I N	Agenc	y Name		NSTON-SALEN	OLICE	] IN	INCIDENT/INVESTIGATION							OCA 2411043							
C ·	ORI	NC	NC 034				1	REPORT								Date / Time Reported SMTWTFS Month Day Yr Time					
D E		NC :	   Att   At Found SMTWTF≤								03   30   2024  12:36 Hrs.										
N T	#1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, raffic Accident- <sub>i</sub>		ı —	Com	Month 03	. I	S M T W T F ≤ S Day Yr Time 30   2024   12:36   Hrs						Yr Time					
D.	#2	Crime I	ncident	, -,,,, ,	Att			Incident	<del>†</del>   12		7 03		00   202		ffense Tract						
A	Com Solution Inside the Company of t														alem 1	Victim Residence Type					
T A	#3	_rime i	ncident					☐ Att Premise Type ☐ Com							Single Family   Multi Family						
МО			d or Com						!					Forcible Yes	Ψ N/Δ	We	apon / To	ols			
WO	□ No																				
	# of Victims   Type																<sub>vn</sub>				
V	0			igious 🔲 L.E. Off					know		_	iternal		Severe	Lacera Other		–	l No	□N/A	V 11	
I C		Victim/	Business	Name (Last, First,	Victim of Crime #					B / Age Race Sex Related To C			Relations To Offen	hip Resident Status der Resident							
T I	V1		DA	ΓA OMITTED					CIIIIC #					10 Onen		☐ Non-Resid					
M ·	Home Address														Home Phone					<u> </u>	
	Employer Name/Address  DATA OM  DATA OM																				
	Emplo	oyer na	me/Addi	ress	ATA OMITTED								Business Phone								
	VYR	M	ake	Model	Sty	yle	Color		Lic	c/Lis				Vin							
T H E R S I N V O L V E D	DATA OMITTED																				
Status Codes																					
	Victim					QTY	Property Description							Mal	Take/Model Serial Number						
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ID			MAN, R	2. M. (15796)	Officer Sig	Officer Signature Supervi $(0)$							sor Signature								
	Complainant Signature Case Stat									s Case Disposition:					Located   Extradition Declined						
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	ared			☐ Cleared	by Ai	Loc rest rest by Ander	Refuse other Ag	gency	Cooperate		Page 1	—	