I N	Agenc	y Name		STON-SALEN	OLICE	IN	INCIDENT/INVESTIGATION							OCA 2412722					
C ·	ORI	NC						REPORT							Date / Time Reported SMTWTES				
D E			NC 034				X Att   At Found   SMTWTFS							04   12   2024  12:56 Hrs.					
N T	#1			, Shopliftii		X Att   At Found   S M T W T F S   Month Day Yr Time   Month Day   Yr Time   Month Day   12   2024   12:56   Hrs							Month Day Yr Time						
D.	#2	Crime I	ncident	1 0	0				- 1	Location	of I	Incident					, ,	Offense Tract	
A T		'rime I	ncident					_	Com	100 H			Bv, W	inston-so	n = 1		7103 Victim Resider	322	
A	#3								☐ Att Premise Type ☐ Com							☐ Single Family ☐ Multi Family			
МО			d or Con MITTEI											Forcible Yes	X N/A	Weapon / Tools N/A			
																cohol Use:			
	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow																		
V I		Victim/		-			uty 🔲 Othe	er/Un	know	'n 🗆		ernal			Other Race	<del>.</del>		□N/A Resident Status	
C T	Victim/Business Name (Last, First, Middle)  Victim of Crime #  Victim of Crime #														Race	sex	To Offender	Resident	
I	, ]		DA	ΓA OMITTED								1,						☐ Non-Resident	
М -	Home Address DATA OM									TTED						Home Phone			
	Emplo	me/Add	ATA OMI	A OMITTED							Business Phone								
	VYR	M	Model	Color Lic/Lis Vin						Vin									
					<u> </u>														
O																			
T H																			
E																			
R S																			
	DATA OMITTED																		
I N																			
V O																			
L V	Ĺ																		
E																			
D																			
Status	s L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found																		
Codes	(Chec	k "OJ"	column	f recovered for other	r jur	isdiction)	Z = Scizcu		Duin	eu C-C	Coun	incircit / I	orged	1 - 1 out					
	# DCI Status Value OJ					QTY		Property Description						Mak	e/Mo		rial Number		
- - P -					_												DA	TA OMITTED FOR	
																	IN	FORMATION	
R																		SECURITY	
O P -					_													PURPOSES	
E - R																	ON	LY THE FIRST	
Т																	TWEL	VE PROPERTY	
Υ -					$\Box$													ITEMS ARE	
-					_													SPLAYED ON 2C REPORTS	
-					_														
			ehicles S			nber Vehi	cles Recovere		0										
ID	Office:		M. G. (	ID 16109)		Officer Sig	natur	·e					Supervisor (0)	or Signature					
			Signatur		Case Statu	s Case Disposition:						,							
Status						Inact	r Investigation Unfounded Loca tive Cleared by Arrest						Refuse	e to C	Cooperate	adition Declined			
								☐ Closed/Cleared ☐ Cleared by Arres					rest by Another Agency  der						