I N	Agenc	y Name		NSTON-SALEN	CIDENT/INVESTIGATION						OCA 2445359								
C ·	ORI	NG			-	REPORT						Date / Time Reported SMTWTFS Month Day Yr Time							
D E	10		NC 034		☐ Att   At Found   SM						12   18   2024   08:45 Hrs.   Last Known Secure   SM T W T F S Month Day Yr Time								
N T	#1			) sing/concealing	Stol	len Pror	pertv	_	Com	Month  12	D			ime 1:00  Hrs			Day Yr 🖰	Time $11:00$ Hrs.	
D .	#2		ncident	mis, conceding	Sici	en i rop		_	Att	Location			<i>†</i>   14	1.00   1113	12			Offense Tract	
A		~ · ·						_	Com			•	Wins	ston-salen	n NC			312	
T A	#3	rime i	ncident				☐ Att Premise Type ☐ Com						Victim Residence Type ☐ Single Family ☐ Multi Family						
МО			d or Com											Forcible  Yes	x N/A	We	apon / Tools		
																laahal Haar			
	# of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:   Broken Bones   Severe Lacerations   Yes   Unknow																		
V	<i>I</i>		☐ Rel	igious 🔲 L.E. Off	icer l		uty 🔲 Othe	er/Ur	ıknow	n _		ternal 🔲		nscious	Other	Majo	r 🛛 🖾 No	N/A	
C		Victim/	Business	Name (Last, First,					Victim of Crime #	DOI	3 / Age 28	Race	Sex	Relationship To Offender	Resident Status Resident				
T I	V1		DA	ΓA OMITTED					1,			W	M		Non-Resident ☐ Unknown				
М -	Home	Addre	ess		ГТБ	TTED							Home Phone						
	Employer Name/Address DATA OMI															Business Phone			
								Color   Lic/Lis   Vin						Vin					
O T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes	(Chec	k "OJ"	= Stolen column	R = Recovered if recovered for other	D = l er juri	Damaged isdiction)	Z = Seized	B =	Burn	C = 0	Cou	ınterfeit / F	orged	F = Found	d				
	Victim #	Property Description								Mal	Make/Model Serial Number								
_	1								WBOARDS							N/	DA	TA OMITTED	
P - R					_												IN	FOR FORMATION	
					_													SECURITY	
0																		PURPOSES	
Р <sup>-</sup> Е -																			
R.					_													ILY THE FIRST	
Т Ү					_												IWEL	VE PROPERTY ITEMS ARE	
-					$\dashv$												D	ISPLAYED ON	
-																		2C REPORTS	
_																			
	Numb		ehicles S	tolen 0		nber Vehi	cles Recovere		0				-	Supervisor	Signat	ure			
ID			P. (1481	Officer Sig								sor Signature ERSON, B. M. (15386)							
	Comp	lainant	Signatur	e	S r Inv	Case Disposition:							adition Declined						
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	tive /Clea	ared			☐ Cleared	by Ai	rest by Ano	Refuse ther Ag	gency	ooperate	Page 1	