I N	Agenc	y Name		STON-SALE	OLICE	INCIDENT/INVESTIGATION REPORT							OCA 2446473 Date / Time Reported S M T W T F s Month Day Yr Time					
C ·	ORI		,,,,,		OLICE													
I D		NC	NC 034	40200										12 Month	Day 1	2024	4 10:40 Hrs.	
E N		Crime I	ncident(s)		🗆 Att	At For Montl		Day Yr	TW	T_FS Lme	Last Kr Month	iown Sec Day	ure Yr	SMTWT <u></u> ≢S Time			
T .	#1			Larceny- Al	l Oth	ner		X Com	12		<u>27⁻ 2024</u>		40 Hrs	1			<u>10:39</u> Hrs.	
D	#2 Crime Incident														-105		Offense Tract	
A T		Crime Incident Com 3912 Indiana Av, Winston												m NC 27		Pasida	121 nce Type	
A	#3		neruent					☐ Att ☐ Com	1 ICHIIS	Tennise Type					Single Family Multi Family			
	How A	Attacke	d or Con	nmitted									Forcible		Weapon /	-	<u>, </u>	
MO	D	ATA O	MITTEI)									□ Yes [□ No	X N/A				
	# of Victims Type Person X Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															lcohol Use:		
	1		So 🗆 So	ciety 🔲 Governm	nent	🗆 F	inancial Institu			_	Broken Bones		 ⊡ Severe	- Laceratio				
V I				ligious 🔲 L.E. O			uty 🗌 Othe	er/Unknov	vn		nternal			Other M				
Ċ																ionship ffender		
T I	V1		DA	ΓΑ OMITTED							1,						Non-Residen	
M ·	Home	Addre									1,				Iome Pho	ne	Unknown	
	Home	, ruure	.33			D	ATA OMI	ΓTED						1		,ne		
	Empl	oyer Na	ame/Add	ress		D	ATA OMI	ITED						E	usiness l	Phone		
	VYR	M	ake	Model	S	tyle	Color	r Lic/Lis Vin										
						, 												
E R S I N V O L V E D		DATA OMITTED																
Status	L = L	ost S	= Stolen	R = Recovered	D =	Damaged	Z = Seized	B = Buri	ned C:	= Cc	ounterfeit / Fo	orged	F = Foun	d				
Codes	(Chec Victim	k "OJ"	column	if recovered for oth	ier jui	risdiction)								1				
	#	DCI	Status	Value	OJ	QTY		Property	Descrip	otion	l			Make/	Model		erial Number	
-	1	1 71 7 25 COPPER												DA	ATA OMITTED			
-																IN	FOR IFORMATION	
P -																11	SECURITY	
R O																	PURPOSES	
Р -																		
E- R																ON	ILY THE FIRST	
T -																TWEL	VE PROPERTY	
Y -																	ITEMS ARE	
-																D	ISPLAYED ON	
-																F	2C REPORTS	
_																		
	Numb	er of V	ehicles S	Stolen 0	Nu	mber Vehi	cles Recovere	d 0										
ID	Office		мт		D#		Officer Sig	nature				5	Supervisor	Signature	(1/06)	2)		
ID	HOOKER, M. L. (16131) JACO Complainant Signature Case Status Case Disposition:												BS, A. P. (14962)					
Status	comp		2.5natul	-			☐ Further ☐ Inact ☐ Closed	Investiga	tion		Unfound Cleared	ded by Arr		Refuse to	o Cooper		radition Declined	
									hausted		\square Death of			Prosecut		ined	Page 1	