I N	Agenc	y Name		STON-SALEN	, IN	INCIDENT/INVESTIGATION							OCA 2411537								
C	ORI						1	REPORT							Date / Time Reported SMTWTFS Month Day Yr Time						
D E			NC 034													04 03 2024 12:31 Hrs.					
N	#1	rime I	ncident(s) Lost Prope	Att At Found SMIWIFS Month Day Yr Time X Com 04 02 2024 23:00 Hr							Last Known Secure SMIWTFS Month Day Yr Time									
T .	ща (Crime I	ncident	Losi Frope	eriy				\rightarrow	04 Location			4 23	8:00 Hrs	5 04	(02 2	2024	22:20 Offense Tr	Hrs.	
D A	G Com 5024 Payon Pd Wington salam NC															710.	5		124		
T A	#3	Crime I	ncident			Att Premise Type							Victim Residence Type								
	How A	Attacke	d or Com	mitted		Com Forcible						☐ Single Family ☐ Multi Family Weapon / Tools									
МО			MITTED											X N/A							
V	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																				
	0 Society Government Financial Institute Broken Bones Severe Lacerations Wes Unknown Internal Unconscious Other Major No NA																				
I	Victim/Business Name (Last, First, Middle) Victim of DOB / Age R														Race	<u> </u>	Relatio	onship	Resident	Status	
C T	V1 DATA OMITTED Crime #																To Off	fender	☐ Reside		
I M																Unknown					
	Home Address DATA OMIT									ГТЕD						Home Phone					
,	Employer Name/Address DATA O								MITTED						Business Phone						
,	VYR Make Model Style						Color		Lic	c/Lis				Vin							
H E R S I N V O L V E D	DATA OMITTED																				
Status Codes																					
	Victim	Property Description								Mal	Make/Model Serial Number				or						
P - R - O P -	# DCI Status Value OJ QTY 25 LOST 1 WALLET							1 7 1							IVICE	DATA OMITTED					
		65	LOST												NC				FOR		
		65	LOST		_		SS CARD									INFORMATION					
		77 77	LOST LOST		\dashv		FOOD STAMP CARD CHILD SUPPORT CARD									SECURITY PURPOSES					
		77	LOST		\dashv		UNITED HEALTHCARE CARD											-	I CKI OSI		
E - R					\neg		<u> </u>									ONLY THE FIRST					
T																TWELVE PROPERTY					
Υ .																			ITEMS A		
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					-													F 2	C KEFOR	113	
-	Numb	er of V	ehicles S	tolen 0	Nun	nber Veh	icles Recovere	d	0												
ID	Officer		F (15	ID		Officer Sig	natur	re					Supervisor MATT	Signat	ure	M (15	167)				
ID			. <i>E. (15</i> Signature		Case Status								TISŎN, G. M. (15167)								
Status			Ū				☐ Further ☐ Inact ☐ Closed	r Inve tive /Clea	ared] [☐ Unfour ☐ Cleared ☐ Cleared	ided l by Ai l by Ai	Test Loc Trest by Ander] Refuse other Ag	gency	Cooperat	te	Page		