| I N | Agenc | y Name | e WIM | IN | INCIDENT/INVESTIGATION | | | | | | | | OCA 2433119 | | | | | | |
|------------|---|---------------------|----------|------------------------|------------------------|-----------------------------------|---|-------------------------------------|------------|--|----------------|-----------|-----------------------------|--|------------------------------|---------------|---------------|-------------------------------|--|
| C | ORI | NG | | | 02102 | REPORT | | | | | | | | Date / Time Reported SMTWTFS Month Day Yr Time | | | | | |
| D E | 10 | | NC 034 | | | ID Att At Downs QIM THINT FIG | | | | | | | 09 16 2024 01:41 Hrs. | | | | | | |
| N T | #1 Crime Incident(s) **Larceny- All Other** | | | | | | | | | ☐ Att At Found SM T W T F S Last Know Month Day Yr Time Month Day Yr Time Month Day 16 2024 01:41 Hrs 09 1 | | | | | | | | Time $01:40$ Hrs. | |
| D D | #2 | Crime I | ncident | <u> </u> | 0111 | | | _ | Att | | | Incident | # <i>U1</i> | .41 1115 | 1 09 | | 6 2024 | Offense Tract | |
| Α | Com 800 E Fourteenth St/n Liberty St, W | | | | | | | | | | | | | | | | | 222 T | |
| T A | #3 | rime i | ncident | | | | | | Att Com | Premise | ıyţ | pe | | | | - 1 | Victim Reside | ence Type ily∏Multi Family | |
| МО | | | d or Con | | | | | | | | | | | Forcible | T NI/A | _ | apon / Tools | , | |
| МО | DATA OMITTED Yes No | | | | | | | | | | | | | | | | | | |
| | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | | | | |
| V | 1 | | | igious L.E. Of | | | | | nknow | . – | • | | | Severe | Lacera Other | tions Majo | | es Unknown O N/A | |
| I C | | Victim/ | Business | Name (Last, First, | | | Victim of DOB / Age Crime # 37 | | | | Race | Sex | Relationship To Offender | Resident Status | | | | | |
| T I | V1 | | DA | ΓΑ OMITTED | | | | | | | 37 | D | $_{F}$ | To Offender | Non-Resident ☐ Non-Resident | | | | |
| M | Home | Addre | | | | | | | | | | 1, | | | В | | ne Phone | Unknown | |
| | Employer Name/Address DATA OMI | | | | | | | | | TTED | | | | | | | | | |
| | Emplo | oyer Na | ame/Add | ress | ATA OMI | ITTED | | | | | Business Phone | | | | | | | | |
| ' | VYR | M | ake | Model | St | tyle | Color | | Lie | c/Lis | | | | Vin | ' | | | | |
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| 2 | | | | | | | | | | | | | | | | | | | |
| Status | S L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found | | | | | | | | | | | | | | | | | | |
| Codes | (Chec | k "OJ" | column | if recovered for other | er jur | risdiction) | | | | | | | | | | | | | |
| | # DCI Status Value OJ QTY | | | | | | | Property Description ELL PHONE | | | | | | | Mal PHON | e/Mo | | erial Number ATA OMITTED | |
| P - R _ | 1 | 1 23 / I CELL PHONE | | | | | | | | | | FHON | E | D. | FOR | | | | |
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| O P . | | | | | | | | | | | | | | | | | | PURPUSES | |
| E · | | | | | | | | | | | | | | | | | O | NLY THE FIRST | |
| Т Ү. | | | | | | | | | | | | | | | | | TWE | LVE PROPERTY | |
| 1 | | | | | | | | | | | | | | | | | Γ | ITEMS ARE DISPLAYED ON | |
| - | | | | | | | | | | | | | | | | | | P2C REPORTS | |
| | N | | | 1 2 | ,, | 1 777 | 1 5 | 1 | | | | | | | | | | | |
| | Number of Vehicles Stolen 0 Number Vehicles Recovered 0 Officer ID# Officer Signature Supervisor Signature | | | | | | | | | | | | | | | | | | |
| ID | WAI | LKER, | | (15759) | | ŠTUI | | | | | | | P, J. K | . (14 | <i>1</i> 922) | | | | |
| | Comp | iainant | Signatur | e e | | | | her Investigation Unfounded Located | | | | | | □ Ext | radition Declined | | | | |
| Status | | | | | | Closed | Inactive ☐ Cleared by Arrest ☐ R losed/Cleared ☐ Cleared by Arrest by Anoth | | | | | | ther Ag | Refuse to Cooperate her Agency | | | | | |
| | | | | | | | ☐ Closed | /Lea | ds Exi | hausted | 1 | □ Death o | t Offe | nder 🗆 | Prose | cution | Declined | Page 1 | |