| I N | Agenc | WIN | IN | INCIDENT/INVESTIGATION | | | | | | | OCA 2422792 | | | | | | | | |
|--|----------------------------------|---------|--|---------------------------------|----------|-----------|----------------------------|--|-----------|------------------|--|-----------------------------|-----------------------|----------------------------|------------------------|---|------------|----------------------------|----------|
| C | ORI | NC | NC 034 | 10200 | | | | | | | | | | | | Date / Time Reported SMTWTFS Month Day Yr Time | | | |
| D E | | Crime I | Att At Found SM TAT F S Month Day Yr Time | | | | | | | | Day Yr Time Day Yr Time D6 26 2024 20:36 Hrs Last Known Secure S M T M T F S M T M T M T M T M T M T M T M T M T M | | | | | | | | |
| N T | #1 | | Drug Viola | ı — | Com | Month 06 | | | | ime 0:36 Hrs | | | Day Yr 26 202 | Time 4 20:35 Hr | s. | | | | |
| D | #2 | Crime I | ncident | ation Of Auto I | ~~ | all Odba | | | | | | Incident | | | | 4044 | a al | Offense Tract | |
| A T | #3 | Crime I | vioi ncident | ation Of Auto L | all Otne | r | | Com Att | Premise | | oliseum L pe | r/bai | rtram Ka, | vvins | | | dence Type | _ | |
| A | | | | | | | | | Com | | | | | | | _ | | mily Multi Fam | ily |
| МО | | | d or Com MITTEI | | | | | | | | | | Forcible Yes No | Weapon / Tools | | | | | |
| | # of V | ictims | | Person | | Business | | | | Inju | • | None | | |] Loss o | | | /Alcohol Use: | |
| V | 1 | | | ciety Governm ligious L.E. Off | | | inancial Institution | | know | - 1 | _ | roken Bone nternal 🔲 | | ☐ Severe | Lacera Other | | | Yes ☐ Unknown No ☐ N/A | n |
| I C | | Victim/ | | Name (Last, First, | | | | | Victim of | | 3 / Age | Race | Sex | | ip Resident Statu | ıs | | | |
| T I | V1 | | DA | ΓA OMITTED | | | | | Crime # | | | | | 10 Offeno | er Resident Non-Reside | ent | | | |
| M · | Home | Δddre | cc | | | | | | 1,2 | | | | Hor | ne Phone | Unknown | _ | | | |
| | Home Address DATA OMI | | | | | | | | TTED | | | | | | | | | | |
| | Emplo | me/Add | ATA OMI | 'A OMITTED | | | | | | | Business Phone | | | | | | | | |
| 1 | VYR Make Model Style | | | | | | Color | | Lic | c/Lis | | | | Vin | | | | | |
| T H E R S I N O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | |
| Status Codes | | | | | | | | | | | | | | | | | | | |
| | Victim # DCI Status Value OJ QTY | | | | | | Property Description | | | | | | | | Mal | ce/Mo | odel | Serial Number | |
| P - R - O | " | | | | | | | | | | | | | DATA OMITTED | _ | | | | |
| | | | | | | | | | | | | | | | | | | FOR INFORMATION | _ |
| | | | | | | | | | | | | | | | | | | SECURITY | - |
| | | | | | | | | | | | | | | | | | | PURPOSES | _ |
| Р ⁻ Е - | | | | | _ | | | | | | | | | | | | | ONI WELL PIDG | _ |
| R T Y | | | | | | | | | | | | | | | | | | ONLY THE FIRST | |
| | | | | | | | | | | | | | | | | | 1,, | ITEMS ARE | - |
| | | | | | | | | | | | | | | | | | | DISPLAYED ON | 1_ |
| | | | | | | | | | | | | | | | | | | P2C REPORTS | _ |
| - | Numb | er of V | ehicles S | tolen 0 | Nur | nber Vebi | cles Recovere | d | 0 | | | | | | | | | | - |
| | Office | r | | ID | | 70111 | | Officer Signature Supervisor Signature CHUE, V. N. (15139) | | | | | | | | | (120) | | \dashv |
| ID | Comp | | Case Status | CHU | | | | | | | , V. N. | . (15 | 139) | | \dashv | | | | |
| Status | Comp | | -ignatul | _ | | | ☐ Further ☐ Inact ☐ Closed | r Inve ive /Clea | ared | | | ☐ Unfoun☐ Cleared☐ Cleared☐ | ded by Ai by Ai | Loc rest rest by And |] Refuse other Ag | gency | Cooperate | extradition Decline Page 1 | ;d |