| I N | Agenc | y Name | | NSTON-SALEN | OLICE | IN | INCIDENT/INVESTIGATION | | | | | | | | OCA 2431071 | | | | | |
|--|---|-------------------|-----------|--------------------|--|----------|--|-------------------|------------|-------------------|---|------------------------------------|---|---------------------------------------|-------------|--|------------|-----------------|-----------------------------|--|
| I C | ORI | NC | NC 034 | 10200 | | | | REPORT | | | | | | | | Date / Time Reported S M T W T F S Month Day Yr Time | | | | |
| D E | | | ncident(s | | Att At Found SMTWTFS Month Day Yr Time | | | | | | | | 08 31 2024 00:32 Hrs. Last Known Secure S M T W T F S Month Day Yr Time | | | | | | | |
| N T | #1 | | | Discharging F | irec | arm | | _ | Com | Month 08 | | | | ime 1:32 Hrs | | | | | ime 10:31 Hrs | |
| D | #2 | Crime I | ncident | | | | | ı — | Att | | | Incident | | • | • | | 27105 | Of | fense Tract | |
| A T | πэ (| Crime I | ncident | | | | | _ | Com Att | Premise | | | on Dr | , Winstor | ı-salei | | Victim Res | idence | 224 e Type | |
| A | #3 | | | | | | | | Com | | | ` | | | | _ | | | ☐Multi Famil | |
| МО | | | d or Com | | | | | | | | | | Forcible Yes No | Weapon / Tools | | | | | | |
| | # of V | ictims | | Person | | Business | | | | Injur | • | None | | · · · · · · · · · · · · · · · · · · · |] Loss o | | | | hol Use: | |
| V | 1 Society Government Financial Institute Broken Bones Severe Lacerations Unknown Internal Unconscious Other Major | | | | | | | | | | | | | | | _ | | | | |
| I C | 1 | Victim/ | | Name (Last, First, | | | <u>, </u> | Victim of DOB / A | | | | | | Race | <u> </u> | Relations | hip R | Resident Status | | |
| T | V1 DATA OMITTED | | | | | | | | | | | | Crime # | | | | To Offen | | ☐ Resident ☐ Non-Resider | |
| I M · | Ното | Addro | 00 | | | | | 1, | | | | Цот | ne Phone | | Unknown | | | | | |
| | Home Address DATA OMI | | | | | | | | | TTED | | | | | | Trome I none | | | | |
| | Emplo | yer Na | me/Addı | ATA OMI | TA OMITTED | | | | | | | Business Phone | | | | | | | | |
| • | VYR | Color Lic/Lis Vin | | | | | | | Vin | | | | | | | | | | | |
| T H E R S I N O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | | |
| Status Codes | | | | | | | | | | | | | | | | | | | | |
| | Victim # DCI Status Value OJ QTY | | | | | | Property Description | | | | | | | | Mak | ake/Model Serial Number | | | | |
| - - P - R | | | | | | | | | | | | | | DATA | A OMITTED | | | | | |
| | | | | | _ | | | | | | | | | | | | | INFO | FOR ORMATION | |
| | | | | | \dashv | | | | | | | | | | | | | | ECURITY | |
| O P - | | | | | | | | | | | | | | | | | | PU | URPOSES | |
| Р Е - | | | | | | | | | | | | | | | | | | ONL | V THE EIDET | |
| R T | | | | | | | | | | | | | | | | | | | Y THE FIRST E PROPERTY | |
| Y · | | | | | \dashv | | | | | | | | | | | | 111 | | EMS ARE | |
| - | | | | | | | | | | | | | | | | | | DISE | PLAYED ON | |
| | | | | | | | | | | | | | | | | | | P2C | REPORTS | |
| - | Numb | er of V | ehicles C | tolen 0 | Nin | mber Vok | oles Pagovioro | d | 0 | | | | | | | | | | | |
| | Officer ID# Officer Signature Supervisor Signature | | | | | | | | | | | | | | | | | | | |
| ID | WAI | | | | | Ιc | . D' | | STUM | MP, J. K. (14922) | | | | | | | | | | |
| Status | Comp | aınant | Signatur | e | | | Case Statu Further Inact Closed | r Inve | | tion | | Case Dispos Unfoun Cleared Cleared | ded by Aı | Loc rest rest by And | Refuse | e to C | cooperate | Extrad | ition Declined | |
| | | | | | | | | | | hausted | | | | nder ⊂ ⊏ | | | | 1 | Page 1 | |