I N	Agenc	y Name		NSTON-SALEN	OLICE] IN	INCIDENT/INVESTIGATION						OCA 2423463				
C ·	ORI	NC	NC 034				REPORT							Date / Time Reported SMIWTFS Month Day Yr Time			
D E			ncident(s			☐ Att At Found SM TFS Month Day Yr Time							O7 O2 2024 O9:56 Hrs. Last Known Secure S M W W T F S Month Day Yr Time				
N T	#1			, Trespassi	ng				- 1	Month 07			Fime 9:56 Hrs			Day Yr 🗀	Time $09:55$ Hrs.
D	#2	Crime I	ncident	*					- 1	Location	of Incident						Offense Tract
A T	Coince Incident															<i>t-salem</i> Victim Reside	nce Type
A	#3								Com		71						ly □Multi Family
МО			d or Com										Forcible Yes No	X N/A	We	apon / Tools	
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																
V	2 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Internal Unconscious Other Major															_	
I	Victim/Business Name (Last, First, Middle) Victim of DOB / Age R															Relationship	Resident Status
C T	V1 DATA OMITTED										Crime #					To Offender	☐ Resident ☐ Non-Resident
I M ·	I														Hon	ne Phone	Unknown
	Home Address DATA ON								ITTED					Home Flione			
	Emplo	yer Na	me/Addi	ress	D.	ATA OMI	TA OMITTED						Business Phone				
•	VYR	M	ake	Model	St	yle	Color		Lic	/Lis			Vin				
T H E R S I N V O L V E D	DATA OMITTED																
Status Codes	L = L	ost S k "OJ"	= Stolen	R = Recovered	D = 1 er iur	Damaged isdiction)	Z = Seized	B =	Burn	ed C = C	Counterfeit /	Forged	F = Foun	d			
	Victim # DCI Status Value OJ QTY						Property Description							Mak	e/Mo	odel Se	erial Number
- - P - R	п	π 261 Saads Yarde 03 Q11						Troporty Description									TA OMITTED
																IN	FOR FORMATION
																111	SECURITY
0																	PURPOSES
Р ⁻ Е -																	
R T																	VE PROPERTY
Y ·																	ITEMS ARE
																	ISPLAYED ON
																P	2C REPORTS
-	Nt 1	on -£ 17	abiata C	tolon 0	NT.	nhos V 11	alaa D :	a	0								
	Office	r	ehicles S	ID		nber Vehi	cles Recovere Officer Sig		<u>0</u> е				Supervisor	Signati	ıre		
ID	LAM	1B, L.	N. (16.	119)			COL						LINS, A. B. (14763)				
Status	Compl	aınant	Signature	e			☐ Further ☐ Inact ☐ Closed	Case Status Further Investigation Unfounded Located Inactive Cleared by Arrest Refu] Refuse other Ag			