I N	Agenc	e WIN	IN	INCIDENT/INVESTIGATION							OCA 2320943								
C	ORI	NG			<u> </u>	REPORT							Date / Time Reported SMTWTFS						
D E	10		NC 034											05 24 2023 12:44 Hrs.					
N T	#1 Crime Incident(s) Other Sex Offense									☐ Att At Found SM TM TFS Last Known Secure Month Day Yr Time Last Known Secure Month Day Yr Time D5 24 2023 12:44 Hrs 05 24 202								Time 12:43 Hrs.	
D .	#2	Crime I	ncident	o mer ben oj	ij eri.			_	Att			f Incident) 12	2.44 1115	05		2023	Offense Tract	
A	☐ Com 704 W Devonshire St,														salem			311	
T A	#3	Jrime I	ncident						Att Com	Premise	Ty	pe				- 1	Victim Resid Single Fan	ence Type illy	
МО			d or Com											Forcible Yes	¥r N/A		apon / Tools		
																0			
	# of Victims Type Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: Broken Bones Severe Lacerations Yes Unknown																		
V	1		Rel	igious 🔲 L.E. Off	icer	Line of Du			nknow		_			iscious	Other	ner Major No N/A			
I C		Victim/	Business	Name (Last, First,	Victim of Crime #					DOI	3 / Age 24	Race	Sex	Relationship To Offender					
T I	V1		DA	ΓA OMITTED					1,		24	W	M		☐ Non-Resident				
M	Home Address DATA OMI									·					l	W M Unknown Home Phone			
	E1 N/A 11														Business Phone				
	VYR	ATA OMITTED Color Lic/Lis Vi						Vin											
	VIK	IVI	ake	Model	Si	yle	Color		Lic	Z/LIS				V III					
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 for other	D = er jur	Damaged isdiction)	Z = Seized	B =	Burn	ied C=	Co	unterfeit / F	Forged	F = Found	d				
	Victim # DCI Status Value OJ QTY						Property Description								Mal	ke/Mo	del S	erial Number	
- - P - R													D	ATA OMITTED					
					\dashv												I	FOR NFORMATION	
																		SECURITY	
O P -																		PURPOSES	
E ·					_													NI V THE EIDST	
R T																		NLY THE FIRST LVE PROPERTY	
Y ·					\dashv												1,,,,	ITEMS ARE	
,					\dashv												I	DISPLAYED ON	
																		P2C REPORTS	
-	N7 -		1 . 1	. 1		1 ** * *		1											
	Numb Office:		ehicles S	tolen 0		mber Vehic	cles Recovere Officer Sig		0 re				I	Supervisor	Signat	ure			
ID	GAL	LAGI		M. (16019)						,				Y, J. L. (14885)					
	Comp	lainant	e	Case Status		Case Disposition: Investigation Unfounded Located								□ Fx	tradition Declined				
Status							☐ Closed	tive /Clea	ared			☐ Cleared	by Ail by Ai	rrest Dece	Refuse ther Ag	gency	ooperate	Page 1	