I N	Agenc	y Name		NSTON-SALEN	OLICE] IN	INCIDENT/INVESTIGATION								OCA 2320919						
C I	ORI	NC					1	REPORT								Date / Time Reported SMTWTFS Month Day Yr Time					
D E			NC 034				│ │ │ │ │ │ │ Att │ At Found │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │								05 24 2023 08:57 Hrs						
N T	#1			, Suspicious P	☐ Att At Found								Month Day Yr Time								
D	#2	Crime I	ncident	1		Att	Location	n of	Incident							Offense Tra					
A T		rime I	ncident					_	Com	125 F Premise			hts C	t Apt. 217	7, Win				ce Type		
A	#3				☐ Att Premise Type ☐ Com								☐ Single Family ☐ Multi Family								
МО			d or Com MITTED				-						Forcible ☐ Yes ☐ No	X N/A	We	apon / T	Γools				
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																				
V	0			ciety Governm			inancial Institu		know	. –	-	oken Bon		Severe	Lacera Other		- 1	□ Yes	Unkn	own	
I	0 ☐ Religious ☐ L.E. Officer Line of Duty ☐ Other/Unknown ☐ Internal ☐ Unconscious Victim/Business Name (Last, First, Middle) Victim of DOB / Age														Race	<u> </u>	Relatio	onship	Resident S		
C T	V1		DA	ΓΑ OMITTED							(Crime #					To Off	fender	☐ Resider		
I M																☐ Unknow					
	Home Address DATA ON								ITTED							Home Phone					
	Emplo	oyer Na	me/Addı	ress	ATA 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																				
Status Codes																					
	Victim # DCI Status Value OJ QTY						Property Description								Mak	ce/Mo	odel	Sei	rial Number	r	
- - P - R														DA	TA OMITT	ED					
					+													IN	FOR FORMATION	ON	
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O P -																			PURPOSES	S	
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	Officer ID# Officer Signature Supervisor Signature																				
ID	PAC		KISE							R, C. N. (14944)											
Status	Comp	iainant	Signature	e			Case Status Further Inact Closed	r Inve ive /Clea	red			☐ Unfour☐ Cleared☐ Cleared	ided I by Ai I by Ai	Loc rest rest by And	Refuse other Ag	gency	Cooperat	te	Page 1		