| I N | Agenc | y Name | | NSTON-SALEN |] IN | INCIDENT/INVESTIGATION | | | | | | | OCA 2438047 | | | | | | |
|---|---|-----------------|----------------------|--------------------------------------|-------------------|--|-------------------------------------|----------------------|---------------|---------------|----------------|------------|-------------|--|--------------------|---|--------------------|----------------------------|--|
| I C | ORI | NC | NC 034 | 10200 | | | 1 | | | | | | | | | Date / Time Reported SMTWTFS Month Day Yr Time | | | |
| D E | | | ncident(s | | | ☐ Att At Found | | | | | | | | 10 22 2024 21.19 Hrs. Last Known Secure S M T W T F S Month Day Yr Time | | | | | |
| N T | #1 | | | , Discharging F | irea: | rm | | _ | Com | Month 10 | | | | ime :19 Hrs | | | Day Yr 22 202 | Time | |
| D. | #2 | Crime I | ncident | 88 - | | | | | \rightarrow | Location | | | - 21 | .19 | 10 | | .2 202 | Offense Tract | |
| A | | ~ · · | | | | | | _ | Com | | | Lexingt | on R | d/e Clem | monsv | | | 212 | |
| T A | #3 | Erime I | ncident | | | | | | Att Com | Premise 7 | Гуре | | | | | - 1 | | dence Type mily | |
| МО | | | d or Con MITTEI | | Forcible Yes No | | | | | | Weapon / Tools | | | | | | | | |
| | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | /Alcohol Use: | | | |
| * 7 | M Society ☐ Government ☐ Financial Institute ☐ Broken Bones ☐ Severe Lacerations ☐ Yes ☐ Unknown | | | | | | | | | | | | | | | | | | |
| V I | | Victim/ | | Name (Last, First, | | | пу 🔲 Опп | 21/ () 11 | KIIOW | ıı <u> </u> | | ctim of | | B / Age | Race | | | | |
| C T | V1 | | | ΓA OMITTED | | | | | ime# | | . 8 | | | To Offend | er Resident | | | | |
| I | | | DA | IA OMITTED | 1, | | | | | | | | | ☐ Non-Resider ☐ Unknown | | | | | |
| М - | Home Address DATA OMI' | | | | | | | | | ГТЕО | | | | | | Home Phone | | | |
| | Employer Name/Address DATA C | | | | | | | | | | | | | | | Business Phone | | | |
| | VYR | M | ake | Model | Sty | le | Color | | Lic | /Lis | | | | Vin | | | | | |
| T H E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | |
| Status Codes | L = L (Chec | ost S k "OJ" | = Stolen column i | R = Recovered if recovered for other | D = D r juris | Damaged sdiction) | Z = Seized | B = | Burn | ed $C = C$ | Counte | erfeit / F | orged | F = Foun | d | | | | |
| | Victim # DCI Status Value OJ | | | | | QTY | | Property Description | | | | Mak | e/Mo | del | Serial Number | | | | |
| | | | | | | | | | | | | | I | DATA OMITTED | | | | | |
| P - | | | | | + | | | | | | | | | | | | | FOR INFORMATION | |
| | | | | | + | | | | | | | | | + | | | | SECURITY | |
| R O | | | | | | | | | | | | | | | | | | PURPOSES | |
| Р ⁻ Е - | | | | | | | | | | | | | | | | | | | |
| R | | | | | | | | | | | | | | | | | | ONLY THE FIRST | |
| Т Ү - | | | | | _ | | | | | | | | | | | | TW | ELVE PROPERTY | |
| ٠. | | | | | + | | | | | | | | | | | | | ITEMS ARE DISPLAYED ON | |
| - | | | | | + | | | | | | | | | | | | | P2C REPORTS | |
| - | | | | | | | | | | | | | | | | | | | |
| | | | ehicles S | | | ber Vehic | cles Recovere | | 0 | | | | | | | | | | |
| ID | Office: REY | | M. (16 | ID (183) | Officer Sig | Officer Signature Supervisor Signature MITCHELL, J. R. (15672) | | | | | | | | | | | | | |
| ii) | | | Signatur | | Case Status | | Case Disposition: | | | | | | | | | | | | |
| Status | | | | | | | ☐ Further ☐ Inact ☐ Closed ☐ Closed | ive /Clea | red | | | | by Ar | Test by Ander | Refuse other Ag | gency | ooperate | xtradition Declined Page 1 | |