| MO DATA OMITTED # of Victims Type Person Business Injury None Mine Mine Person Business Broken Bones Data Person Business Injury None Mine Mine Person Business Person Person | FS Last Mor 6 Hrs 00 ag Jr Dr, Wing Severe Lacerous □ Othe | t Known Section Day 7 09 inston-sale Victin Sing Weapon of Teeth ations r Major | 2024 08:36 Hrs. SM I W T F S | | | |
|--|--|--|---|--|--|--|
| Att At Found SM = W T N | FS Last Mor 6 Hrs 00 ag Jr Dr, Wing Severe Lacerous □ Othe | 7 09 t Known Section Day 7 09 inston-sale Victin Sing Weapon of Teeth ations r Major | 2024 08:36 Hrs. SM I W T F S | | | |
| T | orcible Yes No Severe Lacerous Othe | inston-sala Victin Sing Weapon of Teeth ations r Major | Time 2024 08:35 Hrs. Offense Tract em 221 Residence Type gle Family Multi Family / Tools Drug/Alcohol Use: | | | |
| D #2 Crime Incident | orcible Yes N/A No The Loss Severe Lacerous Othe | Weapon of Teeth ations | Offense Tract 221 n Residence Type gle Family Multi Family / Tools Drug/Alcohol Use: | | | |
| T A #3 Crime Incident | orcible Yes N/A No Loss Severe Lacerous Othe | Victin Sing Weapon of Teeth ations r Major | n Residence Type gle Family □Multi Family / Tools Drug/Alcohol Use: | | | |
| How Attacked or Committed DATA OMITTED # of Victims Type Person Business Injury None Mine Person Broken Bones Injury None Mine Person Injury None Mine Person Business Injury None Mine Person Person Mine Person Business Injury None Mine Person Person | Yes X N/A No T Loss Severe Lacer ous Othe | Weapon of Teeth ations | gle Family Multi Family / Tools Drug/Alcohol Use: | | | |
| MO DATA OMITTED # of Victims Type Person Business Injury None Mine Mine Person Business Broken Bones Data Person Business Injury None Mine Mine Person Business Person Person | Yes X N/A No T Loss Severe Lacer ous Othe | of Teeth ations | Drug/Alcohol Use: | | | |
| # of Victims Type | or Loss Severe Lacers ous Othe | ations r Major | - | | | |
| V Religious L.E. Officer Line of Duty Other/Unknown Internal Unconscipled Victim of DOB / Victim/Business Name (Last, First, Middle) VI DATA OMITTED Home Address | ous | r Major | ☐ Yes ☐ Unknown | | | |
| I Victim/Business Name (Last, First, Middle) V1 DATA OMITTED Home Address | | | | | | |
| T VI DATA OMITTED I, | | | tionship Resident Status | | | |
| I I, II, IIII | | To C | Offender Resident Non-Residen | | | |
| Home Address | | | ☐ Unknown | | | |
| DATA OMITTED | | Home Pho | one | | | |
| Employer Name/Address DATA OMITTED Business Phone | | | | | | |
| VYR Make Model Style Color Lic/Lis V | in | | | | | |
| H E R S DATA OMITTED I V O L V E D | | | | | | |
| Status L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found Codes (Check "OJ" column if recovered for other jurisdiction) | | | | | | |
| Victim # DCI Status Value OJ QTY Property Description | Ma | ake/Model | Serial Number | | | |
| | | | DATA OMITTED | | | |
| | | | FOR INFORMATION | | | |
| P R | | | SECURITY | | | |
| 0 | | | PURPOSES | | | |
| P E | | | | | | |
| R | | | ONLY THE FIRST TWELVE PROPERTY | | | |
| Y | | | ITEMS ARE | | | |
| | | | DISPLAYED ON | | | |
| | | | P2C REPORTS | | | |
| Number of Vehicles Stolen () Number Vehicles Recovered () | | | | | | |
| Officer ID# Officer Signature Su | pervisor Signa | | | | | |
| ID MAYHEW, N. A. (16160) | COLLINS, A | | 63) | | | |
| Complainant Signature Case Status Further Investigation Status Case Disposition: Unfounded Cleared by Arres | t by Another A | | | | | |