I N	Agenc	y Name		VSTON-SALEN] IN	NCIDENT/INVESTIGATION						OCA 2482338								
C I	ORI	NC					1	REPORT							Date / Time Reported S M T W T F S Month Day Yr Time					
D E	NC NC 0340200 Crime Incident(s)									☐ Att At Found							Day Time O7 O5 2024 22:17 Hrs.			
N T	#1			Trespassi	_	Month Day Yr Time Month Day Yr Time Time 77 Month Day Yr Time 78 Month Day Yr Time 78 Month Day Yr Time 79 Month D														
D	#2	Crime I	ncident		_	Att Location of Incident Offense Trac														
A T	#3	Crime I	ncident				Com 609 Stoney Glen Cr, Winston-s Att Premise Type						iiem 1	Victim Residence Type						
A			1 0					Com						- "1	☐ Single Family ☐ Multi Family Weapon / Tools					
МО			d or Com MITTED											Forcible ☐ Yes [☐ No	X N/A	we	apon / Tools			
	# of Victims Type Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																			
V	2 Society Government Financial Institute Broken Bones Severe Lacerations Unknown Internal Unconscious Other Major Yes Unknown															_				
I C		Victim/		Name (Last, First,	Victim of Do						3 / Age	Race		Relationship	Resident Status					
T I	V1 DATA OMITTED										'	Crime #		63	n	_	To Offender			
M	Home Address														B	F Hon	RU ne Phone	Unknown		
	Employer Name/Address DATA OMI Employer Name/Address									TTED										
		ime/Addi	ATA OMI	OMITTED							Business Phone									
	VYR	M	ake	Model	St	yle	Color		Lic	c/Lis				Vin						
O T H E R S I N V O L V E D	DATA OMITTED																			
Status Codes	(Chec	k "OJ"	= Stolen column i	R = Recovered frecovered for other	D = l r juri	Damaged isdiction)	Z = Seized	B =	Burn	ed C=	Cou	ınterfeit / F	orged	F = Found	d 					
	Victim # DCI Status Value OJ QTY						Property Description								Mak	e/Mo		erial Number		
- P - R _		 											Dz	TA OMITTED FOR						
																	II	FORMATION		
																		SECURITY		
O P					\dashv													PURPOSES		
E ·					\dashv												Oi	NLY THE FIRST		
T .					\dashv												TWEI	VE PROPERTY		
Y																		ITEMS ARE		
																		ISPLAYED ON		
					_												I	2C REPORTS		
-	Numb	er of V	ehicles S	tolen 0	Nun	nber Vehic	cles Recovere	d	0											
	Office	r		ID		, ciii	Officer Sig		_					Supervisor			0 (1551)	,		
ID		ALEXANDER, J. C. (15741) Complainant Signature Case									<u>ا ر</u>	ase Dispos	ition	ALEXA	ÀLEXANDER, J. C. (15741)					
Status	Comp	iamalli	Signatul				Case Statu: Further Inact X Closed	r Inve tive /Clea	ıred			☐ Unfoun☐ Cleared☐ Cleared☐	ded by Ai by Ai	Locarrest	Refuse ther Ag	gency	ooperate	Page 1		