I N	Agenc	y Name		NSTON-SALEN	CIDENT/INVESTIGATION						OCA 2411975								
C .	ORI	NC					1	REPORT						Date / Time Reported SMTWTFS Month Day Yr Time					
D E			NC 034		☐ Att   At Found						04   06   2024  22:17 Hrs.								
N T	#1		, Assault-non Agg	ı —	Month Day Yr Time Month Day Yr Time									Time					
D.	#2		ncident		,				Att	Location	ı of	Incident				•		Offense Tract	
A T	Coince Incident																07 Victim Reside	211	
A	#3	Jime I	nerdent				Com							☐ Single Family ☐ Multi Family					
МО			d or Com MITTEL						•					Forcible Yes	X N/A	We	apon / Tools		
	# of Victims   Type No Person   Business   Injury None   Minor   Loss of Teeth   Drug/Alcohol Use:															Alcohol Use:			
	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow															es Unknown			
V I		Jictim/		igious L.E. Off Name (Last, First,			ity   Othe	er/Un	nknow	n _	_	ternal  Victim of		scious   B / Age	Other				
C T	V1	· ictimi							Crime #	DOI	26	Race	SCA	To Offender					
I		DA.	ΓA OMITTED					1,			$\mid W \mid$	M	1NE	☐ Non-Resident					
М -	Home Address DATA OMIT									ГТЕО						Home Phone			
	Employer Name/Address DATA OMI														Business Phone				
•	VYR	Color Lic/Lis Vin						Vin											
O T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column i	R = Recovered if recovered for other	D = I er juri	Damaged isdiction)	Z = Seized	B =	Burn	C = 0	Cou	ınterfeit / F	orged	F = Found	i				
	Victim # DCI Status Value OJ QTY						Property Description							Mak	ce/Mo	odel S	erial Number		
- - P - R													D	ATA OMITTED					
					_												17	FOR NFORMATION	
																		SECURITY	
O P -																		PURPOSES	
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R T					-													NLY THE FIRST LVE PROPERTY	
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-																	]	P2C REPORTS	
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	Numb Office:		ehicles S	tolen 0		nber Vehic	cles Recovere Officer Sig		0 re				Ī	Supervisor	Signati	ure			
ID	GAR	CIA,	F. I. (1								MULG	ŘĚW,	<i>M</i>	J. (14746)					
	Comp	ainant	Signatur	e	Case Status		estice	tion		ase Dispos  ☐ Unfoun		□ Loca	nted		□ Evi	radition Declined			
Status							☐ Inact	ive /Clea	ared			Cleared	by Ai	rest by Ano	Refuse ther Ag	gency	ooperate	Page 1	