I N	Agenc	y Nam		NSTON-SALEN	1 P	OLICE	. IN	CIDENT/INVESTIGATION					OCA 2440958						
C ·	ORI	NG					-	REPORT					Date / Time Reported SMTWTFS Month Day Yr Time						
D E	10		NC 034						Λ++ I	At Found	ı [:	SIMITI-	WITIFISI	11		13   202	Time 4  10:20 Hrs. SMTWTFS		
N T	#1	Jime i		ing & Entering	Witi	hout Fo	rce	ı —	Com	Month  11			M T F S Time 0:20  Hrs			Day Yr 🖰	Time $10:19$ Hrs.		
D .	#2	Crime I	ncident						$\rightarrow$		of Incider		0.20	7 11		3   2024	Offense Tract		
A	Coime Isolant																211		
T A	#3	Jime i	ncident						☐ Att   Premise Type ☐ Com						Victim Residence Type  ☐ Single Family ☐ Multi Family				
МО			d or Com					Forcible Yes					Weapon / Tools						
					_	D :				Injury	□ No.	, D	No No	II aaa a	f Too	h Drug/A	lcohol Use:		
	# of Victims   Type   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:    Society   Government   Financial Institute   Broken Bones   Severe Lacerations   Yes   Unknown																		
V	$\frac{I}{I}$	. 7: -4:		igious L.E. Off			uty   Othe	er/Un	know	'n 🔲			onscious [	Other	r Major No N/A Sex Relationship Resident Status				
C T	V1	v ictiiii/			ne)					Victim Crime		OB / Age 54	Race	Sex	To Offender	□ Resident			
I	* 1		DA	ΓA OMITTED						1,			$\mid B \mid$	F	1NE	☐ Non-Resident☐ Unknown			
М -	Home Address DATA OMIT									 fted					Home Phone				
	Employer Name/Address DATA OMI													Business Phone					
	VYR Make Model Style C							Color Lic/Lis Vin											
O																			
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							DATA	(	M	ITTF	D								
I N							<i>D</i> 1111	•	/1/1										
V																			
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V E																			
D																			
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column	R = Recovered	D = i er jur	Damaged isdiction)	Z = Seized	B =	Burn	C = C	Counterfei	/ Forge	d F = Foun	d					
	Victim #	DCI	Status	Value	QTY		Property Description							ce/Mo	odel S	erial Number			
	# DCI Status Value OJ QTY 1 10 7 70 0XYCON							* * *									ATA OMITTED		
- P -																	FOR		
					$\dashv$											11	SECURITY		
R O																	PURPOSES		
Р <sup>-</sup> Е -																			
R																	NLY THE FIRST		
Т Ү -					_											TWEI	VE PROPERTY		
٠.																D	ITEMS ARE ISPLAYED ON		
-					$\dashv$												2C REPORTS		
_																			
			ehicles S	-		nber Vehi	cles Recovere		0					G.					
ID	Officer ID# Offi FERRIS, A. P. (16003)															or Signature 7, C. M. (15037)			
	Complainant Signature Case Statu									tion	Case Dis		:				radition Devil 1		
Status	X Ina															radition Declined			
							Closed	d/Cleared					Arrest by And	est by Another Agency					