I N C	Agenc	y Name		NSTON-SALE	1 P	OLICE	IN	INCIDENT/INVESTIGATION REPORT							OCA 2311849				
I	ORI	NC	NC 034	40200			REPORT						Date / Time Reported SM TWTFS Month Day Yr Time 03 22 2023 15:45 Hrs.						
D E	— <u> </u>						At	I	At Found	Isla	ıl Tl-W	T F S	03				<i>15:45</i> Hrs. T₩TF S		
N	#1	Crime Incident(s) Indecent Exposure							1 1	Month	Day Yr	Т	'ıme			n Secure	Ti	me	
T	"0 (Crime I	ncident	тиесені Ехр	16		\square Com $\begin{array}{ c c c c c c c c c c c c c c c c c c c$						rs 03 22 2023 15:44 Hrs. Offense Tract						
D A	#2																114		
T	#3 Crime Incident														Victim Residence Type				
A	□ Com														☐ Single Family ☐ Multi Family				
MO			d or Con MITTEI										Forcible Yes	X N/A	We	apon / Tool	S		
																1.77			
	# 01 V	ictims	Type	Person	_	Business	inancial Inctit	ıta		Injury	☐ None	□ M		Loss o		_			
V	2 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Religious L.E. Officer Line of Duty Other/Unknown Internal Unconscious Other Major															_			
I		Victim/		Name (Last, First,			<u> </u>				Victim of		B / Age	-	Sex Relationship Resident Status				
C T	V1		DA'	ГА ОМІТТЕО							Crime #					To Offende		Resident Non-Residen	
I			DA	IA OMITTED							1,							Unknown	
M	Home	e Addre	ess		D.	ATA OMI	TTED							Home Phone					
	Empl	oyer Na	me/Add	ress			OMITTED							Business Phone					
	VYR Make Model Style						Color Lic/Lis Vin						Vin						
T H E R S I N V O L V E D	DATA OMITTED L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found																		
Status Codes	(Chec	k "OJ"	column	if recovered for othe	er jur	isdiction)	Z = Seized	D = D	urnec	u C=C	ounterrent / F	orgeu	r = roun	ıu					
	Victim # DCI Status Value OJ QTY						Property Description							Mak	e/Mo	del	<u>Seri</u> al	Number	
P - R .																I		OMITTED	
					_													FOR	
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O P .					_												PU.	RPOSES	
Ε .					_												NII V	THE EIDET	
R.																		THE FIRST PROPERTY	
T Y					-											1 W I		EMS ARE	
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																. 20			
-	Numh	er of V	ehicles S	Stolen 0	Nur	mber Vehi	cles Recovere	d 0					1						
	Office		CITICICS D	ID		Y CIII	Officer Sig					Т	Supervisor	Signati	ıre				
ID	PER	RRY, L	D. E. (1	6185)			S.meer Sig	The Signature Superviso CAFF							EY, J. D. (15234)				
	Comp	lainant	Signatur	e			Case Status							cated					
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Cleare	d		☐ Unfoun ☐ Cleared ☐ Cleared ☐ Death of	by Ar	rest by And] Refuse other Ag	gency	ooperate		ion Declined Page 1	

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