I N	Agenc	y Name		VSTON-SALEN	OLICE	IN	INCIDENT/INVESTIGATION							OCA 2430812							
I C																Time Reported SMTWTFS					
D E			ncident(s					☐ Att   At Found SMT₩TFS Month Day Yr Time								O8   28   2024   22:07 Hrs.  Last Known Secure S M T H T F S Month Day Yr Time					
N T	N #1 Month Day Yr Time																		Time 22:06	Hrs.	
D	#2 Crime Incident														Winst	011 G/	dom NC	- 1	Offense T 113	Γract	
A T															vvirisie	Victim Residence Type					
A											☐ Single Family ☐ Multi Family										
МО	How Attacked or Committed  DATA OMITTED													Forcible ☐ Yes   ☐ No	apon / To	ols					
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																				
V	1 Society Government Financial Institute Broken Bones Severe Lacerations Wes Unknown Internal Unconscious Other Major No No																				
I C	Victim/Business Name (Last, First, Middle)  Victim of DOB / Age														Race	Sex	Relation: To Offer		Residen	nt Status	
T I	V1		DA	ΓΑ OMITTED							Ι'	Crime #					10 Offer	luci		-Resident	
M ·	Home	Addre	SS									1,				Home Phone					
					ΓΤΕD																
	Emplo	oyer Na	me/Addı	ress	ATA OMI	OMITTED							Business Phone								
•	VYR Make Model Style						Color		Lic	:/Lis				Vin	·						
T H E R S I N V O L V E D	DATA OMITTED																				
Status Codes	L = L	ost S k "OJ"	= Stolen column i	R = Recovered f recovered for other	D = i	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	ake/Model Serial Number				ber	
														DA	ГА ОМІ						
- P - R					_													INI	FORMA		
					$\dashv$														SECURI		
0																		]	PURPOS	SES	
Р <sup>-</sup> Е -					_													011		EIDGE	
R T					$\dashv$												TY		LY THE /E PROI		
Y ·					$\dashv$												- 1		ITEMS A		
-																		DIS	SPLAYE	ED ON	
																		P2	C REPO	ORTS	
-	Num1	or of V	ahiolos C	tolen 0	N	nhar Vak:	olas Dagarras	d	0												
	Officer ID# Officer Signature Supervisor Signature																				
ID	WIS.	WISE, N. A. (16272)  Complainant Signature Case S								Č						(UE, V. N. (15139)					
Status	Comp	ainant	oignatur	ž		☐ Inact								ooperate	_	dition D					