I N	Agenc	y Name		STON-SALEN] IN	INCIDENT/INVESTIGATION							OCA 2443283							
C ·	ORI	NC					1	REPORT								Date / Time Reported S M T W T F S Month Day Yr Time				
D E	NC NC 0340200 Crime Incident(s)									Att At Found SMTWTFS Month Day Yr Time							12 01 2024 14:53 Hrs. Last Known Secure S M T W T F S Month Day Yr Time Month Day Yr Time Month Day Yr Month Day Yr			
N T	#1			Drug Viola	tions	S		_	Com	Month 12	Da			lime 1:53 Hrs			Day Yr	Time 14:52 Hrs.		
D .	#2	Crime I	ncident						- 1	Location	of I	Incident					•	Offense Tract		
A T		Crime I	ncident						Com	Premise			Rd, W	inston Sc	ilem Λ		7106 Victim Resid	ence Type		
A	#3							Com							☐ Single Family ☐ Multi Family					
МО			d or Com MITTED								Forcible Yes No	X N/A	We	apon / Tools						
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																			
V	1			ciety Governm igious L.E. Off			inancial Institution		know			oken Bone ernal 🔲		Severe	Lacerar Other		. –	es □ Unknown Io □ N/A		
I C		Victim/		Name (Last, First,		Victim of DOB / A						Race	<u> </u>	Relationshi	Resident Status					
T	V1		DA	ΓA OMITTED					Crime #					To Offende	Resident Non-Resident					
I M ·	Ноте	Addra	e e		1,							Hon	ne Phone	Unknown						
	Home Address DATA OMI								ГТЕD						Home Fnone					
	Employer Name/Address DATA OM								ITTED						Business Phone					
•	VYR	M	Model	Color Lic/Lis Vin						Vin										
T H E R S I N V O L V E D	DATA OMITTED																			
Status Codes	L = L	ost S k "OJ"	= Stolen column i	R = Recovered f recovered for other	D = l er iur	Damaged isdiction)	Z = Seized	B =	Burn	ed C = 0	Cou	nterfeit / F	orged	F = Foun	d					
	Victim # DCI Status Value OJ QTY						Property Description								Mak	e/Mo	odel S	Serial Number		
- - P - R	"	" Troperty							1 7	2 company								ATA OMITTED		
																	1	FOR NFORMATION		
					\dashv													SECURITY		
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Р ⁻ Е -																				
R T					\dashv													NLY THE FIRST LVE PROPERTY		
Y					\dashv												1 111	ITEMS ARE		
																	I	DISPLAYED ON		
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-	NI1	or of V	abials - C	tolon 0	Nī	nho= 1/-1-1	alas Pass	d	0											
	Office	r	ehicles S	ID		nber Vehi	cles Recovere Officer Sig		e O				1	Supervisor	Signati	ıre				
ID	MIL	LER, .	J. R. (1	5818)		HOR.							SLEY, S. A. (14880)							
Status	Compl	aınant	Signatur	e			Case Statu: Further Inact Closed	r Inve tive /Clea	red] [ded by Ai by Ai	Loc rest rest by And	Refuse other Ag	gency	ooperate	tradition Declined Page 1		