I N	Agenc	y Name		VSTON-SALE	OLICE	, IN	CIDENT/INVESTIGATION						OCA 2433489							
C .	ORI	NG					REPORT						Date / Time Reported SMTWTFS Month Day Yr Time							
D E	10		NC 034		☐ Att At Found S M T W T F S Month Day Yr Time						09 18 2024 15:52 Hrs. Last Known Secure S M T H T F S Month Day Yr Time									
N T	#1			, sing/concealing	Sto	len Proi	perty	_	Com	Month 09	D			ime 5:52 Hrs				Time $15:51$ Hrs.		
D .	#2		ncident	mis, conceaning	510	ien i rop	, criy		Att	Location			f 1.	7.72 1113	1 09			Offense Tract		
Α .	Com 100 N Martin Luther King Jr Dr, Wi																	221		
T A	#3	rime i	ncident						Att Com	Premise	тур	pe				- 1	Victim Reside Single Fami	nce 1ype ly ∏Multi Family		
МО			d or Con											Forcible						
WIO	DATA OMITTED Yes N/A																			
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: Yes Unkno																			
V	T ☐ Religious ☐ L.E. Officer Line of Duty ☐ Other/Unknown ☐ Internal ☐ Unconscious ☐ Other Major ☐ N/A															_				
I C		Victim/	Business	Name (Last, First,					Victim of Crime #	DOI	3 / Age 29	Race	Sex	Relationship To Offender	Resident Status Resident					
T I	V1		DA	TA OMITTED					1,		29	$\mid B \mid$	M	1RU	Non-Residen					
М -	Home	Addre	ess									<i>D</i>		ne Phone	Unknown					
	Employer Name/Address DATA OMIT DATA OMIT															Business Phone				
	DATA OWII																Business i none			
	VYR	M	ake	Model	S	tyle	Color		Lie	c/Lis				Vin						
T H E R S I N V O L V E D	DATA OMITTED																			
Status Codes	(Chec	k "OJ"	= Stolen column	R = Recovered for other	D = er ju	Damaged risdiction)	Z = Seized	B =	Burn	C = 0	Cou	ınterfeit / F	orged	F = Found	i					
	Victim #	Status		Property Description							Mak	ce/Mo	del So	erial Number						
-	1	1 77 5 1 (223) RIFLE									0.				ONMI		DA	ATA OMITTED		
P - R																	II	FOR FORMATION		
																		SECURITY		
O P -																		PURPOSES		
E -																	ON	ILY THE FIRST		
R T				+														VE PROPERTY		
Y -																	TWEE	ITEMS ARE		
-																	D	ISPLAYED ON		
_																	I	2C REPORTS		
-	Numl	or of V	ehicles S	tolen 0	NJ	mher Val-	icles Recovere	d	0											
	Office	r		ID		moer ven	Officer Sig		o re				I	Supervisor						
ID	ROE	BERTS	SON, B.		COL								INS, A. B. (14763)							
Status	Comp	iainant	Signatur	ė			☐ Further	Case Status						Loca	☐ Refuse to Cooperate					
							☐ Closed			hausted				nder 🗀				Page 1		