| I N | Agenc | y Name | | NSTON-SALEN | OLICE |] IN | INCIDENT/INVESTIGATION | | | | | | | OCA 2021057 | | | | | |
|--|---|--|-----------------------|------------------------------------|------------------|------------------------------------|-----------------------------|-------------------------|---------------|--|------------|-----------------------------|-------------------------|----------------------------|--|-------------------------------------|-------------|----------------------------|--|
| I · | ORI | NC | NC 03/ | 10200 | | | 1 | REPORT | | | | | | | Date / Time Reported S M T W T F S Month Day Yr Time | | | | |
| D E | NC NC 0340200 Crime Incident(s) | | | | | | | | | Att At Found SMTWTFS Month Day Yr Time | | | | | | Day Time 29 2020 20:37 Hrs. | | | |
| N T | #1 | | | Trespassi | _ | | | | | | | | | | | | | | |
| D | #2 | Crime I | ncident | | | Att Com | | | Incident | . 11/;, | ıston-sale | m NC | 271 | 06 | Offense Tract | | | | |
| A T | #3 | Crime I | ncident | | | | | | $\overline{}$ | Premise | | | , wur | ision-saie | m IVC | | | dence Type | |
| A | | . 441 | d or Com | | | | Com | | | | | F!-1- | | _ | | mily | | | |
| MO | | | MITTEE | | | | | | | | | | | Forcible ☐ Yes ☐ No | X N/A | we | apon / Tool | s | |
| V | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | | | | |
| | 1 | | | ciety Governm igious L.E. Off | | | inancial Institution | | know | | - | roken Bone ternal 🔲 | | ☐ Severe | Lacerar Other | | | Yes □ Unknown No □ N/A | |
| I C | Victim/Business Name (Last, First, Middle) | | | | | | | | | | | | Victim of DOB / Age Rac | | | | | ip Resident Status | |
| T I | V1 | | DA | ΓA OMITTED | | | | | 1, | | | | | 10 Offena | ☐ Non-Residen | | | | |
| M · | Home Address | | | | | | | | | | | | | | | Hon | ne Phone | Unknown | |
| | DATA OM | | | | | | | | | | | | | | Business Phone | | | | |
| | | | | | | ATA OMITTED Color Lic/Lis Vin | | | | | | 17' | Business I none | | | | | | |
| | VYR | M | ake | Model | Sty | /le | Color | | Lic | :/L1S | | | | Vin | | | | | |
| O T H E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | |
| Status Codes | (Chec | k "OJ" | = Stolen column i | R = Recovered frecovered for other | D = D r juris | Damaged sdiction) | Z = Seized | B = | Burn | ed C= | Cou | ınterfeit / F | orged | F = Foun | d | | | | |
| | Victim # DCI Status Value OJ QTY | | | | | | Property Description | | | | | | | | Mak | e/Mo | | Serial Number | |
| - P - R _ | | | | | | | | | | | | |] | DATA OMITTED FOR | | | | | |
| | | | | | | | | | | | | | | | | | | INFORMATION | |
| | | | | | | | | | | | | | | | | | | SECURITY | |
| O P - | | | | | + | | | | | | | | | | | | | PURPOSES | |
| Е- | | | | | + | | | | | | | | | | | | | ONLY THE FIRST | |
| R T | | | | | + | | | | | | | | | | | | | ELVE PROPERTY | |
| Y | | | | | | | | | | | | | | | | | | ITEMS ARE | |
| | | | | | | | | | | | | | | | | | | DISPLAYED ON | |
| - | | | | | _ | | | | | | | | | | | | | P2C REPORTS | |
| - | Numb | er of V | ehicles S | tolen 0 | Num | nber Vehic | cles Recovere | d | 0 | | | | | | | | | | |
| | Officer ID# Officer Signature Supervisor Signature | | | | | | | | | | | | | | | | | | |
| ID | | | R. M. (1 Signature | | Case Status | 6 | | | Ι. | Case Dispos | ition | THOM | OMPŠON, J. J. (14841) | | | | | | |
| Status | Comp | ашапі | oignatuf(| | | | ☐ Further ☐ Closed ☐ Closed | r Inve tive /Clea | ıred | | | ☐ Unfoun☐ Cleared☐ Cleared☐ | ded by Ai by Ai | Loc rest rest by And | Refuse other Ag | gency | ooperate | xtradition Declined Page 1 | |