I N	Agenc	y Name		STON-SALEN	OLICE	] IN	INCIDENT/INVESTIGATION								OCA 2411989					
C ·	ORI	NC	NC 034	10200			1	REPORT								Date / Time Reported   S M T W T F s				
D E			ncident(s		Att At Found SMTWTFS Month Day Yr Time								04   06   2024   23:31 Hrs   Last Known Secure   S M T W T F = Month Day Yr Time							
N T	#1		ı —	Month Day Yr Time X Com 04   06   2024   23:31   Hrs								onth Day Yr Time $04 \mid 06 \mid 2024 \mid 23:30 \mid \text{Hrs}$								
D	#2	Crime I	ncident		Att			Incident				C 22	7105	C	Offense Tra	act				
A T	#3	Crime I	ncident						Com Att	Premise			Jr, w	inston-sa	iem iv			Residen	ce Type	
A						Com							☐ Single Family ☐ Multi Family							
МО			d or Com										Forcible ☐ Yes   ☐ No	X N/A	We	eapon / '	Tools			
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																			
V	0			ciety  Governm igious L.E. Off			inancial Institution		know	- 1	_	roken Bond Iternal 🗆		Severe	Lacera Other		or	□ Yes	Unkr □N/A	
I C	Victim/Business Name (Last, First, Middle)   Victim of   DOB / Age														Race	<u> </u>	Relation	onship	Resident S	Status
T	V1		DA	ΓA OMITTED								Crime #					10 OI	fender	☐ Reside	
I M ·	Home	Addre	cc													☐ Unknown				
	DATA OM								TTED						Trome r none					
	Emplo	oyer Na	me/Addı	ress	D.	ATA OMI	TA OMITTED							Business Phone						
•	VYR Make Model Style						Color		Lic	/Lis				Vin	'					
T H E R S I N O L V E D	DATA OMITTED																			
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column i	R = Recovered for other	D = l er juri	Damaged isdiction)	Z = Seized	B =	Burn	ed C=	Coı	unterfeit / I	Forged	F = Foun	ıd					
	Victim # DCI Status Value OJ QTY						Property Description								Mal	ake/Model Serial Number				er
- - P - R														DA	TA OMIT	ΓED				
					$\dashv$													INI	FOR FORMATI	ION
					_														SECURIT	
O P -																		]	PURPOSE	S
Ē -					_													OM	I V THE E	прет
R T					_														LY THE F	
Y					$\dashv$														ITEMS AF	
-					$\neg$													DIS	SPLAYED	ON
																		P2	C REPOR	TS
-	Num¹-	or of 17	ahialaa C	tolon 0	None	abor Vak:	alas Dagays	d	0											
	Number of Vehicles Stolen 0 Number Vehicles Recovered 0  Officer ID# Officer Signature Supervisor Signature																			
ID	BOV	'ARD,		(16275)		\ \KOR.							N, A. R. (15714)							
Status	Compl	lainant	Signatur	e		Case Statu:  Further  Inact  Closed	r Inve ive /Clea	red				ided I by Ai I by Ai	Loc rrest [ rrest by Ander [	] Refuse other Ag	gency	Coopera	te	Page 1		