| I N | Agenc | y Nam | | NSTON-SALEN | OLICE | IN | INCIDENT/INVESTIGATION | | | | | | | OCA 2444531 | | | | | |
|--|---|-----------------------|----------------------|--------------------------------------|----------------------|---|------------------------|-------------------------------------|---------------|------------|-------|--------------------|-------------------|---|----------------------|----------------------------|---------------------------|---------------------------------|--|
| C | ORI | NG | | | | OLICE | REPORT | | | | | | | Date / Time Reported SMTATFS Month Day Yr Time | | | | | |
| D E | 10 | | NC 034 | | | | | ID A# A+Equad QM m Inf m inf cl | | | | | | | | 12 11 2024 18:04 Hrs. | | | |
| N T | #1 | Jime 1 | neideni(s | , Shopliftii | ☐ Att | | | | | | | Month Day Yr Time | | | | | | | |
| D . | #2 | Crime I | ncident | Snopilyin | ·8 | | | | \rightarrow | Location | | | 10 | 0.04 1115 | 7 12 | | 1 2024 | Offense Tract | |
| A | Com 3729 Northampton Dr, Winston-sale | | | | | | | | | | | | | | | | | 224 | |
| T A | # XI | | | | | | | | | | | | | | | | Victim Resid | ence Type nily ∏Multi Family | |
| МО | | | d or Com | | | | | | | | | | | Forcible Yes | N/A | Weapon / Tools | | | |
| | | | | | | | | | | | | | | | | <u> </u> | A1 1 1 T T | | |
| V | # of Victims Type | | | | | | | | | | | | | | | | | | |
| | 1 | | ☐ Rel | igious 🔲 L.E. Of | icer l | Line of D | | | know | . – | | rnal 🔲 | Uncon | scious [| Other | | or 🖂 N | lo □N/A | |
| C | Crime # | | | | | | | | | | | | | | Race | Sex | Relationshi To Offende | Resident Status Resident | |
| T I | V1 | | DA | ΓA OMITTED | | | | | | | 1 | 1, | | | | | | Non-Resident ☐ Unknown | |
| M | Home | Addre | ess | | | | | | | | | | Home Phone | | | | | | |
| | Employer Name/Address DATA OM DATA OM | | | | | | | | | | | | | | | Business Phone | | | |
| | VYR | I M | ake | Model | Color | ATA OMITTED Color Lic/Lis Vin | | | | | | | | | | | | | |
| | , 110 | | | 1770401 | | yle | Coror | | | | | | | | | | | | |
| O T H E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | |
| Status Codes | (Chec | k "OJ" | = Stolen column i | R = Recovered if recovered for other | D = l er juri | Damaged isdiction) | Z = Seized | B = | Burn | ed $C = C$ | Count | terfeit / F | orged | F = Foun | d | | | | |
| | Victim # | DCI | Status | Value | Property Description | | | | | | | | Mak | e/Mo | odel S | Serial Number | | | |
| | 1 | CONSUMABLE FOODSTUFFS | | | | | | | | | | D | ATA OMITTED | | | | | | |
| P - R | 1 08 7 1 CONSUMABLE FOODSTUFFS | | | | | | | | | | | 1 | FOR NFORMATION | | | | | | |
| | | | | | \dashv | | | | | | | | | | | | | SECURITY | |
| ο . | | | | | | | | | | | | | | | | | | PURPOSES | |
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| R T | | | | | \dashv | | | | | | | | | | | | | NLY THE FIRST LVE PROPERTY | |
| Y · | | | | | _ | | | | | | | | | + | | | IWE | ITEMS ARE | |
| - | | | | | \dashv | | | | | | | | | | | |] | DISPLAYED ON | |
| • | | | | | | | | | | | | | | | | | | P2C REPORTS | |
| - | | | | | Д | | | | | | | | | | | | | | |
| | Numb | | ehicles S | tolen 0 | | nber Vehi | Cles Recovere | | <i>0</i> | | | | ı | Supervisor | Signati | ıre | | | |
| ID | SHC | <i>EMA</i> | T. G. (16282) | | Officer Sig | Officer Signature Supervisor Signature STUMP, J. K. (14922) | | | | | | | | | 4922) | | | | |
| | Comp | lainant | Signatur | e | | | Case Statu | ase Status Case Disposition: | | | | | | | ated | | | tradition Declined | |
| Status | | | | | | | ☐ Closed | tive /Clea | red | | | Cleared Cleared | by Ar by Ar | Test by And |] Refuse other Ag | ency | ooperate | Page 1 | |