I N	Agenc	y Name		STON-SALEN	CIDENT/INVESTIGATION						OCA 2444849								
C I	ORI	NC					1	REPORT						Date / Time Reported SMTWTFS Month Day Yr Time					
D E	10		NC 034		Att At Found SMTWTFS Month Day Yr Time						12 14 2024 03:17 Hrs. Last Known Secure S M T M T F S Month Day Yr Time Time Month Day Yr Month Day Yr								
N T	#1			, Assault-non Agg	grav	ated Ass	sault	_	Com	Month 12	Da			Time B:17 Hrs				Time $03:16$ Hrs.	
D	#2 Crime Incident																	Offense Tract	
A T		'rime I	ncident					_	Com	2805 Premise			Win	ston-salen	n NC		05 Victim Reside	121	
A	#3	Jime 1	nerdent						☐ Att Premise Type ☐ Com						☐ Single Family ☐ Multi Family				
МО			d or Com											Forcible Yes	X N/A	We	apon / Tools		
	□ No															lcohol 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	$\frac{I}{I}$	Viotim/		igious L.E. Off			ity 🔲 Othe	er/Un	know	n _				nscious	Other	Majo		N/A Resident Status	
C T	V1	v ictiiii/								Victim of Crime #	DOI	3 / Age 36	Race	Sex	To Offender	☐ Resident			
I	11		DA	ΓΑ OMITTED					1,			В	M		Non-Resident □ Unknown				
M	Home	Addre	ess		ΓΤΕD								Home Phone						
	Employer Name/Address DATA OMI															Business Phone			
	VYR							Vin											
				<u> </u>					<u> </u>										
О																			
T H																			
E																			
R S	R S																		
							DATA	(M	TTTF	ΞD)							
I N	DATA OMITTED																		
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G			G. 1	D D 1	D .	D 1	7 0 1		D	1 0 (<u> </u>	. C://E	, 1	г г	1				
Status Codes	(Chec	k "OJ"	= Stolen column	R = Recovered if recovered for other	r jur	isdiction)	Z = Seized	В=	Burn	ied C=C	Coui	nterreit / F	orgea	F = Found	1				
	Victim # DCI Status Value OJ QTY						Property Description							Mak	e/Mo		erial Number		
- - P - R													DA	TA OMITTED FOR					
					_												IN	FORMATION	
																		SECURITY	
O P																		PURPOSES	
E ·					_												ON	ILY THE FIRST	
R T																		VE PROPERTY	
Υ .																		ITEMS ARE	
					\Box													ISPLAYED ON	
-					\dashv												F	2C REPORTS	
•	Numb	er of V	ehicles S	tolen 0	Nur	nber Vehic	cles Recovere	d	0										
ID	Office:	0 (15	Officer Sig	Officer Signature Supervisor Signature BRUNER, K. M. (15921)															
11)	TERRY, J. O. (15819) Complainant Signature Case Statu									Case Disposition:									
Status						☐ Further		Investigation Unfounded Located Extradition							adition Declined				
~ ······							Closed	/Cleared Cleared by Arrest by Another Agency							Г	Page 1			