I N	Agenc	y Name		NSTON-SALEN	IN	ICIDENT/INVESTIGATION						OCA 2239940							
I C	ORI	NC	NC 034	10200				REPORT								Date / Time Reported SMTWTFS Month Day Yr Time			
D E			ncident(s		Att At Found SMTWTFS Month Day Yr Time								Day II Time O8 17 2022 22:47 Hrs. Last Known Secure S M T M T F S Month Day Yr Time						
N T	#1	Dr	iving V	Vhile License Re	xed/suspe	ı —	Month Day Yr Time Mont Day ON 17 2022 22:47 Hrs 08												
D	#2	Crime I	ncident	004 1		11.0.1				Location		Incident						Offense Tract	
A T	πэ (Crime I	Viol ncident	ation Of Auto L	aw-	all Othe	r		Com Att	Premise 7			Pw/v	vake For	est Ka		Victim Reside	113 ence Type	
A	#3							Com							☐ Single Family ☐ Multi Family				
МО			d or Com MITTEI								Forcible Yes No								
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																		
V	1			ciety Governm ligious L.E. Of			inancial Institution		nknow			oken Bone ernal 🔲		☐ Severe	Lacera Other		1 —	es □Unknown □ □N/A	
I C	Victim/Business Name (Last, First, Middle) Victim of DOB / Age														Race		Relationship	Resident Status	
T	V1		DA	ΓΑ OMITTED		Crime #								To Offender	☐ Resident ☐ Non-Resident				
I M ·	Ното	Addro	00									1,2				Llon	ne Phone	Unknown	
	Home Address DATA OMI									TTED						Home I none			
	Emplo	me/Add	ATA OMI	A OMITTED							Business Phone								
•	VYR	M	ake	Model	St	yle	Color		Lic	c/Lis				Vin					
T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes	L = L	ost S k "OJ"	= Stolen	R = Recovered	D = er iur	Damaged isdiction)	Z = Seized	B =	Burn	C = C	Cou	nterfeit / F	orged	F = Foun	d				
	Victim # DCI Status Value OJ QTY						Property Description							Mak	e/Mo	odel S	erial Number		
- - P - R													D	ATA OMITTED					
																	T.	FOR NFORMATION	
					\dashv													SECURITY	
0																		PURPOSES	
Р ⁻ Е -																			
R T					-													NLY THE FIRST LVE PROPERTY	
Y																	1 WEI	ITEMS ARE	
-																	D	ISPLAYED ON	
-																	I	2C REPORTS	
-					\Box		1 5	1											
	Numb		ehicles S	tolen 0		mber Vehi	cles Recovere Officer Sig		0 re				ı	Supervisor	Signati	ıre			
ID	BRC	J. M. (1		(0)							or orginature								
	Complainant Signature Case Stat ☐ Furth									Case Disposition: nvestigation						☐ Ext	radition Declined		
Status							☐ Inact	ive /Clea	ared			☐ Cleared ☐ Cleared	by Ar	rest rest by And	Refuse other Ag	gency	ooperate	Page 1	