| I N | Agenc | y Name | | NSTON-SALEN | OLICE | INCIDENT/INVESTIGATION | | | | | | | OCA 2443558 | | | | | |
|-----------------------|---|------------------|--------------------|--|-------------------------------|------------------------|---|--|----------------|----------|----------------------|--------|---|---|------------------|-------------------------------|--|--|
| I C | ORI | NC | NC 034 | 10200 | | | REPORT | | | | | | | Date / Time Reported SMIWTFS Month Day Yr Time | | | | |
| D E | | | ncident(s | | | X Att At Found | | | | | | | 12 03 2024 14:43 Hrs. Last Known Secure S M = W T F S | | | | | |
| N T | #1 | | | , All Other F | d | | X Att At Found S M = W T F S Month Day Yr Time Com 12 03 2024 14:43 Hrs | | | | | | | Month Day Yr Time | | | | |
| D. | #2 | Crime I | ncident | | | | | | Att | Location | of Incident | | | | | | Offense Tract | |
| A T | Crime Incident | | | | | | | | | | | | | | | <i>i NC</i> Victim Resider | 222 | |
| A | #3 | Jillie i | neident | | | | | ☐ Att Premise Type ☐ Com | | | | | | ☐ Single Family ☐ Multi Family | | | | |
| МО | | | d or Con MITTEI | | | | | | | | | | Forcible Yes | X N/A | We | apon / Tools | | |
| | | | | | | | | | | | | | | | | lcohol Use: | | |
| | Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow | | | | | | | | | | | | | | | | | |
| V I | | Victim/ | | - | | | ity 🔲 Othe | er/Un | know | n | Internal Victim of | | | Other Race | | | □N/A Resident Status | |
| C T | Crime # | | | | | | | | | | | | | Race | sex | To Offender | Resident Resident | |
| I | DATA OMITTED 1 | | | | | | | | | | | | | | | | ☐ Non-Resident ☐ Unknown | |
| М - | Home Address DATA C | | | | | | | | OMITTED | | | | | | Home Phone | | | |
| | Emplo | ATA OMITTED | | | | | | | Business Phone | | | | | | | | | |
| • | VYR | M | Model | Color Lic/Lis Vin | | | | | | Vin | | | | | | | | |
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| Status Codes | L = L (Chec | ost S k "OJ" | = Stolen column | R = Recovered f recovered for other | D = i er jur | Damaged isdiction) | Z = Seized | B = | Burne | C = C | ounterfeit / F | Forged | F = Foun | d | | | | |
| | Victim # DCI Status Value OJ QTY | | | | | | Property Description | | | | | | | Mak | e/Mo | del Se | rial Number | |
| - - P - | | | | | | | | Tropony 2 sostpilos | | | | | | | | DA | TA OMITTED | |
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| Т Ү - | | | | | | | | | | | | | | | | | VE PROPERTY | |
| 1 | | | | | \dashv | | | | | | | | | | | | ITEMS ARE ISPLAYED ON | |
| - | | | | | \dashv | | | | | | | | | | | | 2C REPORTS | |
| - | | | | | | | | | | | | | | | | | | |
| | | | ehicles S | | | nber Vehic | cles Recovere | | 0 | | | | C | G:- | | | | |
| ID | Office: ALL | r <u>RED,</u> | L. C. (| id 16044) | | Officer Sig | natur | e | | | | | or Signature (ISS, L. S. (15657) | | | | | |
| | | Signatur | | • | Case Status Case Disposition: | | | | | | oto-d | | _ P | adition Destine 1 | | | | |
| Status | | | | | | | Inact | ☐ Cleared by Arrest ☐ Refuse to Cooperate | | | | | | | adition Declined | | | |
| | | | | | | | | Closed/Cleared Cleared Death of Offender Prosecution | | | | | | | ency | | Page 1 | |