I N	Agenc	y Name		NSTON-SALEN	OLICE	. IN	INCIDENT/INVESTIGATION							OCA 2414368						
C I	ORI					02102	1	REPORT							Date / Time Reported SMTWIFS Month Day Yr Time					
D E			NC 034		│ │ □ Att │ At Found │ S≱️ T ※ T ※ T ※ T ※ T ※ T ※ T ※ T ※ T ※ T								04   25   2024  08:08 Hrs.							
N	#1	Jime I	ncideni(s	) Found Prop	arti	,,			Att Com	Month	D			TFS				7r —	Time	
T	#2	Crime I	ncident	Touna Trop	<i>jeri</i>	<u>y</u>			$\rightarrow$	04 Location		2   2024 Incident	4   13	5:30  Hrs	§ 04		22   20		15:00 Hrs Offense Tract	
D A								_	Com		-		ark R	d, Winste	on-sal				211	
T A	#3	Crime I	ncident						Att Com	Premise	Тур	be				- 1	Victim R ¬Single		ce Type y ∏Multi Family	
	How A	Attacke	d or Con	nmitted					Forcible					Weapon / Tools						
МО	D	ATA O	MITTEI	)										□ Yes □ No	X N/A	/A				
	# of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:																			
V	0			ciety  Governm ligious  L.E. Of			inancial Instituty   Othe		know		-	oken Bone ternal 🔲		Severe	Lacera Other		- 1	⊐ Yes ⊐ No	Unknown □N/A	
I C	Victim/Business Name (Last, First, Middle)  Victim of DOB / Age														Race	Sex	Relation	nship	Resident Status	
T	V1		DA	ΓΑ OMITTED							'	Crime #					To Offe	naer	☐ Resident ☐ Non-Residen	
I M	Home	Δddre	.cc										Hor	ne Phone		Unknown				
	Home Address DATA OMI								ГТЕD							Home I none				
	Employer Name/Address DATA (								OMITTED							Business Phone				
,	VYR	M	ake	Model	St	yle	Color		Lic	:/Lis				Vin						
O T H E R S I N V O L V E D	DATA OMITTED																			
Status Codes																				
	Victim #	DCI	Property Description								Mak	ake/Model Serial Number								
P - R - O							ICDL								NC/Dl					
					$\dashv$													IN	FOR FORMATION	
																			SECURITY	
																			PURPOSES	
P :																				
R																			LY THE FIRST	
T Y																	1		VE PROPERTY ITEMS ARE	
					$\dashv$														SPLAYED ON	
•																			C REPORTS	
			ehicles S	tolen 0		nber Vehi	cles Recovere		0				ı	Cumarit	. C:	140				
ID	Office: HAL	r <i>LL, J.</i> .		Officer Sig								or Signature TLE, M. A. (14990)								
	Comp	lainant	Signatur	e			Case Statu		notic -	tion		ase Dispos			oto d			· Fort	dition Decline	
Status							☐ Further ☐ Inact ☐ Closed	tive /Clea	ıred				l by Ai	Test by Ander	] Refuse other Ag	gency	Cooperate	: 	Page 1	