I N	Agenc	y Name		NSTON-SALEN	IN	INCIDENT/INVESTIGATION							OCA 2444417								
C	ORI	NG				02102	1	REPORT								Date / Time Reported SMIWTFS					
D E	10		NC 034			_	I	A + E	1	Idi	al ml w	TH FH CI	12		10 2	2024	Time <i>17:06</i>				
N	#1	#1 Crime Incident(s) Found Property						Att At Found SM = W T F S Month Day Yr Time At Com 12 10 2024 17:06 E							Month Day Yr Time				Time		
T	#2	Crime I	ncident	Touna Trop	reriy	/			-	12 Location		U 202	4 17	7:06 Hrs	s} 12		0 20		1/:05 Offense Trac	Hrs. ct	
D A	☐ Com 999 E Third St/woodland Av, Winsto																		221		
T A	#3	Crime I	ncident						Att Com	Premise	Тур	e					Victim Re		ce Type y ∏Multi Fa	amily	
	How A	Attacke	d or Com	nmitted		Com	Forcible					Weapon / Tools									
МО	DATA OMITTED Yes No															A					
	# of Victims Type																				
V	0			igious 🔲 L.E. Of					know		-	ternal 🔲		Severe	Lacera Other		- 1 -	∃ Yes ∃No	_	own	
I C	Victim/Business Name (Last, First, Middle) Victim of DOB / Age														Race	Sex	Relation	ship	Resident St	atus	
T	V1		DA	ΓΑ OMITTED							'	Crime #					To Offer	nder	☐ Residen		
I M	Ноте	Addra	ACC													Ноп	ne Phone		Unknov	vn	
	Home Address DATA OMI								ITED												
	Emplo	oyer Na	ame/Addi	ress	ATA OMI	MITTED							Business Phone								
,	VYR	M	ake	Model	Sty	yle	Color		Lic	:/Lis				Vin	'						
O T H E R S I N V O L V E D	DATA OMITTED																				
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column i	R = Recovered if recovered for other	D = I er juri	Damaged isdiction)	Z = Seized	B =	Burn	ed C=	Cou	ınterfeit / I	Forged	F = Foun	ıd						
	Victim #	Property Description								Mal	Make/Model Serial Number										
							BICYCLE	YCLE								VIRE/Xc32 DATA OMITTED				ED	
P - R - O					_													IN	FOR FORMATIO)N	
					_														SECURITY		
																			PURPOSES	,	
P .																					
R T Y					_												T		LY THE FIL		
					_												1		/E PROPER ITEMS ARI		
					_														SPLAYED (
•																		P	C REPORT	rs	
	Numb		ehicles S	tolen 0		nber Vehi	cles Recovere		0				- 1	Supervice	Signat	ure					
ID	FISI	HER,	C. D. (1		Officer Sig	Officer Signature Supervision STU							sor Signature MP, J. K. (14922)								
	Comp	lainant	Signatur	e	Case Status	tatus Case Disposition:						□ Loc									
Status							☐ Inact	tive /Clea	ıred			☐ Cleared	l by Aı l by Aı	rest by Ander] Refuse other Ag	gency	ooperate	_	Page 1	u	