I N	Agenc	y Name		NSTON-SALEN	OLICE	, IN	INCIDENT/INVESTIGATION								OCA 2444146						
C ·	ORI	NG				02102	1	REPORT								Date / Time Reported S M T W T F S Month Day Yr Time					
D E	10		NC 034		Att At Found SMTWTFS									12 08 2024 19:57 Hrs.							
N T	#1	Jimic II	nerdent(s	Larceny- All	Com	Month Day Yr Time Month Day Yr T								Time 19:56							
D .	#2 Crime Incident																<u>/6 20</u>		ffense Tr		
Α .		~ · ·						_	Com				Point	e Dr, Wir	iston-				123		
T A	#3	Jrime I	ncident			Att Com							Victim Residence Type ☐ Single Family ☐ Multi Family								
МО	How Attacked or Committed Forcible															Weapon / Tools					
МО	DATA OMITTED See No.																				
	# 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	1			igious L.E. Off					know	. –				Severe	Lacera Other	tions Majo		j res JNo			
I C	Victim/Business Name (Last, First, Middle) Victim of DOB / Age														Race		Relation: To Offer		Resident Reside	Status	
T I	V1 DATA OMITTED											Crime # 28			W	$_{F}$	1RU		☐ Non-R		
M ·	Home	Addre	ess									1,				Home Phone				own	
					D	ATA OMI	TTED														
	Emple	oyer Na	ame/Add	ress	ATA OMI	A OMITTED							Business Phone								
•	VYR	M	ake	Model	St	yle	Color		Lic	:/Lis				Vin	'						
O T																					
Н																					
R	E R																				
S																					
I	DATA OMITTED																				
N V	N V O																				
Ö																					
V																					
E D																					
Status Codes																					
Codes	Victim				Ĺ	Proporty Decories:								Make/Model Serial Number							
	# DCI Status Value OJ QTY 1 77 7							Property Description PFROG TABLET								PFROG/Paw DATA OMITTED					
- P -																FOR					
					_														FORMAT		
R O														+					SECURIT PURPOSE		
P																			CIG OBI		
E - R																		ONI	Y THE F	IRST	
T Y																	TV		E PROPI		
					_											ITEMS ARE DISPLAYED ON					
-					\dashv									+					C REPOR		
-																					
_			ehicles S			nber Vehi	icles Recovere		0												
ID	Office BAL		G. (163	77)	Officer Sig	natur	re						or Signature GHEGAN, M. R. (16168)								
	Complainant Signature Case State									s Case Disposition:											
Status					Inact								e to C	ooperate	Extra	dition De	clined				
							Closed	☐ Closed/Cleared ☐ Cleared by Arre						rrest by Another Agency							