I N	Agenc	y Name		ISTON-SALEN	OLICE	IN	INCIDENT/INVESTIGATION						OCA 2483136						
C	ORI	NG				02102	1	REPORT							Date / Time Reported SMTWTFS Month Day Yr Time				
D E			NC 034											09   09   2024  17:47 Hrs.					
N T	#1 Crime Incident(s)  **Shoplifting**									Att   At Found   SMTWTFS   Month Day Yr Time   Month Hrs						Month Day Yr Time			
D .	#2	Crime I	ncident	Siteptifiti					_		of Incident	+   1/	.10  1115	<u> </u>	<u> </u>	<del>-                                    </del>	Offense Tract		
Α	☐ Com 3200 Silas Creek Pw, Winston-sala																322		
T A	#3	rime I	ncident					☐ Att Premise Type ☐ Com						Victim Residence Type ☐ Single Family ☐ Multi Family					
МО			d or Com								Forcible ☐ Yes			Weapon / Tools					
V	# of V	ictims	**	☐ Person		Business	inancial Instit	ute		Injury	☐ None Broken Bone	□ M	_	Loss of			cohol Use:  Unknown		
	I Religious ☐ L.E. Officer Line of Duty ☐ Other/Unknown ☐ Internal ☐ Unconscious ☐ Other Major ☐ N/A															 □N/A			
I C	Victim/Business Name (Last, First, Middle)  Victim of DOB / Age Crime #													Race	Sex	Relationship To Offender	Resident Status Resident		
T I	V1		DAT	TA OMITTED							1						☐ Non-Resident		
M	Home Address														Home Phone Unknown				
	Employer Name/Address  DATA OMI													Business Phone					
	VYR   Make   Model   Style   Color							DMITTED    Lic/Lis   Vin						Business I none					
	VIK	IVI	akc	Wiodei	Si	.yie	Color		LIC	LIS			<b>V</b> 111						
O T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes																			
	Victim # DCI Status Value OJ QTY						Property Description							Mak	e/Mo	del Sei	rial Number		
P - R - O	1							OTHES/FURS								DA	TA OMITTED		
																IN	FOR FORMATION		
																	SECURITY		
																	PURPOSES		
Р <sup>-</sup> Е -																ON	LV THE FIRST		
R T Y					_												LY THE FIRST VE PROPERTY		
					$\dashv$												ITEMS ARE		
																	SPLAYED ON		
																P2	2C REPORTS		
	Num	or of V	ehicles S	tolen 0	N···	mber Val:	cles Recovere	d	0										
	Office	r		ID		moer veni	Officer Sig		9			Ī	Supervisor						
ID	ALE	XANI				Г	Coss D'	.i.i -				C. (15741)							
Status	Comp	iainant	Signature	e e			Case Statu				Case Dispos		□ Loc	. 1		☐ Extra			