I N	Agency	y Name		STON-SALE	OLICE	. IN	INCIDENT/INVESTIGATION								OCA 2443527						
C .	ORI	NC					1	REPORT								Date / Time Reported SMIWTFS Month Day Yr Time					
D E			NC 034		│ │ │ │ │ │ │ Att │ At Found │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │									12   03   2024  11:26 Hrs.							
N T	#1		`	Larceny- All	_										Time						
D	#2 Crime Incident														Offense Tract						
A T	#3	Crime I	ncident					_	Com Att	Premise 7			w, v	vinston-sc	uem 1		/105 /ictim Re	siden	113 ce Type		
A							Com						☐ Single Family ☐ Multi Family								
МО			d or Com MITTEI											Forcible  Yes  No	X N/A	We	apon / To	ols			
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																				
V	1 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Internal Unconscious Other Major																				
I C	Victim/Business Name (Last, First, Middle)  Victim business Name (Last, First, Middle)  Victim control business Name (Last, First, Middle)														Race	Sex	Relation To Offer	ship	Resident Resident	Status	
T I	V1		DA	ΓΑ OMITTED				Ι,	1,		32	$\left \begin{array}{c} w \end{array}\right $	$_{F}$	To Offer	idei	□ Non-	Resident				
M ·	Home	Addre	ss									1,			VV	Home Phone				nown	
					TTED																
	Emplo	yer Na	me/Add	ress	ATA OMI	ITTED						Business Phone									
	VYR	Color		Lic	:/Lis				Vin												
T H E R S I N V O L V E D	DATA OMITTED																				
Status Codes																					
	Victim #	DCI	Status	Value		Property Description							Make/Model Serial Number								
	1 23 7,5 1 TELEPHO							E/TELEPHONE EQUIPMENT								LE/Iphone 12 DATA OMITTED				ΓΤED	
-	1	1 23 5 1 TELEPHONE/TELEPHONE EQUIPMENT										APPLE/	PLE/Iphone 12 FOR INFORMATION								
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	Officer			ID		noer veni	Officer Sig		e e				T	Supervisor							
ID	VAN	TREA		М. (16379)				ÂRN							OT, V. A. (15514)						
Status	Compl	ainant	Signatur	ċ		☐ Inact	Further Investigation														
							☐ Closed	/Lead	is Ext	nausted	1 1	□ Death o	t Offe	nder 🗆	Prosec	ution	Decline	1 I	Page	1	