| I N | Agenc | y Name | | NSTON-SALEN | 1 P | OLICE | , IN | INCIDENT/INVESTIGATION | | | | | | | OCA 2441359 | | | | | |
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| C | | | | | | | | | | | | | | | Date / Mon | e/Time Reported SMTWTFS | | | | |
| D E | <u> </u> | | NC 034 | | | | | | | | | | | 11 16 2024 09:46 Hrs. | | | | | | |
| N T | #1 | Jimic I | neideni(s | Arson | _ | Month Day Yr Time Month Day Yr | | | | | | | | | | Time 09:45 | | | | |
| D . | Crime Incident | | | | | | | | | | | | | | ² 11 | | 10 20. | | Offense T | |
| A | | ~ · · | | | | | | _ | Com | | | | Ridge | Ln, Wins | ston-sc | | | | 313 | |
| T A | #3 Crime Incident | | | | | | | | | | | | | | | Victim Residence Type ☐ Single Family ☐ Multi Family | | | | |
| МО | How Attacked or Committed DATA OMITTED | | | | | | | | | | | | | Forcible Yes | X N/A | Weapon / Tools | | | | |
| | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | e: | | | | |
| | Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown | | | | | | | | | | | | | | | | | | | |
| V I | | Victim/ | | Name (Last, First, | | | uty Othe | er/Un | know | n E |] In | ternal Victim of | | scious [| Other | | | No | □N/A Resident | |
| C T | V1 DATA OMITTED | | | | | | | | | | | | | | 11440 | 20.1 | To Offen | | ☐ Resid | dent |
| I M | | | DA. | IA OMITTED | | | | | | | | | | | | | | | □ Non-l | |
| IVI | Home Address DATA OMI | | | | | | | | | ГТЕО | | | | | | Home Phone | | | | |
| | Emplo | oyer Na | OATA OMI | ITTED | | | | | | | Business Phone | | | | | | | | | |
| , | VYR | M | Color Lic/Lis Vin | | | | | | | Vin | | | | | | | | | | |
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| Status | s L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found | | | | | | | | | | | | | | | | | | | |
| Codes | (Chec | | column i | if recovered for other | r jur | isdiction) | | | | | | | | | | | | | | |
| | # | CTDIICTIIDE | Property Description TRUCTURES - SINGLE OCCUPANCY DWELLING | | | | | | | | ake/Model Serial Number DATA OMITTED | | | | | | | | | |
| - P - R _ | | 29 2 1 STRUCTURES - SINGLE OCCUPANCY DWELLING | | | | | | | | | | | | | DA | FOR | TED | | | |
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| - | | | | | \dashv | | | | | | | | | | | | | P2 | C REPO | KTS |
| - | Numb | er of V | ehicles S | tolen 0 | Nur | nber Veh | icles Recovere | d | 0 | | | | | | | | | | | |
| ID | Office | r | | ID | | | | Officer Signature Supervisor Signature | | | | | | | | | | | | |
| ID | | | VS, C. E Signature | E. (15570) e | Case Status | | | | | | | | KS, C. M. (15216) | | | | | | | |
| a. : | - Jinp | | | | ☐ Further | er Investigation Unfounded Located Extraditi | | | | | | | | dition De | eclined | | | | | |
| Status | | | | | | | Closed | ☐ Inactive ☐ Cleared by Arrest ☐ Refuse to Cooperate ☐ Closed/Cleared ☐ Cleared by Arrest by Another Agency ☐ Death of Offender ☐ Prosecution Declined | | | | | | | | Page | 1 | | | |