# of Victims Type Person Business Injury None Minor	BLas Montal Las Montal	0 0 ot Known in the Date of Market of Teeth rations of Teeth rations of Teeth of T	Day Yr- 14 2024 Secure 2024 4 2024 27104 2016 Citim Reside Single Fami Drug/A	Time 13:06 Hrs. Offense Tract 321 nce Type ly Multi Family lcohol Use: s Unknown	
Crime Incident(s) #1	ible (es X) N/A U Loss Evere Lacer Rac 57	0 0 ot Known in the Date of Market of Teeth rations of Teeth rations of Teeth of T	2024 2024 27104 27104 2021 27104	Time 13:06 Hrs. Offense Tract 321 Ince Type Ily Multi Family Icohol Use: S Unknown N/A Resident Status Resident	
T All Other Fraud Com 10 04 2024 13:07 Basiness Com C	ible (es X N/// Loss evere Lacers Others F Rac	0 04 m NC 2 Vio S Weap of Teeth rations er Major el Sex R T F	27104 citim Reside Single Fami pon / Tools Drug/A No Relationship To Offender	Time 13:06 Hrs. Offense Tract 321 Ince Type Ily Multi Family Icohol Use: S Unknown N/A Resident Status Resident	
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#3 Crime Incident #4 Crime Incident #5 Crime Incident #6 Victims Type Person Business Injury None Minor Society Government Financial Institute Broken Bones Society Religious L.E. Officer Line of Duty Other/Unknown Internal Unconscious Unconsciou	ible Yes X N/A No Loss evere Lacer S Othe Rac 57	Weap of Teeth rations er Major el Sex R T F	ctim Reside Single Fami pon / Tools Drug/A Ye No Relationship To Offender	Icohol Use: S Unknown N/A Resident Status Resident	
How Attacked or Committed DATA OMITTED # of Victims Type Person Business Injury None Minor Society Government Financial Institute Broken Bones Society Religious L.E. Officer Line of Duty Other/Unknown Internal Unconscious Unconscious	Loss evere Lacer Othe Rac 57	of Teeth rations er Major e Sex R T	Single Fami pon / Tools Drug/A Ye No Relationship	lcohol Use: S	
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V Religious L.E. Officer Line of Duty Other/Unknown Internal Unconscious Victim/Business Name (Last, First, Middle) Victim of Crime # I Home Address DATA OMITTED Employer Name/Address DATA OMITTED	e Rac	er Major e Sex R T	Relationship To Offender	N/A Resident Status ■ Resident	
I Victim/Business Name (Last, First, Middle) T DATA OMITTED Home Address DATA OMITTED Employer Name/Address DATA OMITTED	e Rac	e Sex R T	Relationship To Offender	Resident Status Resident	
Crime # I, M DATA OMITTED Home Address DATA OMITTED Employer Name/Address DATA OMITTED	57	$egin{array}{ c c c c c c c c c c c c c c c c c c c$	To Offender		
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Home Address DATA OMITTED Employer Name/Address DATA OMITTED		Home		Unknown	
DATA OWITTED		Home Address Home Phone			
VYR Make Model Style Color Lic/Lis Vin		Employer Name/Address DATA OMITTED Business Phone			
VIII					
T H E R S DATA OMITTED I N V O L V E D					
Status L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found Codes (Check "OJ" column if recovered for other jurisdiction)					
Victin # DCI Status Value OJ QTY Property Description	Ma	ake/Mode	el Se	rial Number	
			DA	TA OMITTED	
			IN	FOR FORMATION	
P R				SECURITY	
O P				PURPOSES	
E			ON.	I V THE EIDOT	
R				ILY THE FIRST VE PROPERTY	
Y				ITEMS ARE	
			D.	SPLAYED ON	
			P	2C REPORTS	
Number of Vehicles Stolen 0 Number Vehicles Recovered 0					
Officer ID# Officer Signature Supe	rvisor Signa				
ID PENN, A. L. (15808) M			. М. (1488	34)	
Complainant Signature Case Status □ Further Investigation □ Unfounded □ Cleared by Arrest □ Closed/Cleared □ Closed/Leads Exhausted □ Death of Offender	y Another A		operate	Page 1	