| I N | Agenc | y Name | | STON-SALEN | CIDENT/INVESTIGATION | | | | | | OCA 2412535 | | | | | | | | |
|--|----------------------------------|-----------------|----------------------|-------------------------|--|-------------------|---------------------------|---------------|--------|------------|-------------|--|---|--------------------------------|--------------------|----------------|-----------------------|-------------------------------|--|
| C · | ORI | NC | | | | 1 | REPORT | | | | | | Date / Time Reported SMTWIFS Month Day Yr Time | | | | | | |
| D E | | | NC 034 | | ☐ Att At Found SMTW五FS Month Day Yr Time | | | | | | | Day 17 Time 10:39 Hrs. Last Known Secure SMTWIFS SMTWATES SMTWIFS SMTWATES SMTWATES | | | | | | | |
| N T | #1 | | | ing & Entering | With | out For | ·ce | _ | Com | Month 04 | | | | ime 1:39 Hrs | | | | Time 10:38 Hrs. | |
| D. | #2 | Crime I | ncident | 0 0 | | | | | - | Location | of In | ncident | | | | | · | Offense Tract | |
| A T | Com 2115 Peters Creek Pw A | | | | | | | | | | | | | | , Wins | | salem Victim Resid | 313 | |
| A | #3 | Time I | iicideiii | | | | | | Com | riennse i | Type | | | | | - 1 | | ence Type nily | |
| МО | | | d or Com | | | | | | | | | | | Forcible Yes | X N/A | We | apon / Tools | | |
| | | | | | | | | | | | | | | | | Alcohol Use: | | | |
| | # of Victims Type | | | | | | | | | | | | | | | | | | |
| V | | | | igious L.E. Off | | | ity 🔲 Othe | er/Un | know | n 🗆 | | rnal 🔲 | | scious [| Other | Majo | | | |
| C | V1 | / ictim/ | | Name (Last, First, | | | Victim of DO Crime # | | | | 3 / Age | Race | Sex | Relationshi To Offende | Resident | | | | |
| T I | V 1 | | DA | ΓA OMITTED | | | | | | | | 1, | | | | | | ☐ Non-Resident | |
| М - | Home | Addre | SS | | | | | | | | | | Home Phone | | | | | | |
| | Employer Name/Address DATA OMI | | | | | | | | | | | | | | | Business Phone | | | |
| | VYR | Model | | | | | | | Vin | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| O T H E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | |
| Status Codes | (Chec | ost S k "OJ" | = Stolen column i | R = Recovered for other | D = E r juris | Damaged sdiction) | Z = Seized | B = | Burn | ed $C = C$ | Count | terfeit / F | orged | F = Foun | d | | | | |
| | Victim # DCI Status Value OJ QTY | | | | | | Property Description | | | | | | | | Mak | e/Mo | del S | Serial Number | |
| - - P - R | | | | | | | | | | | | | D | ATA OMITTED | | | | | |
| | | | | | + | | | | | | | | | | | |] | FOR NFORMATION | |
| | | | | | | | | | | | | | | | | | | SECURITY | |
| 0 | | | | | | | | | | | | | | | | | | PURPOSES | |
| Р ⁻ Е - | | | | | | | | | | | | | | | | | | | |
| R T | | | | | _ | | | | | | | | | | | | | NLY THE FIRST LVE PROPERTY | |
| Y · | | | | | + | | | | | | | | | | | | 1 W E | ITEMS ARE | |
| - | | | | | + | | | | | | | | | | | |] | DISPLAYED ON | |
| | | | | | | | | | | | | | | | | | | P2C REPORTS | |
| - | | | | | \perp | | | | | | | | | | | | | | |
| | Numb | | ehicles S | tolen 0 | | nber Vehic | cles Recovere Officer Sig | | 0 e | | | | ı | Supervisor | Signati | ıre | | | |
| ID | STA | NLEY | | (15753) | | LEAC . | | | | | | | | or Signature (H, J. M. (15710) | | | | | |
| | Complainant Signature Case State | | | | | | | | | tion | | se Dispos Unfoun | | □ Loc | ated | | □ Es | tradition Declined | |
| Status | | | | | | | ☐ Inact | tive /Clea | ıred | | | Cleared Cleared | by Ar | rest Est | Refuse other Ag | gency | ooperate | Page 1 | |