I N	Agenc	y Nam		NSTON-SALEN	IN	INCIDENT/INVESTIGATION							OCA 2481280						
I C	ORI	NC	NC 02	10200			-	REPORT							Date / Time Reported SMTWTES Month Day Yr Time				
D E	NC NC 0340200 Crime Incident(s)									☐ Att						Day Time 12 2024 08:50 Hrs. Last Known Secure SMTWIFS SMORTH SMTWIFS SMTWI			
N T	#1			All Other F	_										Time 18:15 Hrs.				
D	#2	Crime I	ncident					_	Att Location of Incident Offense									Offense Tract 322	
A T	#3	Crime I	ncident					片	$\overline{}$	Premise 7			Piaze	i Dr, wins	sion-s		Victim Resider		
A								Com					T !!!	☐ Single Family ☐ Multi Family					
МО			d or Com										Forcible Yes No	Weapon / Tools					
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																		
V	1 Society Government Financial Institute Broken Bones Severe Lacerations Unknown Internal Unconscious Other Major No NA															_			
I C	,	Victim/	Business	Name (Last, First,					1	Victim of Crime #		B / Age	Race			Resident Status Resident			
T I	V1		DA	TA OMITTED				`	1		26	$\mid w \mid$	M	RU	Non-Residen				
M ·	Home	Addre	ess										ne Phone	Unknown					
	Employer Name/Address DATA OMI														Business Phone				
	VYR Make Model Style Color													Vin					
	, 110		unc	Woder		,10	Color		Lie	,, 213				V III					
O T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes	(Chec	k "OJ"	= Stolen column	R = Recovered if recovered for other	D = : er jur	Damaged isdiction)	Z = Seized	B =	Burn	ed $C = C$	Cou	nterfeit / F	orged	F = Found	1				
	Victim #	DCI	Status	Value	Property Description								Mak	e/Mo	del Se	rial Number			
- P - R	1 20 7 1 MONEY/CASH															DATA OMITTED FOR			
					_												IN	FORMATION	
																		SECURITY	
O P -																		PURPOSES	
Ē -					\dashv												ON	LY THE FIRST	
R T																		VE PROPERTY	
Υ -																		ITEMS ARE	
																		SPLAYED ON	
-				+	_												P	2C REPORTS	
-	Numb	er of V	ehicles S	tolen 0	Nur	nber Vehi	cles Recovere	d	0										
75	Office	r		ID			Officer Sig		-					Supervisor	Signati	ire	(15607)		
ID	RATLIFF, K. D. (15687) Complainant Signature Case Stat									RATI						IFF, K. D. (15687)			
Status	P		<i>G</i>				☐ Further ☐X Inact ☐ Closed ☐ Closed	r Inve tive /Clea	ıred			☐ Unfoun ☐ Cleared ☐ Cleared	ded by Ai by Ai	Locarrest rest by Ano	Refuse ther Ag	gency	ooperate	Page 1	