| I N | Agenc | y Name | | NSTON-SALE | M P | POLICE | INCIDENT/INVESTIGATION REPORT | | | | | OCA | OCA 2435545 | | | |
|--|---|---------------------------|--------------------|----------------------|----------|-------------|----------------------------------|---|------------------|----------------------------|------------------------|---|-------------------|------------|-----------------------------|--|
| C · I | ORI | | | (. . | | | | | | | | Date / Time Reported S M T W F F S Month Day Yr Time | | | | |
| D | | | NC 034 | | | | | | | | | 10 03 2024 19:35 Hrs. | | | | |
| E N | #1 | rime li | ncident(s | , | | | | □ Att | At Four Month | Day Yr | T₩ <u>∓</u> FS Time | | Known S th Day | y Yr • | SMTW⊒FS Time | |
| T. | | ^r rime I | ncident | Missing Pe | ersoi | n | | Com | <u>10</u> | 03 2024 n of Incident | <u> 19:35</u> н | rs 10 | 03 | 2024 | 19:34 Hrs. Offense Tract | |
| D | D #2 | | | | | | | | | | | | | | 212 | |
| A T | #3 Crime Incident | | | | | | | | | | | | | tim Resid | ence Type | |
| A | #3 | | | | | | | Com | | | | | | ingle Fam | ily □ Multi Family | |
| МО | | | d or Con MITTEI | | | | | Forcible Yes No | | | | | e Weapon / Tools | | | |
| | # of V | ictims | Туре | X Person | | Business | | | Injur | y □ None | ☐ Minor | Loss o | f Teeth | Drug/A | Alcohol Use: | |
| | I Society Government Financial Institute Broken Bones Severe Laces Religious L.E. Officer Line of Duty Other/Unknown Internal Unconscious Other | | | | | | | | | | | | | | es Unknown | |
| V I | | Victim/ | | Name (Last, First, | | | ity Othe | er/Unknov | | Internal U | DOB / Age | Other Race | | lationship | | |
| Ċ | | v icuiti/ | | 2 Race | | Offender | Resident | | | | | | | | | |
| T I | V1 DATA OMITTED Crime # | | | | | | | | | | | | Μ | | □ Non-Residen | |
| M · | Home Address | | | | | | | | | | | W | Home I | Phone | Unknown | |
| | Honk | / Iddie | | | | D | ATA OMI | ГTED | | | | | 110me I | none | | |
| | _ | oyer Na | me/Add | ress | | D | ATA OMITTED | | | | | Business Phone | | | | |
| | VYR | M | ake | Model | S | tyle | Color | Li | c/Lis | | Vin | | | | | |
| H E R S I N V O L V E D | | DATA OMITTED | | | | | | | | | | | | | | |
| Status | L = L | ost S | = Stolen | R = Recovered | D_= | Damaged | Z = Seized | B = Burr | ned C = | Counterfeit / Fe | orged F = For | und | | | | |
| Codes | Victim | | column | if recovered for oth | er ju | risdiction) | | | | | | | | | | |
| P - R | # | # DCI Status Value OJ QTY | | | | | Property Description | | | | | Mal | ke/Model | | erial Number ATA OMITTED | |
| | | | | | | | | | | | | | | D. | FOR | |
| | | | | | | | | | | | | | | I | NFORMATION | |
| | | | | | | | | | | | | | | | SECURITY | |
| 0 | | | | | | | | | | | | | | | PURPOSES | |
| P · | | | | | | | | | | | | | | | | |
| E- R | | | | | | | | | | | | | | 0 | NLY THE FIRST | |
| Т | | | | | | | | | | | | | | TWE | LVE PROPERTY | |
| Y - | | | | | | | | | | | | | | | ITEMS ARE | |
| - | | | | | | | | | | | | | | | DISPLAYED ON | |
| - | | | | | | ├ | | | | | | | | | P2C REPORTS | |
| - | Number of Vehicles Stolen 0 Number Vehicles Recovered 0 | | | | | | | | | | | | | | | |
| | Office | | enicies S | - | Nu D# | mber venic | Officer Sig | - | | | Supervis | or Signat | ure | | | |
| ID | PER | EZ-R | | D. (16353) | | | | | | | MITC | CHELL, | J. R. (| 15672) | | |
| Status | Comp | lainant | Signatur | e | | | ☐ Further ☐ Inact ☐ Closed | Case Status Case Disposition: Further Investigation Unfounded Located Inactive Cleared by Arrest Refuse to Coop Closed/Cleared Cleared by Arrest by Another Agency Closed/Leads Exhausted Death of Offender Prosecution Death of Offender | | | | | | berate | Page 1 | |
| | | | | | | | I X Closed | Leads Ex | nausted | Death of | Onender | Prose | ution De | clined | Page 1 | |