| I<br>N          | Agency Name   | INCIDENT/INVESTIGATION             |  |                       |                 |                           |                           |                          | OCA 2423192                  |   |        |                       |                          |  |                       |                         |  |
|-----------------|---|------------------------------------|--|-----------------------|-----------------|---------------------------|---------------------------|--------------------------|------------------------------|---|--------|-----------------------|--------------------------|--|-----------------------|-------------------------|--|
| C               | ORI NC NC 0340200   |                                    |  |                       |                 |                           | REPORT                    |                          |                              |   |        |                       |                          | Date / Time Reported SMTWTFS                         |                       |                         |  |
| D<br>E          | Crime Ir  |                                    | Att At Found SMTWTFS Month Day Yr Time               |                       |                 |                           |                           |                          |                              | Day   11 Time   129   2024   23:08 Hrs.   Last Known Secure   S M T W T F S   120 |        |                       |                          |  |                       |                         |  |
| N<br>T          | #1  | ieraem(s                           | Agg Aslt Pers  | on Sho                | ŧ               |                           | DX C                      | - 1                      | Month 06                     |   |        | lime<br>3:08  Hrs     |                          |  | lisecule<br>29   2024 | Time                    |  |
| D               | #2 Crime I  | ncident                            | 00   |                       |                 |                           |                           | -                        |                              | of Incident   | 7   2. | 0.00                  | 1 00                     |  | 9   2029              | Offense Tract           |  |
| A               | Com 301 Anita Dr, W   |                                    |  |                       |                 |                           |                           |                          |                              |   |        |                       | C 271                    |  | listina Dania         | 321                     |  |
| T<br>A          | #3 Crime incident   |                                    |  |                       |                 |                           |                           |                          | ☐ Att   Premise Type   ☐ Com |   |        |                       |                          | Victim Residence Type ☐ Single Family ☐ Multi Family |                       |                         |  |
| МО              | How Attacked<br>DATA O  |                                    |  |                       |                 | Forcible Yes              |                           |                          |                              |   |        | Weapon / Tools        |                          |  |                       |                         |  |
|                 | # of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:   |                                    |  |                       |                 |                           |                           |                          |                              |   |        |                       |                          |  |                       |                         |  |
| V               | 1   |                                    | ciety Governm  |                       |                 | Financial Instit          |                           | nowi                     | . –                          | Broken Bone   |        | Severe                | Lacera<br>Other          | tions<br>Maio  |                       | les □ Unknown  No □ N/A |  |
| I               | The Image of Duty   Other/Unknown   Internal   Unconscious   Victim/Business Name (Last, First, Middle)   Victim of DOB / Age   V |                                    |  |                       |                 |                           |                           |                          |                              |   |        |                       | Race                     | Sex  | Relationshi           | p Resident Status       |  |
| C<br>T          | V1 DATA OMITTED   |                                    |  |                       |                 |                           |                           | Crime #                  |                              |   |        | 41                    |                          |  | To Offende            | Resident Non-Resident   |  |
| I<br>M          |   |                                    |  |                       |                 |                           |                           |                          |                              | 1,  |        |                       | В                        | M  | 1RU                   | Unknown                 |  |
|                 | Home Address DATA O   |                                    |  |                       |                 |                           |                           | MITTED                   |                              |   |        |                       |                          | Home Phone   |                       |                         |  |
| •               | Employer Name/Address DATA OM   |                                    |  |                       |                 |                           |                           | TTED                     |                              |   |        |                       | Business Phone           |  |                       |                         |  |
| ,               | VYR   Ma<br>2015   C  | Color<br>BLU                       |  |                       |                 |                           |                           | Vin<br>1C3CCCAB0FN622958 |                              |   |        |                       |                          |  |                       |                         |  |
|                 | 2010   0  |                                    | 200 LIMITEL  | ) 4S                  |                 | 1 220                     |                           |                          | 210,                         | 1,10  |        | 1000                  |                          | 2011   | ,022,00               |                         |  |
| О               |   |                                    |  |                       |                 |                           |                           |                          |                              |   |        |                       |                          |  |                       |                         |  |
| T<br>H          |   |                                    |  |                       |                 |                           |                           |                          |                              |   |        |                       |                          |  |                       |                         |  |
| E               | E   |                                    |  |                       |                 |                           |                           |                          |                              |   |        |                       |                          |  |                       |                         |  |
| R<br>S          | DATA OMITTED  N V   |                                    |  |                       |                 |                           |                           |                          |                              |   |        |                       |                          |  |                       |                         |  |
|                 |   |                                    |  |                       |                 |                           |                           |                          |                              |   |        |                       |                          |  |                       |                         |  |
|                 |   |                                    |  |                       |                 |                           |                           |                          |                              |   |        |                       |                          |  |                       |                         |  |
| V               |   |                                    |  |                       |                 |                           |                           |                          |                              |   |        |                       |                          |  |                       |                         |  |
| O<br>L          |   |                                    |  |                       |                 |                           |                           |                          |                              |   |        |                       |                          |  |                       |                         |  |
| V<br>E          |   |                                    |  |                       |                 |                           |                           |                          |                              |   |        |                       |                          |  |                       |                         |  |
| D               |   |                                    |  |                       |                 |                           |                           |                          |                              |   |        |                       |                          |  |                       |                         |  |
|                 |   |                                    |  |                       |                 |                           |                           |                          |                              |   |        |                       |                          |  |                       |                         |  |
| Status<br>Codes | L = Lost S (Check "OJ"  | = Stolen                           | R = Recovered if recovered for other                 | D = Dar<br>er iurisdi | naged<br>ction) | Z = Seized                | $\mathbf{B} = \mathbf{I}$ | Burne                    | C = C                        | ounterfeit / F  | Forged | F = Found             | i                        |  |                       |                         |  |
|                 | Wictim # DCI Status Value OJ QTY  |                                    |  |                       |                 |                           |                           | Property Description     |                              |   |        |                       | Make/Model Serial Number |  |                       |                         |  |
|                 |   |                                    |  |                       |                 |                           | MM) HI-POINT ARMS PISTOL  |                          |                              |   |        |                       | HI-POI                   |  |                       | PATA OMITTED            |  |
| -<br>P -        | 1 PCA   | 1 PCA OTHE 1 2015 BLU , JLX9216 NC |  |                       |                 |                           |                           |                          | (                            | CHRY 2  | 200 Li |                       | FOR                      |  |                       |                         |  |
|                 |   |                                    |  |                       |                 |                           |                           |                          |                              |   |        |                       |                          |  |                       | NFORMATION SECURITY     |  |
| R<br>O          |   |                                    |  |                       |                 |                           |                           |                          |                              |   |        |                       |                          |  |                       | PURPOSES                |  |
| P .             |   |                                    |  |                       | $\top$          |                           |                           |                          |                              |   |        |                       |                          |  |                       |                         |  |
| R               |   |                                    |  |                       |                 |                           |                           |                          |                              |   |        |                       |                          |  |                       | NLY THE FIRST           |  |
| Т<br>Ү.         |   |                                    |  |                       | _               |                           |                           |                          |                              |   |        |                       |                          |  | TWE                   | LVE PROPERTY            |  |
| 1               |   |                                    |  |                       | _               |                           |                           |                          |                              |   |        |                       |                          |  |                       | ITEMS ARE DISPLAYED ON  |  |
| -               |   |                                    |  |                       | -               |                           |                           |                          |                              |   |        |                       |                          |  |                       | P2C REPORTS             |  |
|                 |   |                                    |  |                       |                 |                           |                           |                          |                              |   |        |                       |                          |  |                       |                         |  |
|                 | Number of Vo  | ehicles S                          | Stolen 0   |                       | r Vehi          | cles Recovere Officer Sig |                           | )                        |                              |   | - 1    | Supervisor            | Signati                  | ıre  |                       |                         |  |
| ID              | STULTZ, I   | 16204)                             |  |                       | ,               |                           |                           |                          | YATES,                       |   |        | 679)                  |                          |  |                       |                         |  |
|                 | Complainant   | 1                                  | Case Status Case Disposition:                        |                       |                 |                           |                           |                          | nted                         |   | □ Es   | tradition Declined    |                          |  |                       |                         |  |
| Status          |   | Inact                              | ☐ Inactive ☐ Cleared by Arrest ☐ Refuse to Cooperate |                       |                 |                           |                           |                          |                              |   |        |                       |                          |  |                       |                         |  |
|                 |   |                                    |  |                       |                 | ☐ Closed                  |                           |                          | austed                       |   |        | rrest by Ano<br>ender |                          |  | Declined              | Page 1                  |  |