| I N | Agenc | y Namo | | NSTON-SALEN | . IN | INCIDENT/INVESTIGATION | | | | | | | OCA 2484083 | | | | | | | |
|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------|--------------------|--------------------|----------------------|------------------------|--------------------|--------------------------|-----|---------------|----------------------------------------------------------------------------------|----------------------------|----------------------------|--------------------------------|----------------------|-------------------------------|------------------------------------|--------|-----------------------------|--|
| C I | ORI | NC | | | REPORT | | | | | | Date / Time Reported SMTWTFS Month Day Yr Time 12 01 2024 13:51 Hrs. | | | | | | | | | |
| D E | <u> </u> | | NC 034 | | | | | Att At Found | | | | | 4 T W | TFS | 12 Last | | Time 13:51 Hrs M T W T F | | | |
| N T | #1 | | | , Shopliftii | ıg | | | ı — | Com | Month | 1] | | | T F S Time 2:41 Hrs | | | on Secure Day Y 101 20 | r 🗀 | Time 12:41 Hrs | |
| D | #2 | Crime I | ncident | • • | | | | | | Locati | on o | f Incident | | | | | | | Offense Tract | |
| A T | | Crime I | ncident | | | | | | Com | 152 Premis | | • | mmo | ns Ct, Wi | nston- | | <i>m NC</i> Victim R | esiden | 322 ce Type | |
| A | #3 | | | | | | | | Com | | . , | 1 | | | | - 1 | | | y □Multi Famil | |
| МО | | | d or Com MITTEI | | Forcible ☐ Yes ☐ No | | | | | | Weapon / Tools | | | | | | | | | |
| | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | cohol Use: | | | | |
| V | 1 | | | | | | | | | | | | | | | _ | | | | |
| I | | Victim/ | | Name (Last, First, | | | | | | | <u>" "</u> | Victim of | | 3 / Age | Race | <u> </u> | Relation | ship | Resident Status | |
| C T | V1 | | DA | ΓΑ OMITTED | | | | | | | | Crime # | | | | | To Offe | nder | ☐ Resident ☐ Non-Reside | |
| I M | Home | A d dua | | | | | | | | | | 1 | | | | Hon | aa Dhana | | Unknown | |
| | Home Address DATA OMI' | | | | | | | | | ГТЕD | | | | | | Home Phone | | | | |
| | Emplo | oyer Na | ress | ATA OMI | MITTED | | | | | | | Business Phone | | | | | | | | |
| , | VYR | M | Color Lic/Lis Vin | | | | | | | Vin | _ | | | | | | | | | |
| H E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | | |
| Status Codes | | | | | | | | | | | | | | | | | | | | |
| | Victim # | | Status | Value | Property Description | | | | | | | | Mak | Make/Model Serial Number | | | | | | |
| | 1 | 51 | 7 | | BELT | | | | | | | | Cody Jo | James/Belt DATA OMITTED | | | | | | |
| Р . R | 1 | 51 | 7 | | _ | 1 | HAT | <u> </u> | | | | | | | | tol/Rfmont-16 FOR INFORMATION | | | | |
| | | | | | + | | | | | | | | | | | | | | SECURITY | |
| ο . | | | | | | | | | | | | | | | | | |] | PURPOSES | |
| P . | | | | | _ | | | | | | | | | | | | | 011 | A THE PID OF | |
| R T | | | | | \dashv | | | | | | | | | | | | Т | | LY THE FIRST /E PROPERTY | |
| Y · | | | | | \dashv | | | | | | | | | | | | - 1 | | TEMS ARE | |
| • | | | | | | | | | | | | | | | | | | DIS | SPLAYED ON | |
| | | | | | | | | | | | | | | | | | | P2 | C REPORTS | |
| - | Numb | er of V | ehicles S | tolen 0 | Nun | nher Vebi | cles Recovere | d | 0 | | | | | | | | | | | |
| | Office | r | | ID | | 1001 4011 | Officer Sig | | - | | | | | Supervisor | Signati | ure | / | | | |
| ID | Comp | DDEL lainant | Case Statu | WAD. | | | | | | | | DELL, J. A. (15882) | | | | | | | | |
| Status | Сопр | iaiiiaiil | Signatul | ~ | | | ☐ Furthe: ☐ Closed | r Inve tive I/Clea | red | | | ☐ Unfour☐ Cleared☐ Cleared | ided l by Ai l by Ai | Loc rrest rrest by Ander |] Refuse other Ag | gency | ooperate | _ | dition Declined | |