I N	Agenc	y Name		NSTON-SALEN	OLICE	. IN	INCIDENT/INVESTIGATION							OCA 2440710						
C ·	ORI	NC					1	REPORT								Date / Time Reported SMTWTFS Month Day Yr Time				
D E	10		NC 034		│ │ │ │ │ Att │ At Found │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │								11   11   2024   14:14 Hrs   Last Known Secure   SMT WTF S							
N T	#1			, Larceny- All	er	Att   At Found   S M T W T F S   Month Day Yr Time   X Com   11   11   2024   14:14   1								Month Day Yr Time				me		
D.	#2	Crime I	ncident						Att	Location	ı of	Incident					•	Offe	ense Tract	
A T	Crime Incident																		112	
A	#3	Jillie I	ncident						☐ Att   Premise Type ☐ Com						Victim Residence Type  ☐ Single Family ☐ Multi Family					
МО			d or Com MITTEI						·					Forcible  Yes	X N/A	We	apon / Too	s		
	# of Victims   Type   None   Minor   Loss of Teeth   Drug/Alcohol Use:															ol Use:				
	1 Society Government Financial Institute Broken Bones Severe Laceration Religious L.E. Officer Line of Duty Other/Unknown Internal Unconscious Other																			
V I		Victim/		Name (Last, First,			uty   Otne	er/Un	Know	'n   _	_	ternal   Victim of		S / Age	Race				□N/A esident Status	
C T	V1			ΓΑ OMITTED								Crime #		57			To Offend	er 🖂	Resident Non-Resident	
I M ·				TA OMITTED								1,			В	F			Unknown	
	Home	Addre	ess			D	ATA OMI	TTED								Home Phone				
	Employer Name/Address DATA OMI									TTED						Business Phone				
	VYR	M	ake	Model	Color		Lic	c/Lis				Vin								
O 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	R = Recovered if recovered for other	D = 1 er jur	Damaged isdiction)	Z = Seized	B =	Burn	ed C = 0	Cou	ınterfeit / F	orged	F = Found	i					
	Victim #	DCI	Status	Value		Property Description							Mak	Make/Model Serial Number						
							RECORDINGS - AUDIO & VIDEO							F	AIWAT					
P - R - O					_														FOR RMATION	
																			CURITY	
																		PU	RPOSES	
Р <sup>-</sup> Е -																				
R.					$\dashv$														THE FIRST PROPERTY	
T Y					-												1 W		EMS ARE	
					$\dashv$									+					AYED ON	
-																			REPORTS	
_																				
	Number of Vehicles Stolen 0 Number Vehicles Recovered 0  Officer ID# Officer Signature Supervisor Signature																			
ID	CHI	Officer Sig								or Signature ER, J. C. (14943)										
	Complainant Signature Case Stat									Case Disposition:						,				
Status							☐ Further  ☐ Inact ☐ Closed ☐ Closed	tive /Clea	ıred				by A	Test by Ano	Refuse ther Ag	gency	ooperate		Page 1	