I N	Agenc	y Nam		NSTON-SALEN	. IN	INCIDENT/INVESTIGATION							OCA 2483763							
C ·	ORI	NC				1	REPORT							Date / Time Reported SMTWTFS Month Day Yr Time						
D E	NC NC 0340200  Crime Incident(s)									☐ Att						11   03   2024   17.56 Hrs.   Last Known Secure   S M T W T F S   Month Day Yr   Time				
N T	#1			All Other F	rau	d		_	Com	Month 10	D			Time 7:35  Hrs			Day Yr 🗀	Time 17:35  Hrs.		
D.	#2	Crime I	ncident						Att	Location	n of	Incident					<u> </u>	Offense Tract		
A T	Crime Incident																05 Victim Resider	223		
A	#3	Jillie I	ncident					☐ Att Premise Type ☐ Com						☐ Single Family ☐ Multi Family						
МО			d or Con MITTEI					Forcible Yes							Weapon / Tools					
	No No															cohol Use:				
	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow																			
V I		Victim		igious  L.E. Off Name (Last, First,			uty Othe	er/Un	ıknow	n _	-	ternal  Victim of		scious   B / Age	Other Race			□N/A Resident Status		
C T	V1	v ictiii/			Crime #					DOI	36	Nace	Sex	To Offender	Resident     Resident					
I	DATA OMITTED											1			W	M	RU	☐ Non-Resident ☐ Unknown		
М -	Home Address DATA OMIT									(TED						Home Phone				
	Employer Name/Address DATA OMI														Business Phone					
•	VYR	Color Lic/Lis Vin							Vin											
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L V																				
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D																				
Status	s L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found																			
Codes	(Chec	k "OJ"	column	if recovered for other	er jur	risdiction)														
	# DCI Status Value OJ QTY						Property Description  MONEY/CASH								Mak	e/Mo		rial Number TA OMITTED		
- - P -	1	1 20 / I MUNEI/CASH												DA	FOR					
																	IN	FORMATION		
R																		SECURITY		
O P -					_													PURPOSES		
Е-																	ON	LY THE FIRST		
R T					$\dashv$													VE PROPERTY		
Y																		ITEMS ARE		
																		SPLAYED ON		
-																	P	2C REPORTS		
-	Numb	er of V	ehicles S	tolen 0	Nur	mber Vehi	cles Recovere	d	0											
	Office	r		ID			Officer Sig		-					Supervisor			C (15741)			
ID	ALEXANDER, J. C. (15741)  Complainant Signature Case Stat									,						XANDER, J. C. (15741)				
C4-4	r		J			☐ Further	r Inve	Investigation Unfounded Located						Extr	adition Declined					
Status	□ Inactive □ Closed/Cleared □ Closed/Leads Exhauste											Cleared by Arrest   Refuse to Cooperate  Cleared by Arrest by Another Agency  Death of Offender   Prosecution Declined   Page 1								