I N	Agenc	y Nam		NSTON-SALEN	OLICE	IN	INCIDENT/INVESTIGATION							OCA 2482203				
C I	ORI	NC					REPORT							Date / Time Reported SMTWTFS Month Day Yr Time				
D E	NC NC 0340200 Crime Incident(s)								☐ Att At Found						$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			
N T	#1 All Other Fraud									□ Att At Found SMI WIT FS Last Known Secure SMI WIT FS Last Known Secure SMI WIT FINE Month Day Yr Time Time Month Day Yr Time								
D	#2	Crime I	ncident					_	Att Location of Incident Offense Tra								Offense Tract 314	
A T	#3	Crime I	ncident						emise Type				Victim Residence Type					
A								Com					☐ Single Family ☐ Multi Family					
МО			d or Com										Forcible Yes No	Weapon / Tools				
V	# of V	ictims	""	N Person	_	Business		4		Injury		_		Loss o			cohol Use:	
	1 Society Government Financial Institute Broken Bones Severe Lacerations Wes Unknown Internal Unconscious Other Major No NA															_		
I C	Victim/Business Name (Last, First, Middle)											Victim of DOB / Age FOR Crime # 69					Resident Status Resident	
T I	V1 DATA OMITTED										1		09	W	$_{F}$	RU	Non-Resident	
M	Home Address															ne Phone	Unknown	
	Employer Name/Address DATA OMI																	
			ime/Addi			D	ATA OMI	AITTED						Business Phone				
,	VYR	M	ake	Model	St	yle	Color		Lic	/Lis			Vin					
O T H E R S I N V O L V E D		DATA OMITTED																
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column	R = Recovered if recovered for other	D = i er jur	Damaged isdiction)	Z = Seized	B =	Burn	ed $C = C$	Counterfeit /	Forged	F = Found	d				
	Victim #	Property Description							Mak	ce/Mo	del Se	rial Number						
- - P - R	1	MONEY/CASH									DA	TA OMITTED FOR						
																IN	FORMATION	
																	SECURITY	
O .																	PURPOSES	
E ·					-											ON	LY THE FIRST	
R T																	VE PROPERTY	
Υ .																	ITEMS ARE	
																	SPLAYED ON	
-				+	\dashv											P:	2C REPORTS	
•	Numb	er of V	ehicles S	tolen 0	Nur	nber Vehi	cles Recovere	d	0									
ID	Office RAT		K D	ID (15687)	#		Officer Sig	Officer Signature Supervisor Signature RATLIFF, K. D. (15687)										
ID	RATLIFF, K. D. (15687) Complainant Signature Case Sta															1500/)		
Status	*		-				☐ Further ☐ Inact ☐ Closed ☐ Closed	tive l/Clea	red		☐ Unfour ☐ Cleare ☐ Cleare	nded d by A d by A	Locarrest Locarr	Refuse other Ag	gency	ooperate	Page 1	