| I N | Agenc | y Name | | NSTON-SALEN | CIDENT/INVESTIGATION | | | | | | OCA 2424220 | | | | | | | | |
|--|---|---|--------------------|--------------------|--|----------|----------------------|--------|-----------------------|------------------|----------------|--------------------|-----------------------------|---|--------------------|---------------|----------|---------------------------------|--|
| I C . | ORI | NC | NC 034 | 10200 | | | | REPORT | | | | | | Date / Time Reported SMTWTFS Month Day Yr Time | | | | | |
| D E | | | ncident(s | | │ Att │ At Found │ S掛 T W T F S Month Day Yr Time | | | | | | | TFS | O7 O8 2024 12:28 Hrs. | | | | | | |
| N T | #1 | | | ing & Entering | Wit | hout Foi | rce | _ | Com | Month 07 | D | | | lime 2:28 Hrs | | | | Time 4 12:27 Hrs | |
| D. | #2 | Crime I | ncident | | | | | | \rightarrow | Location | of I | Incident | | | | | • | Offense Tract | |
| A T | | Trima I | ncident | | | | | _ | Com | 206 N Premise | | | Winsi | ton-salen | NC 2 | | | dence Type | |
| A | #3 | Jime I | neident | | | | | | Att Com | Tremise | тур | | | | | | | mily | |
| МО | | | d or Com MITTEI | | Forcible Yes | | | | | | Weapon / Tools | | | | | | | | |
| | # of Victims Type Person X Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | /Alcohol Use: | | | |
| | Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow | | | | | | | | | | | | | | | _ | | | |
| V I | | Victim/ | | Name (Last, First, | | | ity U Otne | er/Un | Know | 'n \square | | ternal Victim of | | S / Age | Race | | | | |
| C T | V1 | | | ΓA OMITTED | | | | | Crime # | | . 8 | | | To Offend | er Resident | | | | |
| I M · | | | | IA OMITTED | | | | | | | | 1, | | | | | | ☐ Non-Residen ☐ Unknown | |
| 171 | Home Address DATA OMIT | | | | | | | | | ГТЕО | | | | | | Home Phone | | | |
| - | Employer Name/Address DATA OMI | | | | | | | | TTED | | | | | | Business Phone | | | | |
| • | VYR | M | ake | Model | St | yle | Color | | Lic | c/Lis | | | | Vin | | | | | |
| O T H E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| Status Codes | | | | | | | | | | | | | | | | | | | |
| _ | Victim # DCI Status Value OJ QTY | | | | | | Property Description | | | | | | | | Mak | e/Mo | del | Serial Number | |
| - | | | | | | | | | | | | | | DATA OMITTED | | | | | |
| P - R | | | | | | | | | | | | | | | | | | FOR INFORMATION | |
| | | | | | | | | | | | | | | | | | | SECURITY | |
| O P - | | | | | | | | | | | | | | | | | | PURPOSES | |
| Р Е - | | | | | | | | | | | | | | | | | | ONLY THE EIDER | |
| R T | | | | | - | | | | | | | | | | | | | ONLY THE FIRST ELVE PROPERTY | |
| Y - | | | | | | | | | | | | | | | | | 1 *** | ITEMS ARE | |
| - | | | | | \dashv | | | | | | | | | | | | | DISPLAYED ON | |
| _ | | | | | | | | | | | | | | | | | | P2C REPORTS | |
| - | N7 . | | 1 . 1 | . 1 | | 1 77.1. | 1 5 | 1 | ^ | | | | | | | | | | |
| | Numb | Number of Vehicles Stolen 0 Number Vehicles Recovered 0 Officer ID# Officer Signature Supervisor Signature | | | | | | | | | | | | | | | | | |
| ID | SEREIKA, A. J. (16078) | | | | | | | | WHELAŇ, L. T. (15232) | | | | | | | | | | |
| Status | - <u>-</u> | | | | | | | | | | | | ded by Ai by Ai | rest by And | Refuse other Ag | gency | ooperate | xtradition Declined | |
| | | | | | | | ☐ Closed | /Lead | ls Evl | hausted | 1 3 | □ Death o | f Offe | nder 🗆 | 1 Prosec | ution | Declined | Page 1 | |