I N	Agenc	y Name	NSTON-SALEN	IN	NCIDENT/INVESTIGATION						OCA 2429483								
C .	ORI	NC					1	REPORT							Date / Time Reported S M T W T F S Month Day Yr Time				
D E	NC NC 0340200 Crime Incident(s)									Att At Found SMTWTFS Month Day Yr Time						Day Time 17:58 Hrs. Last Known Secure S M T W T F S Month Day Yr Time Month Day Yr Time Month Day Yr Time Month Day Yr Month Day Yr Month Day Yr Time Month Day Yr Mont			
N T	#1			Trespassi	ng			ı —	Com	Month 08	D			ime 7:58 Hrs				Time 17:58 Hrs.	
D	#2	Crime I	ncident				Location		Incident				NC 1		Offense Tract 112				
A T															aiem 1		Victim Reside		
A								Com							☐ Single Family ☐ Multi Family				
МО			d or Com MITTEI								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 X Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow Internal Unconscious Other Major No N/A															_			
I C	Victim/Business Name (Last, First, Middle) Victim of DOB / Age														Race	<u> </u>	Relationship	Resident Status	
T	V1		DA	ΓΑ OMITTED				'	Crime #					To Offender	☐ Resident ☐ Non-Resident				
I M ·	Ноте	Addro	e e									1,				Home Phone Unknown			
	Home Address DATA OMI									ГТЕD						Home Fnone			
	Employer Name/Address DATA OM									TTED					Business Phone				
•	VYR	M	Color Lic/Lis Vin						Vin										
H E R S I N V O L V E D	DATA OMITTED																		
Status Codes	L = L (Chec	ost S k "O.I"	= Stolen	R = Recovered	D =	Damaged	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 Se	erial Number	
- - P -	π	" Troperty Besemption									11141			ATA OMITTED					
																	IN	FOR	
																	11	SECURITY	
R O																		PURPOSES	
Р ⁻ Е -																			
R T																		VE PROPERTY	
Y -					_												1 WEL	ITEMS ARE	
-																	D	ISPLAYED ON	
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	Numb		ehicles S	tolen 0		mber Vehi	cles Recovere		0 e				Ī	Supervisor	Signati	ıre			
ID	JON		(0)							isor Signature									
Status	Comp	lainant	Signatur	e	Case Status Further Investi Inactive Closed/Cleared			tion		Case Dispos Unfoun Cleared	ded by Aı	Loc rrest rrest by And	Refuse	e to C	ooperate	radition Declined			
							☐ Closed			hausted				nder ⊏				Page 1	