| I N | Agenc | y Nam | | NSTON-SALEN | , IN | ICIDENT/INVESTIGATION | | | | | | OCA 2432172 | | | | | | | |
|-----------------------|--|-----------------|-----------------|--------------------------------------|--|--|--------------------------|-------------|----------------------|-------------------|--|---------------|---|-----------------------------|--------------------------|--------------------------|---------------|--------------------------|--|
| C · | ORI | | | | REPORT | | | | | | Date / Time Reported S M T W T F S | | | | | | | | |
| D E | 10 | | NC 034 | | LD A4 LAt Down J. C. M. M. W. M. D. C. | | | | | | $09 \mid 08 \mid 2024 \mid 20.58$ Hrs. | | | | | | | | |
| N | #1 | Jillie I | nerdeni(s | , Robber | ı — | Month Day Yr Time Month Day Yr Time | | | | | | | | | Time | | | | |
| Т. | #2 | Crime I | ncident | Robber | | | _ | 09 Location | _ | Incident | 4 20 |):38 HIS | 09 | <u> </u> | | 20:57 Hrs. Offense Tract | | | |
| D A | Coinc Insider | | | | | | | | | | | | | | | | | 324 | |
| T A | #3 | Crime I | ncident | | | | ☐ Att Premise Type ☐ Com | | | | | | Victim Residence Type ☐ Single Family ☐ Multi Family | | | | | | |
| МО | | | d or Con | | | | | | ! | | | | | Forcible Yes | X N/A | _ | apon / Tools | · <u> </u> | |
| | | | | | | | | | | | | | | | | lcohol Usar | | | |
| | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: Broken Bones Severe Lacerations Yes Unknow | | | | | | | | | | | | | | | | | | |
| V | $\frac{I}{I}$ | 5.7 | | ligious L.E. Off | | | uty Othe | er/Un | know | n _ | | | | nscious | Other | Majo | | | |
| C | V1 | V ictim/ | | Name (Last, First, | aie) | | | | Victim of Crime # | DOI | 36 Age | Race | Sex | Relationship To Offender | Resident Status Resident | | | | |
| T I | * 1 | | DA | TA OMITTED | | | | | 1, | | | $\mid B \mid$ | M | | ☐ Non-Resident | | | | |
| М - | | | | | | | | | | | | | | | | Hon | ne Phone | Circiowii | |
| | Employer Name/Address DATA OMI | | | | | | | | | | | | | | | Business Phone | | | |
| | VYR | M | ake | Model | Color | | | | | | | Vin | | | | | | | |
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| Status Codes | L = L (Chec | ost S k "OJ" | = Stolen column | R = Recovered if recovered for other | D = er jur | Damaged risdiction) | Z = Seized | B = | Burn | ied C= | Cou | unterfeit / F | orged | F = Found | d | | | | |
| | Victim # | DCI | Status | Value | | Property Description | | | | | | | Mak | e/Mo | odel Se | rial Number | | | |
| | 1 | MONEY/CASI | MONEY/CASH | | | | | | | USD | | DA | TA OMITTED | | | | | | |
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| ٠. | | | | | | | | | | | | | | | | | | ITEMS ARE ISPLAYED ON | |
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| | Number of Vehicles Stolen 0 Number Vehicles Recovered 0 | | | | | | | | | | | | | | | | | | |
| ID | Office <i>HIC</i> | | 1. W. (1 | id (6197) | Officer Sig | Officer Signature Supervisor Signature NELSON, S. M. (15176) | | | | | | | | | | | | | |
| | Complainant Signature Case Stat | | | | | | | | | Case Disposition: | | | | | | , | adition Devil | | |
| Status | | | tive | | uon | | ☐ Unfoun☐ Cleared | by A | rrest 🔲 | Refuse | e to C | ooperate | adition Declined | | | | | | |
| | Closed/Cleared Cleared | | | | | | | | | | | | | rrest by Ano | ther Ag | gency | | Page 1 | |