I N	Agenc	y Namo		NSTON-SALEN	OLICE	IN	INCIDENT/INVESTIGATION								OCA 2445468						
C	ORI	NC	NC 034	10200			1	REPORT								Date / Time Reported SMTWTFS Month Day Yr Time					
D E			ncident(s		Att At Found SMTWTFS Month Day Yr Time									12 18 2024 19:49 Hrs.							
N T	#1	Larceny- Au Oiner						Month Day Yr Time [X] Com 12 18 2024 19:49 1												rs.	
D	2 Crime Incident																•		Offense Tract 122		
A T	ща (Crime I	ncident					_	Com Att	Premise			Jr, W	inston-sa	uem N	Victim Residence Type					
A	#3						Com							☐ Single Family ☐ Multi Family							
МО			d or Com MITTEI											Forcible ☐ Yes [☐ No	⅓ N/A	We	apon / To	ols			
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																				
V	1			ciety Governm ligious L.E. Of			inancial Institution		know		-	roken Bone ternal □		Severe	Lacera Other	tions Maio] Yes] No	□ Unknow □N/A	√n	
I C	Victim/Business Name (Last, First, Middle) Victim of DOB / Age														Race		Relation	ship	Resident Stat		
T	V1 DATA OMITTED											Crime # 39			117	_	To Offer				
I M	Ноте	Addre	ACC.									1,			W	F	ne Phone		Unknown	1	
	Home Address DATA OM									TTED						Home I none					
	Empl	oyer Na	ame/Add	ress	D	ATA OMI	TA OMITTED							Business Phone							
1	VYR	Color		Lic	c/Lis				Vin												
T H E R S I N V O L V E D	DATA OMITTED																				
Status Codes																					
	Victim #		Status		Property Description							Make/Model Serial Number									
	") HANDGUN								GER/3500 Max DATA OMITTED					
P - R - O																		INII	FOR FORMATION		
					\dashv														SECURITY	<u>`</u>	
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Y ·													TWELVE PROPERTY ITEMS ARE								
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	Office	r	ehicles S	ID		nder Vehi	cles Recovere Officer Sig		e re				1	Supervisor	Signat	ure				\dashv	
ID	BOV	VARD		(16275)								CHUE, V. N. (15139)						\dashv			
Status	Comp	iainant	Signatur	e			Case Status Further X Inact Closed	r Inve ive /Clea	ared				ded by Ai by Ai	Locarrest	Refuse other Ag	gency	ooperate	_	dition Decline	ied	