| I N | Agency | y Name | NSTON-SALE | in in | NCIDENT/INVESTIGATION | | | | | | OCA 2431898 | | | | | | | | | | |
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| C | ORI | | | | | | | REPORT | | | | | | Date / Time Reported SMTWTFS Month Day Yr Time | | | | | | | |
| D E | | | NC 034 | | | | | | | | | | | | | 09 06 2024 14:20 Hrs. | | | | | |
| N | #1 | rime I | ncident(s |) Shoplifti | | | _ | Att Com | At For | ı I | | | T ₹ S | | | yn Secure Day Y | r 🗀 | Time | | | |
| T . | #2 | Crime I | ncident | Snopiyii | ng | | | - | Att | 09 Location | | <u>06 202</u> f Incident | 4 14 | 4:20 Hrs | s 09 | (| 06 20 | | 14:19 Offense T | | |
| D A | Tree assing | | | | | | | | | | | | | | | 271 | 27 | | 314 | | |
| T A | #3 | Crime I | ncident | | | | | | Att | Premis | e Ty | pe | | | | | Victim R | | • • | | |
| | How A | ttacke | d or Com | nmitted | | | | ☐ Com Forcible | | | | | | ☐ Single Family ☐ Multi Family Weapon / Tools | | | | | | | |
| МО | | | MITTEL | | | | | | | | | | | | S X N/A | | | | | | |
| V | # of V | ictims | Туре | Person | | Business | | | | Inju | • | None | | _ |] Loss o | | | - | cohol Us | | |
| | 2 Society Government Financial Institute Broken Bones Severe Lacerations Unknow Internal Unconscious Other Major No N/A | | | | | | | | | | | | | | | | | | | | |
| I | | /ictim/ | | Name (Last, First, | | | | | | | | Victim of | | 3 / Age | Race | <u> </u> | Relation | ship | Residen | t Status | |
| C T | Crime # | | | | | | | | | | | | | | | To Offe | nder | ☐ Resi | dent -Resident | | |
| I M | | | | | | | | | | | | 1,2 | | | | | | | Unk | | |
| | Home Address DATA OMIT | | | | | | | | | ГТЕD | | | | | | Home Phone | | | | | |
| • | Employer Name/Address DATA OMI | | | | | | | | TTED | | | | | | Business Phone | | | | | | |
| , | VYR | Color | Color Lic/Lis Vin | | | | | | Vin | I | | | | | | | | | | | |
| H E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | | | |
| Status Codes | | | | | | | | | | | | | | | | | | | | | |
| Coucs | Victim | | | | ' | Property Deceription | | | | | | Τ | Make/Model Serial Number | | | | | | | | |
| - - - P - | # DCI Status Value OJ QTY 36 7,5 2 PAINT BRU | | | | | | | Property Description | | | | | | | Mak PURDE | | | | | | |
| | | 36 5 2 PAINT BRUSH | | | | | | Н | I | | | | | | | RDEE/Xl FOR | | | | | |
| | | 36 | 7,5 | | | | PAINT BRUSH | | | | | | | | | DEE/Pro INFORMATIO | | | | | |
| R O | | 36 | 5 | | | 2 | PAINT BRUSH | | | | | | | | PURDE | EE/Pr | 0 | | SECURI PURPOS | | |
| Ρ. | | | | | | | | | | | | | | | | | | • | IUNIU |)L3 | |
| E - R | | | | | | | | | | | | | | | | | | ON | LY THE | FIRST | |
| T Y | | | | | | | | | | | | | | | | | T | WEL | VE PROI | PERTY | |
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| - | Numb | er of V | ehicles S | tolen 0 | Nu | mber Veh | icles Recovere | ed | 0 | | | | | | | | | | | | |
| ID | Officer | | 7 J D | |)# | | Officer Sig | gnatui | re | | | | | Supervisor | | | | | | | |
| ID | | | Signatur | (16289) e | | Case Statu | S | Case Disposition: | | | | | | | v1. (1 | <i>J</i> 210) | | | | | |
| Status | r | | | | | | ☐ Furthe ☐ Inac ☐ Closed | r Invo tive l/Clea | ared | | | ☐ Unfoun☐ Cleared☐ Cleared | ided l by Ai l by Ai | Loc rrest rrest by Ander |] Refuse other Ag | gency | Cooperate | _ | Adition D | | |