| I N | Agenc | y Name | | NSTON-SALEN | OLICE | IN | INCIDENT/INVESTIGATION | | | | | | | OCA 2411630 | | | | | |
|-----------------------|--|-----------------|----------------------|---------------|-----------------|--|----------------------------|---|--|------------|---------------|--------|--------------------|---|------------|-----------------|-----------------------------|--|--|
| C · | ORI | NC | | | | | REPORT | | | | | | | Date / Time Reported SMTWIFS Month Day Yr Time | | | | | |
| D E | NC NC 0340200 Crime Incident(s) | | | | | | | | Att At Found SMTWIFS Month Day Yr Time | | | | | | | Day 17 Time | | | |
| N T | #1 | | (| All Other Of | fens | es | | ı — | Com | Month 04 | | | Time 1:05 Hrs | | | | Time $04:04$ Hrs. | | |
| D. | #2 | Crime I | ncident | | | | | | Att | Location | of Incident | | | | | 74 2024 | Offense Tract | | |
| A T | Com 1099 S Stratford Rd/executive | | | | | | | | | | | | | | | Victim Resid | 321 | | |
| A | #3 | Time I | iicident | | | | | ☐ Att Premise Type ☐ Com | | | | | | ☐ Single Family ☐ Multi Family | | | | | |
| МО | | | d or Com | | | | | Forcible ☐ Yes ☐ No | | | | | ☐ Yes | Weapon / Tools | | | | | |
| | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | Alcohol Use: | | | |
| V | 1 Society Government Financial Institute Broken Bones Severe Lacerations Unknown Internal Unconscious Other Major No N/A | | | | | | | | | | | | | | | _ | | | |
| V I | Victim/Business Name (Last, First, Middle) Victim of DOB / Age | | | | | | | | | | | | | | Sex | | Resident Status | | |
| C T | V1 | | DA | ΓΑ OMITTED | | | | Crime # | | | | | | | | To Offende | Resident Non-Resident | | |
| I M · | | | | | | | | | | | 1, | | | | | | Unknown | | |
| | Home Address DATA OM | | | | | | | | TTED | | | | | | Home Phone | | | | |
| • | Employer Name/Address DATA C | | | | | | | | MITTED | | | | | Business Phone | | | | | |
| | VYR | M | ake | Model | St | yle | Color | | Lic | c/Lis | | | Vin | | | | | | |
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| O T | | | | | | | | | | | | | | | | | | | |
| H E | | | | | | | | | | | | | | | | | | | |
| R S | R | | | | | | | | | | | | | | | | | | |
| 5 | DATA OMITTED | | | | | | | | | | | | | | | | | | |
| I N | DATA OMITTED | | | | | | | | | | | | | | | | | | |
| V | V O L | | | | | | | | | | | | | | | | | | |
| O L | | | | | | | | | | | | | | | | | | | |
| V E | | | | | | | | | | | | | | | | | | | |
| D | | | | | | | | | | | | | | | | | | | |
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| Status Codes | L = L (Chec | ost S k "OJ" | = Stolen column i | R = Recovered | D = l er iur | Damaged isdiction) | Z = Seized | B = | Burn | ed $C = C$ | Counterfeit / | Forged | F = Foun | ıd | | | | | |
| | Victim # DCI Status Value OJ QTY | | | | | | Property Description | | | | | | | Mak | ce/Mo | odel S | erial Number | | |
| - | # Del Suitas Value 03 Q11 | | | | | | Property Description | | | | | | | Iviai | 10, 1110 | | ATA OMITTED | | |
| - | | | | | | | | | | | | | | | | | FOR | | |
| P - R - O | | | | | \dashv | | | | | | | | | | | | NFORMATION SECURITY | | |
| | | | | | \dashv | | | | | | | | | | | | PURPOSES | | |
| Р ⁻ Е - | | | | | | | | | | | | | | | | | | | |
| R | | | | | | | | | | | | | | | | | NLY THE FIRST | | |
| T Y | | | | | | | | | | | | | | | | TWE | LVE PROPERTY | | |
| | | | | | _ | | | | | | | | | | | т | ITEMS ARE | | |
| - | | | | | \dashv | | | | | | | | | | | | DISPLAYED ON P2C REPORTS | | |
| - | | | | | | | | | | | | | | | | | | | |
| | | | ehicles S | - | | nber Vehic | cles Recovere | | 0 | | | | | a: | | | | | |
| ID | Office: | | . L. (15 | (605) ID | | Officer Sig | Officer Signature Supervis | | | | | | | or Signature LS, S. S. (15941) | | | | | |
| | Complainant Signature Case S | | | | | | | | tus Case Disposition: | | | | | | • | ĺ | . 100 D 10 1 | | |
| Status | | | | | Inact | ☐ Inactive ☐ Cleared by Arrest ☐ Refuse to Cooperate | | | | | | | tradition Declined | | | | | | |
| | | | | | | | | ☐ Closed/Cleared ☐ Cleared by Arrest by Another Agency ☐ Death of Offender ☐ Prosecution De | | | | | | · | Page 1 | | | | |