I N	Agenc	y Nam		NSTON-SALEN	CIE	IDENT/INVESTIGATION						OCA 2412068								
C	ORI REPORT Date Mor														Date / Mon	e/Time Reported SMTWTFS nth Day Yr Time				
D E	10		NC 034			I A# A+Equad I오M ㅠ 때 ㅠ 티 q								04 07 2024 20:46 Hrs.						
N	#1	Jiiiic i) ossession/conce	ons	Att At Found S M T W T F S M Onth Day Yr Time X Com 04 07 2024 20:46 H									Month Day Yr Time					
T	#2	Crime I	ncident	ossession conce	aiii	5 Weap	Oris	-	X Com 04 07 2024 20:46 Hrs 04 07 2024 20:4. Att Location of Incident Offense											
D A									Com			-	ub Ra	l/jonesto	vn Rd,				324	
T A	#3	Crime I	ncident				☐ Att Premise Type ☐ Com							Victim Residence Type ☐ Single Family ☐ Multi Family						
	How A	Attacke	d or Con	nmitted					Forcible											
МО	DATA OMITTED Yes X N/A															1				
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															I				
V	1 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Religious L.E. Officer Line of Duty Other/Unknown Internal Unconscious Other Major																			
I C		Victim/	Business	Name (Last, First,	Midd	lle)					T	Victim of		3 / Age	Race	Sex	Relations	nip	Resident	t Status
T	V1	TOTAL DATA OMITTED															To Offen		□ Resid □ Non-l	ient Resident
$\begin{bmatrix} 1 \\ M \end{bmatrix}$												Hon	ne Phone		Unkn	iown				
Home Address DATA OMITTED											поп	Tome Fhone								
	Emplo	oyer Na	ame/Add	ress		D	ATA OMI	ГТЕ	D							Business Phone				
,	VYR Make Model Style Co							Color Lic/Lis Vin												
O T																				
H E R																				
S	S																			
I					DATA	7 C	OMITTED													
N																				
O																				
L V																				
E D																				
Status																				
Codes	(Chec		column	if recovered for other	r juri	isdiction)														
	# DCI Status Value OJ QTY 13 EVID								Property Description							ake/Model Serial Number (G17 Style DATA OMITTE				
		13 EVID 1 FIREARM									HORN				*			—		
P -																INFORMATION				
P. R																		S	ECURI	ГҮ
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-	Num-	or of V	ahiolos C	tolen 0	None	ober Val-	olas Pasavas	d	0											
	Office	r	ehicles S	ID		noer veni	Cles Recovere Officer Sig		o re				Ī	Supervisor	Signati	ıre				-
ID	SOMERVILLE, T. J. (16036)								NELSON, S. M. (15176)											
	Comp	iainant	Signatur	e		r Inve	Case Disposition: Investigation ☐ Unfounded ☐ Located ☐ E							Extra	dition De	eclined				
Status							☐ Inact	l/Clea		hausted	li		by Aı	rest rest by And nder] Refuse other Ag	gency			Page	1