| I N | Agenc | y Name | | VSTON-SALEN | OLICE | IN | INCIDENT/INVESTIGATION | | | | | | | OCA 2431665 | | | | | |
|-----------------------|---|---|--------------------|--|---|--|------------------------|--|-----------|------------|-------------------|---------------|---|------------------|---|--|-----------------------|-----------------------|--|
| I C | ORI | NC | NC 034 | 10200 | | | _ | REPORT | | | | | | | | Date / Time Reported SMTWTFS Month Day Yr Time | | | |
| D E | | | ncident(s | | Att At Found SMTWTFS Month Day Yr Time | | | | | | | | Day YF Time O9 O4 2024 20:02 Hrs. | | | | | | |
| N T | #1 | | iioidoiii(s | , Discharging F | irec | arm | | _ | Com | Month 09 | D | | | ime 0:02 Hrs | | | Day Yr - 04 2024 | Time | |
| D. | #2 | Crime I | ncident | | | | | | _ | Location | _ | | 1 20 | 7.02 | 7 09 | | · | Offense Tract | |
| A | | ~ · · | | | | | | _ | Com | | | | insto | n-salem 1 | VC 27. | | | 213 | |
| T A | #3 | Erime I | ncident | | | | | ☐ Att Premise Type ☐ Com | | | | | | | Victim Residence Type ☐ Single Family ☐ Multi Family | | | | |
| МО | | | d or Con MITTEI | | | | | | | | Forcible Yes No | X N/A | We | apon / Tools | | | | | |
| | # of V | ictims | Туре | Person | _ I | Business | | | | Injury | y | None | | linor [| Loss o | f Tee | th Drug/A | lcohol Use: | |
| * 7 | X Society | | | | | | | | | | | | | | | _ | | | |
| V I | | Victim/ | | Name (Last, First, | | | ліу 🔲 Опіс | 21/ ()11 | KIIOW | 11 | _ | Victim of | | 3 / Age | Race | <u> </u> | | | |
| C T | V1 | | | | | | | | | | | | | | | | To Offender | ☐ Resident | |
| I | | | DA | ΓA OMITTED | | | 1, | | | | | | ☐ Non-Resident | | | | | | |
| М - | Home Address DATA OMI | | | | | | | | | TTED | | | | | | Home Phone | | | |
| • | Employer Name/Address DATA ON | | | | | | | | ITTED | | | | | | | Business Phone | | | |
| • | VYR | Color Lic/Lis Vin | | | | | | | Vin | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| O T | | | | | | | | | | | | | | | | | | | |
| H E | | | | | | | | | | | | | | | | | | | |
| R | R | | | | | | | | | | | | | | | | | | |
| S | | | | | | | | | | | | | | | | | | | |
| I | DATA OMITTED | | | | | | | | | | | | | | | | | | |
| N | N V | | | | | | | | | | | | | | | | | | |
| V O | | | | | | | | | | | | | | | | | | | |
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| E | | | | | | | | | | | | | | | | | | | |
| D | | | | | | | | | | | | | | | | | | | |
| | us $L = Lost$ $S = Stolen$ $R = Recovered$ $D = Damaged$ $Z = Seized$ $B = Burned$ $C = Counterfeit / Forged$ $F = Found$ | | | | | | | | | | | | | | | | | | |
| Status Codes | (Chec | k "OJ" | = Stolen column | R = Recovered f recovered for other | D = er jur | Damaged isdiction) | Z = Seized | B = | Burn | ed $C = C$ | Cou | interfeit / F | orged | F = Foun | d | | | | |
| | Victim # DCI Status Value OJ Q | | | | | QTY | Property Description | | | | | | | | Mak | e/Mo | odel Se | erial Number | |
| | | | | | | | | | | | | | DA | ATA OMITTED | | | | | |
| P - | | | | | \dashv | | | | | | | | | | | | IN | FOR FORMATION | |
| | | | | | \dashv | | | | | | | | | | | | 117 | SECURITY | |
| R O | | | | | | | | | | | | | | | | | | PURPOSES | |
| Р ⁻ Е - | | | | | | | | | | | | | | | | | | | |
| R | | | | | | | | | | | | | | | | | | ILY THE FIRST | |
| Т Ү - | | | | | _ | | | | | | | | | | | | TWEL | VE PROPERTY ITEMS ARE | |
| - | | | | | _ | | | | | | | | | + | | | D | ISPLAYED ON | |
| - | | | | | | | | | | | | | | | | | | 22C REPORTS | |
| _ | | | | | | | | | | | | | | | | | | | |
| | Numb | Number of Vehicles Stolen 0 Number Vehicles Recovered 0 Officer ID# Officer Signature Supervisor Signature | | | | | | | | | | | | | | | | | |
| ID | CRE | EWS, V | W. R. (1 | (6325) | Officer Sig | Officer Signature Supervisor Signature MITCHELL, J. R. (15672) | | | | | | | | | | | | | |
| | Comp | lainant | Signatur | e | Case Statu | | Case Disposition: | | | | | | | □ Evt | radition Declined | | | | |
| Status | | | | | Inact | ive Cleared by Arrest Refuse to Cooperate | | | | | | | adition Decimed | | | | | | |
| | | | | | | | | Closed/Cleared Cleared by Arrest by And Closed/Leads Exhausted Death of Offender | | | | | | | other Agency | | | | |