I N	Agenc	y Name		STON-SALEN	OLICE	IN	NCIDENT/INVESTIGATION						OCA 2444850								
C I	C ODI REPORT														Date / Time Reported SMTWTFS Month Day Yr Time						
D E			ncident(s									$12 \mid 14 \mid 2024 \mid 03:41$ Hrs.									
N T	#1		, Drug Viola	ı —	☐ Att   At Found   S M T W T F S   Yr Time   X Com   12   14   2024   03:41   Hrs							Month Day Yr Time									
D	#2	Crime I	ncident			Att	Location	n of	Incident							Offense T					
A T		'rime I	ncident					_	Com	2805 Premise			Win	ston-sale	m NC		95 Victim Re	siden	121		
A	#3	Jime I	nerdent		☐ Att   Premise Type ☐ Com							☐ Single Family ☐ Multi Family									
МО	How Attacked or Committed DATA OMITTED												Forcible  Yes XN/A				Weapon / Tools				
	# of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:															se:					
3.7	1 Society Government Financial Institute Broken Bones Severe Lacerations Wes Unknown Internal Unconscious Other Major																				
V I		Victim/		Name (Last, First,			ity U Otne	er/Un	Know	'n   _		Victim of		S / Age	Race	<u> </u>			□N/A Residen		
C T	V1 DATA OMITTED																To Offen	der	☐ Resi	dent -Resident	
I M				TA OMITTED								1,							Unk		
	Home Address DATA OMITTED																Home Phone				
,	Employer Name/Address DATA OM									TTED						Business Phone					
1	VYR Make Model Style						Color Lic/Lis Vin						Vin								
T H E R S I N V O L V E D	DATA OMITTED																				
Status Codes	L = Le (Chec	ost S k "OJ"	= Stolen column i	R = Recovered f recovered for other	D = i	Damaged isdiction)	Z = Seized	B =	Burn	ed C=	Coı	unterfeit / F	orged	F = Foun	d						
	Victim # DCI Status Value OJ QTY						Property Description								Mak	ake/Model Serial Number				ber	
														DA	ГА ОМІ						
- P - R					_													INI	FOR FORMA		
					$\dashv$														SECURI		
O P -																		]	PURPOS	SES	
E ·																		ONI	VTHE	EIDCT	
R T						-											TV		LY THE /E PROI		
Y ·																			ITEMS A		
																		DIS	SPLAYE	ED ON	
																		P2	C REPO	ORTS	
-	Numb	er of V	ehicles S	tolen 0	None	nher Vok	oles Pagaziona	d	0												
	Officer ID# Officer Signature Supervisor Signature																				
ID	BRU	INER,		(15921)		ĴACO							DBS, A. P. (14962)								
Status	Comp	iainant	Signatur	z		☐ Inact	☐ Further Investigation ☐ Unfounded ☐ Located														