Ι.	Agency Name INCIDENT/INVESTIGATION													OCA					
N C ·			WI	STON-SALE	M P	OLICE	REPORT												
Ι	ORI	NC	NC 034	40200					Date / Time Reported S M T W T F S Month Day Yr Time										
D E			ncident(s				<u> </u>	□ Att At Found S型 T W T F S							11 20 2024 18:12 Hrs Last Known Secure Month S型 T W T F S Time				
N T	#1			Shoplifti			Mon	th	Day Yr		ime 5:03 Hrs			Yr '	Time 15:03				
-	#2	Crime I	ncident	Shophyn	18			⊠ Com □ Att	11		of Incident	+ 1.	.03 1113	11	10	2024	Offense T		
D A	#2							Com	14	50 L	umber Ln,	Win	ston-saler	n NC 2	7127		314		
T A																	ence Type		
	How	Attacka	d or Con	mitted				Com					Forcible			ngle Fam	ily □ Mult	Family	
MO																17 10013			
	# of Victims Type Person X Business Injury None Minor Loss of Teeth															Drug/4	Alcohol Use	a.	
	Image: Solution of the second sec															i ooui			
v	1			igious 🔲 L.E. Of		Line of D			vn		internal 🔲] Other M					
I C	Victim/Business Name (Last, First, Middle) Victim of DOB / Age Crime #															ationship Offender			
Т	V1		DA	FA OMITTED											10	Offender			
I M·											1						Unkr	lown	
	Home	e Addre	ess			D	ATA OMI	ГTED						Home Phone					
-	Emplo	oyer Na	me/Add	ress		D	ATA OMI	ГТЕD						Business Phone					
•	VYR	I M	ake	Model	L St	tyle	Color						Vin						
	, IK		une	inioder		.,	Color		0/ 110				V III						
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 = Bur	ned	C = Co	ounterfeit / F	orged	F = Found	d					
Codes																			
	# DCI Status Value OJ QTY						Property Description							Make/	Model		erial Numb		
-	1 36 7 10 TOOLS - POWER & HAND												D	ATA OMIT	TED				
-																I	NFORMA	FION	
P- R																	SECURI		
0																	PURPOS	ES	
P -																			
E- R																0	NLY THE	FIRST	
Т																TWE	LVE PROF	ERTY	
Y -																	ITEMS A	NRE	
-																	DISPLAYE		
_																	P2C REPO	RTS	
-																			
			ehicles S			mber Vehi	icles Recovere	. 0					Supervise	Signature	-				
ID	Office ALE		<u>DER, J</u> .	С. (15741)) #		Officer Sig	nature					Supervisor ALEXA	NDER,	<u>J. C.</u>	<u>(1574</u> 1)		
Status	Complainant Signature Case Status Case Disposition: □ Further Investigation □ Unfounded □ Located													eclined					
							□ Closed		hauste	ed	\square Death o	of Offe	nder	Prosecu		clined	Page	1	