| I N | Agenc | y Name | | STON-SALEN | OLICE |] IN | INCIDENT/INVESTIGATION | | | | | | OCA 2411582 | | | | | |
|---|---|-------------|-----------|--------------------------------------|--------|---|---|--|----------------|------------|---------------------|--------|---|---|------------|---------------------------|--------------------------|--|
| C · | ORI | NC | NC 02 | 10200 | | | REPORT | | | | | | | Date / Time Reported SMTWTFS Month Day Yr Time | | | | |
| D E | 10 | | NC 034 | | | | □ Att At Found SMTΨTFS | | | | | | | $04 \mid 03 \mid 2024 \mid 17.40$ Hrs. | | | | |
| N T | #1 | annie n | ieraem(s | , Trespassi | | Att At Found SMTMTFS Month Day Yr Time X Com 04 03 2024 17:40 Hrs | | | | | | | Last Known Secure SMT型TFS Month Day Yr Time O4 03 2024 17:39 Hrs. | | | | | |
| D. | #2 | Crime I | ncident | | -6 | | | 07 03 2027 17.40 2 07 03 2027 17 | | | | | | | | Offense Tract | | |
| A | Com 3179 Peters Creek Pw, V | | | | | | | | | | | | | | | C 27127 Victim Resider | 313 | |
| T A | #3 | Jillie 1 | ncident | | | | | ☐ Att Premise Type ☐ Com | | | | | | ☐ Single Family ☐ Multi Family | | | | |
| МО | | | d or Com | | | | | | | | | | Forcible Yes | X N/A | We | apon / Tools | | |
| | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | cohol Use: | | |
| | 2 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow | | | | | | | | | | | | | | | | | |
| V I | | Victim/ | | igious L.E. Off Name (Last, First, | | | ity 🔲 Othe | er/Un | know | n 🗆 | Internal Victim of | | nscious B / Age | Other | | | □N/A Resident Status | |
| C T | V1 | v ictiii/ | | | viidai | 10) | | | | | Crime # | וטטו | o / Age | Race | | To Offender | ☐ Resident | |
| I | 1 | | DA | ΓA OMITTED | | | | 1, | | | | | | | | | ☐ Non-Resident ☐ Unknown | |
| М - | Home Address DATA ON | | | | | | | | IITTED | | | | | | Home Phone | | | |
| | Emplo | ATA OMITTED | | | | | | | Business Phone | | | | | | | | | |
| | VYR Make Model Style | | | | | | Color Lic/Lis Vin | | | | | | Vin | | | | | |
| T H E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | |
| Status Codes | L = L | ost S | = Stolen | R = Recovered If recovered for other | D = E | Damaged sdiction) | Z = Seized | B = | Burn | ed $C = C$ | ounterfeit /] | Forged | F = Foun | d | | | | |
| Cours | Victim DCI G. V.I. O.I. O.T.V. | | | | | | Property Description | | | | | | | Mak | e/Mo | del Se | rial Number | |
| P - R - O | # DCI Status Value OJ Q1Y | | | | | | Troperty Description | | | | | | | 17141 | 10,1110 | | TA OMITTED | |
| | | | | | _ | | | | | | | | | | | n. | FOR | |
| | | | | | + | | | | | | | | | | | | FORMATION SECURITY | |
| | | | | | + | | | | | | | | | | | | PURPOSES | |
| Р ⁻ Е - | | | | | | | | | | | | | | | | | | |
| R | | | | | | | | | | | | | | | | | LY THE FIRST | |
| Т Ү - | | | | | _ | | | | | | | | | | | | VE PROPERTY | |
| 1 | | | | | - | | | | | | | | | | | | ITEMS ARE SPLAYED ON | |
| - | | | | | + | | | | | | | | | | | | 2C REPORTS | |
| - | | | | | | | | | | | | | | | | | | |
| | | | ehicles S | | | nber Vehic | cles Recovere | | 0 | | | | | | | | | |
| ID | Office: | | D, E | ID (16110) | | Officer Sig | Officer Signature Supervisor Signature LANGDON, S. L. (15223) | | | | | | | | | | | |
| 11/ | | Signatur | | Case Status | | | | | | | | | | | | | | |
| Status | | | | | | | ☐ Inact | her Investigation active Ged/Cleared Ged/Leads Exhausted Ged/Leads Exhausted | | | | | | gency | ooperate | Page 1 | | |