I N	Agenc	y Name		STON-SALEN	OLICE	. IN	INCIDENT/INVESTIGATION							OCA 2412433							
C	ORI	NG				02102	-	REPORT								Date / Time Reported SMTWTFS Month Day Yr Time					
D E			NC 034	Att At Found SMTWTFS Month Day Yr Time							TES	04   10   2024  12:38 Hrs									
N T	#1	Time i	icident(s	Found Prop	v		_	Com	Month	ı J			lime 2:38  Hrs				r '	Time	Hrs.		
D .	#2	Crime I	ncident	1 ound 1 rop		_			f Incident	4   12	2:30   111 8	<u> </u>		10   20.		Offense Trac					
Α								_	Com			•	Win	ston-sale	n NC				111		
T A	#3	rime i	ncident					☐ Att Premise Type ☐ Com							Victim Residence Type  ☐ Single Family ☐ Multi Family						
МО			d or Com		Forcible ☐ Yes ☐ No						Weapon / Tools										
V	# of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:																				
	0 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow Internal Unconscious Other Major															own					
V I		/ictim/		Name (Last, First,			uty 🔲 Out	21/ ()11	IKIIOW	11	Ir 	Victim of		3 / Age	Race			ship	Resident S		
C T	V1		DA	ΓA OMITTED								Crime #		C			To Offen	der	☐ Resider		
I M			DA.	IA OMITTED															☐ Unknov		
141	Home Address DATA OMI									TTED						Home Phone					
	Employer Name/Address DATA OM								 (TTED						Business Phone						
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Status Codes																					
	Victim	Property Description							Mal	ake/Model Serial Number											
	# DCI Status Value OJ QTY   20 FOUN							JEY/CASH								DATA OMITTED					
P - R - O		77	FOUN		1 KEYS														FOR		
		77 77	FOUN FOUN				KEYS STUFF									INFORMATION SECURITY					
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ID	Officer CRU	ISE,	A. R. (1	ID (5558)	Officer Sig	Officer Signature Supervis MAT							or Signature TISON, G. M. (15167)								
	Compl	Case Statu	S Case Disposition:						· · · · ·												
Status				☐ Inact	er Investigation Unfounded Local Cleared by Arrest						Refuse to Cooperate										
	☐ Closed/Cleared ☐ Cleared by Arrest by Ar												nother Agency Prosecution Declined Page 1								