Further ☐ Inact ☐ Closed ☐ Closed	r Inve tive I/Clea	red			Unfoun Cleared Cleared	ded by Aı by Aı	Loc rest rest by And	Refuse other Ag	gency	ooperate	_	dition Do		