| I N | Agenc | y Name | | NSTON-SALE | M F | POLICE | INCIDENT/INVESTIGATION REPORT | | | | | | | OCA 2424058 | | | |
|--|--|--|----------------------|---------------------------------------|----------------|------------------|----------------------------------|--|-------|---------------------------|-----------------------|----------|-----------------------|--|---------|-------------------------|-------------------------|
| C I | ORI | NC | NGO2 | 40200 | | | | | | | | | | Date / Time Reported SM TW TF = Month Day Yr Time | | | |
| D E | | | NC 034 | | | | | | Found | ISIM | 1 T W | TFS | 07 | 0 | 5 202 | 24 23:15 Hrs. | |
| N T | #1 | | | , Driving While | Imp | aired | | Att | Mo | nth | Day Yr | | :15 Hrs | | h Da | Secure y Yr | Time 1 23:15 Hrs. |
| D | #2 | Crime I | ncident | Diriting infinite | mp | uncu | | □ Att | | | of Incident | + 2. | 0.15 | 5 07 | | 2024 | Offense Tract |
| A T A | $\Box Com 859 E Twenty-fifth St/n Liberty S$ | | | | | | | | | | | | | | | | 223 |
| | #3 | Crime I | ncident | | ☐ Att ☐ Con | | mise T | уре | | | | | | lence Type nily ∏Multi Family | | | |
| МО | | | d or Con MITTEI | | | | | | | | | | Forcible Yes No | X N/A | Weap | on / Tools | 3 |
| v | # of V | ictims | | □ Person ciety □ Governn | | Business | inancial Instit | ute | | Injury | □ None Broken Bone | □ M s | | □ Loss of Teeth ere Lacerations □ Yes □ Unknown | | | |
| | 1 | | 🗌 Rel | ligious 🔲 L.E. O | fficer | Line of D | | er/Unknov | wn | | nternal | | nscious | Other] | Major | | |
| I C | | Victim/ | Business | s Name (Last, First | , Mid | ldle) | | | | | Victim of Crime # | DOI | 3 / Age | Race | | elationshi o Offende | |
| T I | | | | | | | | | | | | | | | | onenae | Non-Residen |
| M | Home | Addre | | | | | | | | | 1, | | | | Home | Phone | Unknown |
| | | | | | | D | ATA OMI | ATA OMITTED | | | | | | Tione Thone | | | |
| | Emplo | oyer Na | ume/Add | ress | | D | ATA OMITTED | | | | | | | Business Phone | | | |
| | VYR | M | ake | Model | tyle | Color | | ic/Lis | | | | Vin | | | | | |
| H E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | |
| Status Codes | | | | R = Recovered if recovered for oth | | | Z = Seized | B = Bur | ned | $\mathbf{C} = \mathbf{C}$ | ounterfeit / F | forged | F = Foun | ıd | | | |
| - - - P - | Victim DCI Gui Vila OI | | | | | | | Property Description | | | | Mak | e/Mode | Aodel Serial Number | | | |
| | # | # DCI Status Value OJ QTY Property Description | | | | | | | | Wiak | c/ Wiouc | | DATA OMITTED | | | | |
| | | | | | | | | | | | | | | | | | FOR |
| | | | | | | | | | | | | | | | |] | INFORMATION SECURITY |
| R. O | | | | | | | | | | | | | | | | | PURPOSES |
| P | | | | | | | | | | | | | | | | | 1010 0020 |
| E· R | | | | | | | | | | | | | | | | C | ONLY THE FIRST |
| Т | | | | | | | | | | | | | | | | TWE | ELVE PROPERTY |
| Y · | | | | | | | | | | | | | | | | | ITEMS ARE |
| - | | | | | | | | | | | | | | | |] | DISPLAYED ON |
| - | | | | | | $\left \right $ | | | | | | | | | | | P2C REPORTS |
| - | Numb | er of V | ehicles S | Stolen 0 | Nu | mber Vehi | cles Recovere | d 0 | | | | | 1 | | | | |
| | Office | r | | I | D# | | Officer Sig | - | | | | | Supervisor | r Signatu | re | | |
| ID | | | . A. (10 Signatur | | | | Case Status | (0) Case Status Case Disposition: | | | | | | | | | |
| Status | - o.np | | | | | | □ Further □ Inact | □ Further Investigation □ Unfounded □ Lo | | | | | | Cated Extradition Declined Refuse to Cooperate nother Agency | | | |
| | | | | | | | Closed | | xhaus | ted | \square Death o | | | Prosec | | eclined | Page 1 |