I N	Agenc		VSTON-SALEN] IN	INCIDENT/INVESTIGATION						OCA 2423985								
C I	ORI	NC					REPORT							Date / Time Reported S M T W T F S Month Day Yr Time					
D E	NC NC 0340200 Crime Incident(s)								Att At Found SMTWTFS Month Day Yr Time							07 06 2024 08:32 Hrs. Last Known Secure S M T W T F S Month Day Yr Time			
N T	#1			Trespassi	ng			ZX (Month 07			lime 3:32 Hrs				Time $08:31$ Hrs.		
D	#2	Crime I	ncident				_	☐ Att Location of Incident Offense								Offense Tract 222			
A T	#3	Crime I	ncident						-	Premise Type				r, wur	Victim Residence Type				
A								Com						☐ Single Family ☐ Multi Family					
МО			d or Com					Forcible						Weapon / Tools					
V	# of Victims Type																		
	1			ciety Government Gious L.E. Off					know	. –	Broken Bone Internal 🔲		☐ Severe	Lacerate Other			S □ Unknown □ N/A		
I C	Victim/Business Name (Last, First, Middle)											Victim of DOB / Age I				Relationship To Offender	Resident Status Resident		
T I	V1		DA	ΓA OMITTED			l,								10 Official	☐ Non-Resident			
M	Home Address														Hon	ne Phone	Unknown		
	Employer Name/Address DATA OM								TTED										
	Emplo	oyer Na	ime/Addi	ress	D	ATA OMI	TA OMITTED						Business Phone						
,	VYR	M	ake	Model	Sty	le	Color		Lic	/Lis			Vin						
T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes	(Chec	k "OJ"	= Stolen column	R = Recovered for other	D = D r juris	Damaged sdiction)	Z = Seized	B = 1	Burne	ed C = C	ounterfeit / F	Forged	F = Foun	d					
	Victim # DCI Status Value OJ QTY					QTY	Property Description							Mak	e/Mo	del Se	rial Number		
P - R - O -													DA	TA OMITTED FOR					
					\dashv											IN	FORMATION		
																	SECURITY		
					_												PURPOSES		
E - R					-											ON	LY THE FIRST		
T					\top												VE PROPERTY		
Y																	ITEMS ARE		
					_												SPLAYED ON		
-					\dashv											P	2C REPORTS		
•	Numb	er of V	ehicles S	tolen 0	Num	ber Vehic	eles Recovere	d	0										
ID	Office:		D. (16	ID (069)		Officer Sig	Officer Signature Supervisor Signature MULLINS, B. H. (15079)												
ענ			Signatur		1	Case Status Case Disposition:													
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	red			l by Ai l by Ai	Loc rrest rrest by And] Refuse other Ag	gency	ooperate	Page 1		