I N	Agenc	y Name	· WIN	IN	INCIDENT/INVESTIGATION							OCA 2425009							
C	ORI	NC	NC 034	10200				REPORT							Date / Time Reported SMTWTFS Month Day Yr Time 07 14 2024 00:26 Hrs.				
D E	10		ncident(s			☐ Att At Found					ı ı w	TFS				4 00:26 Hrs. SMTWTFS			
N T	#1		ioraem(s	, Discharging F	irea	ırm		ı —	Com	Month 07 I	D			T F S Time D:26 Hrs			Day Yr	Time 00.25 Hrs.	
D	#2	Crime I	ncident						-	Location			7 00	7.20	7 07		2024	Offense Tract	
A	Com 4088 High Point Rd/glenn Landing																	214	
T A	#3	rime I	ncident						Att Com	Premise	Тур	oe .				- 1	Victim Reside Single Fam	ence Type ily ∏Multi Family	
МО			d or Com MITTEL										Forcible Yes No	X N/A	We	apon / Tools			
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															Alcohol Use:			
	1 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Internal Unconscious Other Major															_			
V I	٠ ا	Victim/		Name (Last, First,			пту 🔲 Оппе	21/ ()11	KIIOW	<u>п</u> П		Victim of		3 / Age	Race				
C T	V1						Crime #					. 8			To Offender	☐ Resident			
I			DA.	ΓΑ OMITTED								1,						□ Non-Resident □ Unknown	
M	Home Address DATA OMI									TTED						Home Phone			
	Emplo	me/Addı	ATA OMI	TA OMITTED							Business Phone								
,	VYR	Color Lic/Lis Vin							Vin										
T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column i	R = Recovered if recovered for other	D = I er juri	Damaged isdiction)	Z = Seized	B =	Burn	ed $C = 0$	Cou	interfeit / F	orged	F = Foun	d				
	Victim # DCI Status Value OJ QTY						Property Description								Mak	e/Mo	odel S	erial Number	
- - P -													D.	ATA OMITTED					
																	T	FOR	
					-												1.	NFORMATION SECURITY	
R O					\dashv													PURPOSES	
P :																			
R																		NLY THE FIRST	
T v																	TWE	LVE PROPERTY	
Y																		ITEMS ARE	
					-													P2C REPORTS	
•					\dashv												•		
	Numb	er of V	ehicles S	tolen 0	Nun	nber Vehi	cles Recovere	d	0										
ID	Office:	KFP	M I /	15308) ID	Officer Signature Supervisor Signature JAMERSON, B. M. (15386)														
ID	PARKER, M. J. (15308) Complainant Signature Case Sta														ILASON, B. M. (13300)				
Status			-				☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	ıred			☐ Unfoun ☐ Cleared ☐ Cleared	ded by Ai by Ai	Test by Ander	Refuse other Ag	gency	ooperate F	radition Declined Page 1	