I N	Agenc	y Name		VSTON-SALEN	OLICE	IN	INCIDENT/INVESTIGATION							OCA 2424545					
C ·	ORI	NG				02102	-	REPORT							Date / Time Reported SMTWTFS Month Day Yr Time				
D E			NC 034										07 10 2024 19:42 Hrs.						
N T	#1	Jimic II	icident(s) Drug Violai	☐ Att							Month Day Yr Time							
D .	#2	Crime I	ncident	27118 710101		,			\rightarrow			f Incident	+ 1>	7.42 1115	31 07			Offense Tract	
A	\square Com 1228 N Liberty S														d One			222	
T A	#3	rime i	ncident						Att Com	Premise	1 y _]	pe				- 1	Victim Reside	nce Type ly ∏Multi Family	
МО			d or Com								Forcible Yes	X N/A	We	apon / Tools					
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															lcohol Use:			
3.7	1			ciety Governm	ent	□ F:	inancial Institu		.l.m.ovv		_	roken Bone		□ Severe			. –	s Unknown	
V I															Other Race	.		□N/A Resident Status	
C T	V1 DATA OMITTED												Crime #				To Offender	☐ Resident ☐ Non-Resident	
I M			DA.	IA OMITIED								1,						Unknown	
141	Home Address DATA OMI'									ГТЕD						Home Phone			
	Employer Name/Address DATA OMI														Business Phone				
	VYR	M	Color Lic/Lis Vin						Vin										
									<u> </u>										
O																			
T H																			
E																			
R S	R S																		
	DATA OMITTED																		
I N	DATA OMITIED																		
V	\checkmark																		
O L																			
V E																			
D																			
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column i	R = Recovered for other	D = 1 r juri	Damaged isdiction)	Z = Seized	B =	Burn	ed C=	Coı	unterfeit / F	orged	F = Foun	d				
	Victim # DCI Status Value OJ QTY						Property Description								Mak	ce/Mo	odel Se	rial Number	
- - P - R													DA	TA OMITTED					
					\dashv												IN	FOR FORMATION	
																	111	SECURITY	
0																		PURPOSES	
Р ⁻ Е -																	01	II WELLE EID GE	
R T					\dashv													VE PROPERTY	
Y ·					_													ITEMS ARE	
-																		SPLAYED ON	
-					\dashv	\Box											P	2C REPORTS	
-	Numh	er of V	ehicles S	tolen 0	Nur	nber Vehic	cles Recovere	d	0										
15	Office	r		ID			Officer Sig		-					Supervisor			7)		
ID		ESTELA, J. M. (16194) Complainant Signature Case S													ZAR, J. (14817)				
G4 ·			G		☐ Further	ther Investigation Unfounded Loca						ated	e to C	Ext	adition Declined				
Status						Closed	☐ Inactive ☐ Cleared by Arrest ☐ Refuse to Co ☐ Closed/Cleared ☐ Cleared by Arrest by Another Agency ☐ Closed/Leads Exhausted ☐ Death of Offender ☐ Prosecution							Page 1					