I N	Agenc	y Name		NSTON-SALEN	CIE	CIDENT/INVESTIGATION						OCA 2220216							
I C	ORI	NC	NC 034	10200	1		REPORT						Date / Time Reported SMTHTFS Month Day Yr Time						
D E			ncident(s					At Found	SM	TFS		O4   27   2022   II:I9 Hrs Last Known Secure   SM 工手工下 S							
N T	#1			, tion Of City/cou	ı —	☐ Att   At Found   S M T M T F S   Last Known Secure   S M T M T M T M North Day Yr Time   Last Known Secure   S M T M T M North Day Yr Time   Month Day Yr Time   North Day Yr Time   No									Time				
D.	#2	Crime I	ncident	<u></u>					$\rightarrow$	Location	of l	Incident						Offense Tract	
A T		Trima I	ncident					_	Com				Rd/n	Peace H	aven I		Viatim Pasida	113	
A	#3	Jillie I	neident					☐ Att Premise Type ☐ Com							Victim Residence Type  ☐ Single Family ☐ Multi Family				
МО			d or Con MITTEI		Forcible ☐ Yes ☐ No						Weapon / Tools								
	# of V	ictims	Туре	Person		Business				Injury	y	☐ None		_	Loss o	f Tee	th Drug/A	lcohol Use:	
3.7	1 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Internal Unconscious Other Major															_			
V I		Victim/		Name (Last, First,			иту 🔲 Опт	21/ UII	KIIOW	<u>"   Ц</u>	_	Victim of		B / Age	Race			Resident Status	
C T	V1		DΛ	ΓA OMITTED					(	Crime #					To Offender	☐ Resident ☐ Non-Resident			
I M ·				TA OMITTED								1,						Unknown	
	Home Address DATA OMIT									ГТЕD						Home Phone			
•	Employer Name/Address DATA OMI									 TTED						Business Phone			
•	VYR	M	Model	Color Lic/Lis Vin							Vin								
0																			
T H																			
E																			
R S	R S																		
							DATA	(	M	ITTF	ED	)							
I N	DATA OMITTED																		
V	v																		
O L																			
V E																			
D																			
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column	R = Recovered for other	D = er jur	Damaged risdiction)	Z = Seized	B =	Burn	C = C	Cou	interfeit / F	orged	F = Foun	d				
	Victim # DCI Status Value OJ QTY						Property Description								Mak	e/Mo	odel Se	rial Number	
													DA	TA OMITTED					
P -																	IN	FOR FORMATION	
																		SECURITY	
R O																		PURPOSES	
Р <sup>-</sup> Е -																			
R																		LY THE FIRST	
Т Ү -																		VE PROPERTY	
٠.																		ITEMS ARE ISPLAYED ON	
-																		2C REPORTS	
-																			
			ehicles S			mber Vehi	cles Recovere		0					g :	G.				
ID	Officer ID# Officer LESSARD, M. J. (15172)								Signature Supervisor Signature ASHLEY, B. H. (15165)								<i>15165)</i>		
	Complainant Signature Case State									Case Disposition:							adition Dasting 1		
Status					ive		иОΠ	Ιi	☐ Unfoun ☐ Cleared	by Aı	rest Loc	Refuse	e to C	ooperate	adition Declined				
						Closed		Cleared							Page 1				