I N	Agenc	y Nam	STON-SALEN	. IN	NCIDENT/INVESTIGATION REPORT						OCA 2484170									
C I	ORI	NG									Date / Time Reported S M T W T F S Month Day Yr Time									
D E	10		NC 034		Att At Found SMTWTFS Month Day Yr Time								12 08 2024 Time 12 08 2024 11:05 Hrs. Last Known Secure S M T W T F S Month Day Yr							
N T	#1	Jimio I		, utobreaking An	d La	ırcenv		ı —	Com	Month	. I			lime 3:45 Hrs				Time $4 \mid 03:45 \mid$ Hrs		
D	#2	Crime I	ncident					_	Att		_	f Incident	7 U.).43 III.	12		0 202	Offense Tract		
A		7 I	! 4 4					_	Com				<i>C</i> , <i>V</i>	Vinston-so	ılem N			113		
T A	#3	Jillie 1	ncident						Att Com	Premise	: 1 y	pe				- 1		dence Type mily		
МО			d or Con											Forcible Yes	N/A	_	apon / Tool			
																/41 1 177				
	# of Victims Type Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown																			
V	1		☐ Rel	igious 🔲 L.E. Off	icer I	Line of D			nknow	- 1	_			nscious _	Other	Majo	r 🖂	No □N/A		
I C		Victim/	Business	Name (Last, First,	Victim of Crime #					DOI	3 / Age 21	Race	Sex	Relationsh To Offend						
T I	DATA OMITTED											1		21	I	$_{F}$	RU	☐ Non-Residen		
M	Home Address														1		ne Phone	Unknown		
	Employer Name/Address DATA OMI'														Business Phone					
	VYR Make Model Style Color									Lic/Lis				1 17:			Business Fronc			
	VIK	IVI	аке	Model	Si	yie	Color		Li	C/LIS				Vin						
O T H E R S I N V O L V E D	DATA OMITTED																			
Status Codes																				
	Victim #	DCI	Status	Value	QTY		Property Description							Mak	e/Mo	del	Serial Number			
								SES/HANDBAGS/WALLETS										DATA OMITTED		
P · R		03 TARG 1 2017 BLU , KAS-6829 NC									HYUN I	Elanti		FOR INFORMATION						
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ο .																		PURPOSES		
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Т Ү .					_												1 W.	ITEMS ARE		
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	Numb Office:		ehicles S	tolen 0		nber Vehi	Cles Recovere		0 re				ı	Supervisor	Signati	ıre				
ID	ALE	XANI	DER, J.	Officer Sig	Officer Signature Supervisor Signature ALEXANDER, J. C. (C. (1574	1)					
	Comp	lainant	Signatur	e			Case Statu		estion	tion		Case Dispos		□ Loca	ated			xtradition Declined		
Status							☐ Inact ☐ Closed	ive /Clea	ared			☐ Cleared	by A	rrest by Ano	Refuse ther Ag	gency	ooperate	Page 1		