I N	Agenc	y Nam		NSTON-SALEN	OLICE	IN	INCIDENT/INVESTIGATION							OCA 2437142					
C I	ORI	NC					-	REPORT							Date / Time Reported SMIWTFS Month Day Yr Time				
D E	NC NC 0340200 Crime Incident(s)									□ Att At Found 의 M 크 W 피 F S						10 15 2024 19:59 Hrs.			
N T	#1 Larceny- All Other									☐ Att At Found SM W T F S Month Day Yr Time M Com 10 15 2024 19:59 Hrs						Month Day Yr Time			
D	#2	Crime I	ncident			-				Location of	of Incident	•	•	•	•		Offense Tract		
A	Crime Incident Com 550 N Martin Luther King Jr Dr, Wi															-salem Victim Resider	221		
T A	#3	Jillie 1	ncident						- 1	Pieiiise i	уре				- 1		lce Type ly		
МО			d or Com										Forcible Yes [X N/A	We	apon / Tools			
	# of Victims Type Person X Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															cohol Use:			
	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow																		
V I		Victim		igious L.E. Off Name (Last, First,			uty Othe	er/Unk	knowi	ı 🔲 🗎	Internal Victim of			Other			□N/A Resident Status		
C T	V1	v ictiii/			wiiddi			Victim of Crime # DOB / Age					Kace		To Offender	Resident Resident			
I	DATA OMITTED									1,							☐ Non-Resident ☐ Unknown		
M	Home Address DATA OMI'														Home Phone				
	Employer Name/Address DATA OMI													Business Phone					
	VYR	M	Model	Color Lic/Lis Vin						Vin									
O T H E R S I N V O L V E D		DATA OMITTED																	
Status Codes	(Chec	k "OJ"	= Stolen column	R = Recovered if recovered for other	D = D r juris	Damaged sdiction)	Z = Seized	B = 1	Burne	ed C = C	ounterfeit / F	orged	F = Foun	d					
	Victim #	DCI	Status	Value	QTY		Property Description							Make/Model Serial Number					
	1 02 7,5 2 ALCOH							OLIC BEVERAGE						MILWA			TA OMITTED		
P -	1	02	5		+	2 1	ALCOHOLIC	BEVE	ERAG.	E				MILWA	UKE		FOR FORMATION		
					+												SECURITY		
R O					+												PURPOSES		
P : E :																			
R																	LY THE FIRST		
Т Ү.					_												VE PROPERTY		
1					_												SPLAYED ON		
					+	_											2C REPORTS		
			ehicles S	-		ber Vehi	cles Recovere		0				g ;	G.					
ID	Office PET		C. N. (.	ID 16077)	#		Officer Sig	nature	e 				Supervisor MULG	sor Signature LGREW, M. J. (14746)					
	Complainant Signature Case Sta								S Case Disposition:							-4141 D -11 - 1			
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clear	red			by A	Loc rrest rrest by And] Refuse other Ag	ency	ooperate	Page 1		