| I N | Agenc | y Name | | NSTON-SALEN | OLICE |] IN | INCIDENT/INVESTIGATION | | | | | | | OCA 2444126 | | | | | |
|-----------------|--|--|-----------|-----------------------|--------------------------------|------------------------------------|--|---|------------|----------|-----|---------------|--------------------------------------|---|--|----------------|-------------------------------|--------------------------|--|
| C · | ORI | NG | | | | 02102 | REPORT | | | | | | | Date / Time Reported SMTWTFS Month Day Yr Time | | | | | |
| D E | 10 | | NC 034 | | | INTAtt At Found ⇒S M T W T F S | | | | | | | TFS | 12 08 2024 15:10 Hrs. | | | | | |
| N T | #1 | iiiic ii | icident(s |) Shopliftir | 1.0 | | | X Att At Found S M T W T F S Worth Day Yr Time Com 12 08 2024 15:10 H | | | | | | | Month Day Yr Time | | | | |
| D . | #2 | Crime I | ncident | Sitopititi | •8 | | | | _ | Location | _ | | + 1. | 0.10 | 3 12 | | | Offense Tract | |
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| T A | #3 | irime I | ncident | | | | | | Att Com | Premise | Тур | pe | | | | - 1 | Victim Resider Single Fami | ice Type y | |
| МО | | | d or Com | | | | | | Forcible | | | | Weapon / Tools | | | | | | |
| МО | DATA OMITTED See M.N. | | | | | | | | | | | | | | | | | | |
| V | # of Victims Type | | | | | | | | | | | | | | | | | | |
| | 1 | | | igious L.E. Off | | | | | know | | • | ternal \Box | | ☐ Severe | Lacera Other | | | s □Unknown □N/A | |
| I C | Victim/Business Name (Last, First, Middle) Victim of DOB / A | | | | | | | | | | | | | | Race | Sex | Relationship To Offender | Resident Status Resident | |
| T I | V1 | | DA | ΓA OMITTED | | | | | | | | | | | To Offender | ☐ Non-Resident | | | |
| M · | 1 2, 1 | | | | | | | | | | | | | | | Hon | ne Phone | Unknown | |
| | | | | | ATA OMI | ITTED | | | | | | | | | | | | | |
| | Emplo | oyer Na | me/Addı | ress | D. | ATA OMITTED | | | | | | | | Business Phone | | | | | |
| • | VYR | M | ake | Model | St | yle | Color | | Lic | :/Lis | | | | 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 | k "OJ" | column i | if recovered for othe | er juri | isdiction) | Z – Scized | Б- | Duili | cu c = · | | micricit / I | orged | T = T Out | | | | | |
| | Victim # DCI Status Value OJ (| | | | | QTY | Y Property Description | | | | | | | | Mak | e/Mo | | rial Number | |
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| _ | | | ehicles S | | | nber Vehic | cles Recovere | | 0 | | | | | C | C: | | | | |
| ID | Office: | MIN, | J. M. | ID (16366) | Officer Signature Supervis MAT | | | | | | | | or Signature FISON, G. M. (15167) | | | | | | |
| | | | Signatur | | | 1 | Case Status Case Disposition: | | | | | | | | | | | | |
| Status | | | | | | Inact | ☐ Inactive ☐ Cleared by Arrest ☐ Refuse to Cooperate | | | | | | | addition Decilied | | | | | |
| | | | | | | | | ☐ Closed/Cleared ☐ Cleared by Arrest by . ☐ Closed/Leads Exhausted ☐ Death of Offender | | | | | | | Another Agency Prosecution Declined Page 1 | | | | |