I N	Agenc	y Name		NSTON-SALEN	IN	INCIDENT/INVESTIGATION							OCA 2422764							
C ·	ORI	NG				02102	1	REPORT								Date / Time Reported SMTWTFS Month Day Yr Time				
D E	NC NC 0340200 Crime Incident(s)									LD Att At Found SIM TIM TIPS							06 26 2024 16:32 Hrs.			
N T	#1 Fighting/Affray									Month Day Yr Time Month Day Yr										
D .	#2	Crime I	ncident	1 18/11/18/ 11	,,, r.a.,	<i>)</i>			_			Incident	# 10	0.32 1111	<u>, 00</u>			16:31 Hrs. Offense Tract		
A		~ · ·						Com	<u> </u>								314			
T A	#3	rime i	ncident						Att Com	Premise	Typ	pe				- 1	Victim Reside Single Fami	nce Type ily ∏Multi Family		
МО			d or Con MITTEI						!					Forcible Yes	X N/A	We	apon / Tools			
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															lcohol Use:				
	1 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Internal Unconscious Other Major N/A															_				
V I		Victim/		Name (Last, First,			шіу 🔲 Опіс	21/ U11	ikilow	^{/11}		Victim of		S / Age	Race					
C T	V1			ΓA OMITTED							- 1	Crime #		. 8			To Offender			
I M				IA OMITIED	1,										☐ Non-Resident					
141	Home Address DATA OMI									TTED						Home Phone				
	Employer Name/Address DATA OMI									TTED					Business Phone					
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V E																				
D																				
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column	R = Recovered for other	D = er iur	Damaged isdiction)	Z = Seized	B =	Burn	C = 0	Cou	ınterfeit / F	orged	F = Foun	d					
	Victim # DCI Status Value OJ QTY						Property Description								Mak	e/Mo	odel So	erial Number		
- - P -	"	- François de la company												ATA OMITTED						
																	IN	FOR NFORMATION		
																	11	SECURITY		
R O																		PURPOSES		
Р ⁻ Е -																				
R																		NLY THE FIRST		
Т Ү																	IWEL	ITEMS ARE		
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-					\Box		1 5	1												
	Numb Office:		ehicles S	tolen 0		mber Vehi	cles Recovere Officer Sig		0 re				1	Supervisor	Signati	ıre				
ID	JOY	NER,	S. W. (16313)								BURK			5216)					
	Comp	lainant	e	Case Statu		Case Disposition: Unfounded Located						□ Ext	radition Declined							
Status						☐ Inact	ive	ve												
							☐ Closed			hausted				nder ⊏				Page 1		