| I N | Agenc | y Name | | VSTON-SALEN | OLICE | IN | NCIDENT/INVESTIGATION | | | | | | OCA 2434160 | | | | | | | | |
|---|---|-----------------|---------------------------|-------------------------|--|--------------------------|----------------------------|-------------------------|-------|------------|--------|-------------------------------|--|----------------------------|--|--|----------------|-----|-------------------|-------|--|
| C | ORI | NG | | | | 02102 | - | REPORT | | | | | | | Date / Time Reported SMTWTFS Month Day Yr Time | | | | | | |
| D E | | | NC 034 | | | | | | | | | | 09 23 2024 19:28 Hrs. | | | | | | | | |
| N T | #1 | JIIIIC II | icident(s |) Drug Violai | ☐ Att At Found S M T W T F S Yr Time At Com 09 23 2024 19:28 Hrs | | | | | | | | Month Day Yr Time | | | | | | | | |
| D D | Crime Incident | | | | | | | | | | | | | | <u> </u> | | 3 20 | | Offense T | | |
| Α | | ~ · • | | | | | | _ | Com | | | nty-fift | h St/i | n Patters | on Av, | 1. | 71 .1 D | | 121 | | |
| T A | #3 | rime I | ncident | | | ☐ Att Premise Type ☐ Com | | | | | | | Victim Residence Type ☐ Single Family ☐ Multi Family | | | | | | | | |
| МО | How Attacked or Committed DATA OMITTED | | | | | | | | | | | | Forcible Yes No | | | | Weapon / Tools | | | | |
| | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | e: | | | | | |
| | 1 | | IX So | ciety Governme | ent | □ F: | inancial Instit | | | . – | Broke | en Bone | s | ☐ Severe | - Lacerat | ions | [| _ | Un | | |
| V I | | | | | | | | | | | | | | | | er Major No N/A e Sex Relationship Resident Status | | | | | |
| C T | V1 DATA OMITTED | | | | | | | | | | | | | | | | To Offe | | ☐ Resid | dent | |
| I M | | | DA | IA OMITTED | | | | | | | 1, | , | | | | | | | □ Non- □ Unkı | | |
| 171 | Home Address DATA OMI | | | | | | | | | ГТЕО | | | | | | Home Phone | | | | | |
| | Employer Name/Address DATA ON | | | | | | | | ITTED | | | | | | Business Phone | | | | | | |
| , | VYR Make Model Style | | | | | | Color Lic/Lis Vin | | | | | | | Vin | | | | | | | |
| T H E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | | | |
| Status Codes | L = L (Chec | ost S k "OJ" | = Stolen column | R = Recovered for other | D = 1 r jur | Damaged isdiction) | Z = Seized | B = | Burn | ed $C = C$ | Counte | erfeit / F | orged | F = Foun | d | | | | | | |
| | Victim # DCI Status Value OJ QTY | | | | | | Property Description | | | | | | | | Mak | e/Mo | del | Ser | ial Numl | ber | |
| - - P - R | | | | | | | | | | | | | | DA | TA OMI | TTED | | | | | |
| | | | | | _ | | | | | | | | | + | | | | INI | FORMA | TION | |
| | | | | | | | | | | | | | | | | | | | SECURI | | |
| O P - | | | | | | | | | | | | | | | | | |] | PURPOS | SES | |
| Р Е - | | | | | _ | | | | | | | | | | | | | ONT | N THE | EIDGE | |
| R T | | | | | _ | | | | | | | | | | | | Т | | LY THE /E PROF | | |
| Y · | | | | | | | | | | | | | | | | | | | ITEMS A | | |
| | | | | | | | | | | | | | | | | | | DIS | SPLAYE | D ON | |
| | | | | | _ | | | | | | | | | | | | | P2 | C REPO | RTS | |
| - | Numb | er of V | ehicles S | tolen 0 | Nur | nher Vehi | cles Recovere | d | 0 | | | | | | | | | | | | |
| | Officer ID# Officer Signature Supervisor Signature | | | | | | | | | | | | | | | | | | | | |
| ID | | | <i>AN, L.</i> Signatur | T. (16273) | Case Status | CHU. | | | | | | | | E, V. N. (15139) | | | | | | | |
| Status | Comp | iamalli | Signatur | - | | | ☐ Further ☐ Inact ☐ Closed | r Inve tive /Clea | red | | | Unfound Cleared Cleared | ded by Ar by Ar | Loc rest rest by And | Refuse other Ag | gency | ooperate | · _ | dition D | | |