I N	Agenc	y Name		NSTON-SALEN	. IN	INCIDENT/INVESTIGATION							OCA 2483956						
C	ORI	NC	NC 034				1	REPORT							Date / Time Reported SMIWTFS Month Day Yr Time				
D E			ncident(s		Att At Found SMTWTFS Month Day Yr Time						11 19 2024 19:35 Hrs. Last Known Secure SMT WTFS								
N T	#1			Shopliftii			Com	Month 11	D			ime 0:05 Hrs			Day Yr - 17 2024	Time 20:05 Hrs.			
D	#2	Crime I	ncident			_	Att Location of Incident Offense Tr									Offense Tract 113			
A T	#3	Crime I	ncident						Com Att	Premise		•	PW, V	vinston-s	aiem 1		Victim Reside		
A									Com							_		ly ∏Multi Family	
МО			d or Com MITTEI									Forcible ☐ Yes ☐ No	X N/A	We	apon / Tools				
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																		
V	I □ Society □ Government □ Financial Institute □ Broken Bones □ Severe Lacerations □ Yes □ Unknown □ Religious □ L.E. Officer Line of Duty □ Other/Unknown □ Internal □ Unconscious □ Other Major □ No □ N/A															_			
I C	Victim/Business Name (Last, First, Middle) Victim of DOB / Age Crime #														Race	Sex	Relationship To Offender	Resident Status	
T I	V1		DA	ΓΑ OMITTED								1					10 Offender	☐ Non-Resident	
M	Home	Addre	:SS									1				Home Phone Unknown			
	DATA OMI									TTED						D : DI			
			ress	ATA OMI	ITTED					Business Phone									
	VYR	M	ake	Model	St	yle	Color		Lic	:/Lis				Vin					
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	R = Recovered f recovered for other	D = er iur	Damaged isdiction)	Z = Seized	B =	Burn	ed C=	Cou	ınterfeit / F	orged	F = Foun	d				
	Victim #		Status	Value	Property Description								Mak	e/Mo	odel So	erial Number			
	1	19N	MERCHANDISE SJ							11141	.0, 1,10		ATA OMITTED						
P -																	10	FOR	
																	11	NFORMATION SECURITY	
R O																		PURPOSES	
P :																			
R T																		VE PROPERTY	
Y ·						+											1 WEI	ITEMS ARE	
																	D	ISPLAYED ON	
																	I	2C REPORTS	
-	Mumb	on of V	ehicles S	tolon 0	Nive	mb ou Volei	cles Recovere	a	0										
	Office	r		ID		moer vell	Officer Sig		e e					Supervisor					
ID			<i>DER, J.</i> Signatur	C. (15741)	Case Status	ÀLEX								ANDER, J. C. (15741)					
Status	Comp	iaiiidiil	əignatur	_			☐ Further ☐ Inact ☐ Closed	r Inve tive /Clea	ıred			☐ Unfoun☐ Cleared☐ Cleared☐	ded by Ai by Ai	Loc rest rest by Ander	Refuse other Ag	gency	looperate	Page 1	