| I N | Agenc | y Name | NSTON-SALEN |] IN | NCIDENT/INVESTIGATION | | | | | | OCA 2412927 | | | | | | | | | |
|--|---|---|----------------------|--|-----------------------|-------------------|----------------------------|------------------------|------------|---------------------|----------------|--|-----------------------|------------------------------|---|-------------------------------|-----------------------|-----------------------------|--------------------|--|
| C | ORI | NC | NC 034 | 10200 | | | 1 | REPORT | | | | | | | Date / Time Reported SMTWTFS Month Day Yr Time | | | | | |
| D E | -10 | | ncident(s | Att At Found SMTWTFS Month Day Yr Time | | | | | | | | Day Trime Trime O4 14 2024 O3:18 Hrs | | | | | | | | |
| N T | #1 | | | , Police Service-o | pen l | Door | | ı — | Com | Month 04 | ı I | | | Time 1:18 Hrs | | | | r ' | Time 03:17 Hrs | |
| D | #2 | Crime I | ncident | | ı | | | | Att | Locati | on of | f Incident | • | | • | | | | Offense Tract | |
| A T | | Trima I | ncident | | | | | _ | Com | 845 Premis | | oplar St, | Wins | ton-salen | ı NC 2 | | <i>I</i> Victim Re | neidan | 311 | |
| A | #3 | Jillie I | neident | | | | | | Att Com | 1 Tellis | СТУ | pe | | | | | | | ce Type y | |
| МО | | | d or Com MITTEE | | Forcible Yes | | | | | | Weapon / Tools | | | | | | | | | |
| | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | | | | | |
| V | 0 | | | ciety Governm igious L.E. Off | | | inancial Institution | | nknow | | _ | roken Bone nternal 🔲 | | Severe | | tions Yes Unknown Major No NA | | | | |
| I | | Victim/ | | Name (Last, First, | | | | Victim of DC | | | | | 3 / Age | Race | <u> </u> | Sex Relationship Resident St | | | | |
| C T | V1 | | DA | ΓA OMITTED | | | | | | | Crime # | | | | | To Offer | nder | ☐ Resident ☐ Non-Residen | | |
| I M | | A 11 | | | | | | | | | | | | Di | | Unknown | | | | |
| | Home Address DATA OMI | | | | | | | | | ГТЕD | | | | | | Home Phone | | | | |
| | Employer Name/Address DATA ON | | | | | | | | ITTED | | | | | | Business Phone | | | | | |
| , | VYR | M | ake | Model | Sty | /le | Color | | Lic | c/Lis | | | | Vin | | | | | | |
| O T H E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | | |
| Status Codes | (Chec | k "OJ" | = Stolen column i | R = Recovered for other | D = E r juri: | Damaged sdiction) | Z = Seized | B = | Burn | ied C = | = Coi | unterfeit / F | Forged | F = Foun | d | | | | | |
| | Victim # DCI Status Value OJ QTY | | | | | | Property Description | | | | | | | | Mak | ake/Model Serial Number | | | | |
| P - R - O - | | | | | | | | | | | | | | DA | FOR | | | | | |
| | | | | | | | | | | | | | | | | | | IN | FORMATION | |
| | | | | | | | | | | | | | | | | | | | SECURITY | |
| | | | | | | | | | | | | | | | | | | | PURPOSES | |
| E · | | | | | | | | | | | | | | | | | | ON | LY THE FIRST | |
| R T | | | | | - | | | | | | | | | | | | T | | /E PROPERTY | |
| Υ . | | | | | | | | | | | | | | | | | | | ITEMS ARE | |
| | | | | | | | | | | | | | | | | | | | SPLAYED ON | |
| | | | | | _ | | | | | | | | | | | | | P2 | 2C REPORTS | |
| • | Numb | er of V | ehicles S | tolen 0 | Num | nber Vehic | cles Recovere | d | 0 | | | | | | | | | | | |
| | Office | r | | ID | | Officer Sig | | - | | | | | Supervisor | | | (15/20) | | | | |
| ID | Comp | Case Status | <u>GR</u> | | | | | | | FFIN, B. K. (15429) | | | | | | | | | | |
| Status | P | | G | | | | ☐ Further ☐ Inact ☐ Closed | r Inve ive /Clea | ared | | | ☐ Unfoun ☐ Cleared ☐ Cleared | ded by Ai by Ai | Loc rrest rrest by And |] Refuse other Ag | gency | Cooperate | | Page 1 | |