I N	Agenc	y Name		STON-SALEN	] IN	CIE	CIDENT/INVESTIGATION						OCA 2410891						
I C	ORI	NC	NC 034	10200		1		REPORT						Date / Time Reported SMTWTES Month Day Yr Time					
D E			ncident(s				Att	At Foun	ıd	SM	1 T W	TÆS	03		29   202	Time 4			
N T	#1			, Obsenity/ Pornog	ation	_	Com	Month 03	D			T≢S Time D:52  Hrs			n Secure Day Yr 29   2024	Time   10:51   Hrs.			
D.	#2		ncident	, ,	1	·			-	Location	of	Incident					•	Offense Tract	
A T		Trima I	ncident					_	Com	900 N Premise			Av -	C, Winste	on-sal		VC Victim Resid	221	
A	#3	Jillie I	ncident						Att Com	Tremise	тур					- 1		ily ∏Multi Family	
МО			d or Con 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	1			ciety  Governm igious L.E. Off			inancial Institu		know	. –	•	oken Bone ternal 🔲		Severe	Lacerar Other		1 —	es Unknown O N/A	
I		Victim/		Name (Last, First,			, =			<u> I П</u>	T	Victim of		3 / Age	Race		Relationship	Resident Status	
C T	V1 DATA OMITTED																To Offender	Resident Non-Resident	
I M ·		4 1 1							1,					Di	Unknown				
	Home Address  DATA OMIT									ГТЕD						Home Phone			
	Employer Name/Address DATA OMI								ΓTED						Business Phone				
•	VYR	M	ake	Model	Sty	le	Color		Lic	c/Lis				Vin					
O T H E R S							DATA	<b>v</b> C	ЭM	ITTE	ED	)							
V O L V E D	L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found																		
Status Codes	(Chec	k "OJ"	= Stolen column	f recovered for other	r juris	sdiction)	Z = Seized	В=	Burn	ied C=C	Cou	interreit / F	orgea	F = Foun	a 				
	Victim # DCI Status Value OJ QT					QTY	Property Description							Mak	e/Mo		erial Number		
-													D	ATA OMITTED FOR					
P - R					+												I	NFORMATION	
																		SECURITY	
O P -					_													PURPOSES	
Ē -					+												0	NLY THE FIRST	
R T					+													LVE PROPERTY	
Y																		ITEMS ARE	
																		DISPLAYED ON	
-					+													P2C REPORTS	
-	Numb	er of V	ehicles S	tolen 0	Num	ber Vehic	cles Recovere	d	0										
ID.	Office	r		ID			Officer Sig		-					Supervisor			1526)		
ID			Signatur	. (15894) e	Case Status	S	ALLEN, M. K. (14526)  Case Disposition:												
Status	<b>r</b> -		<i>J</i>				☐ Further ☐ Inact ☐ Closed ☐ Closed	Inve ive /Clea	ared			☐ Unfoun ☐ Cleared ☐ Cleared	ded by Ai by Ai	Loc rest rest by And	Refuse other Ag	gency	ooperate	Page 1	