I N	Agenc	y Name		STON-SALEN	CIDENT/INVESTIGATION						OCA 2444271								
C ·	ORI	NC	NC 034		1			REP	OF	RT			Date / Mon	Time th	Reported Day Y	SMTWTFS			
D E			ncident(s		☐ Att At Found S型TWTFS Month Day Yr Time							12 09 2024 18:51 Hrs. Last Known Secure SMTWTFS Month Day Yr Time							
N T	#1			, Assault-non Agg	ı —	Com	Month 12	Da			Time Hrs				Time $18:50$ Hrs.				
D.	#2		ncident				Att	Location	of l	Incident					•	Offense Tract			
A T	Crime Incident																NC Victim Resid	123	
A	#3	Jime I	neident						Com						☐ Single Family ☐ Multi Family				
МО			d or Com					•					Forcible Yes	X N/A	We	apon / Tool	3		
	□ No															Alcohol Use:			
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow																		
V I	$\frac{I}{I}$	Listims/		igious L.E. Off Name (Last, First,			ity 🔲 Othe	er/Un	know	n 🗆	_			scious _	Other	Majo			
C T	V1	v icuiii/				Victim of Crime #				DOI	$\begin{array}{c c} B / Age & Race \\ \hline 53 & \end{array}$		Sex	Relationshi To Offende	Resident				
I	DATA OMITTED													W			1AQ	☐ Non-Resident	
М -	Home Address DATA OMIT									TTED						Home Phone			
	Employer Name/Address DATA OMI'														Business Phone				
	VYR	Color							Vin										
O T H E R S							Д АТА	. (NΛ	ITTE	3D	`							
I N V O L V E D																			
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column i	R = Recovered for other	D = I r juri	Damaged sdiction)	Z = Seized	B =	Burn	ed $C = C$	Cou	nterfeit / F	orged	F = Found	d				
	Victim # DCI Status Value OJ QTY						Property Description							Mak	e/Mo	del	Serial Number		
- - P - R													Ι	DATA OMITTED					
					+													FOR INFORMATION	
					+													SECURITY	
0																		PURPOSES	
Р ⁻ Е -																			
R.					_													ONLY THE FIRST	
Т Ү					+	+											IWI	ITEMS ARE	
-					\dashv	+												DISPLAYED ON	
-																		P2C REPORTS	
-																			
	Numb		ehicles S	tolen 0		nber Vehic	Cles Recovere		<i>0</i>				ı	Supervisor	Signati	ıre			
ID	BAL	G. (163	Officer Sig								r Signature GHEGAN, M. R. (16168)								
	— _{— ;}									Case Disposition: Unfounded Located Extr							stradition Declined		
Status							☐ Inact	tive						rest by Ano					