Ţ.																	
I N	Agene	y Ivanie		STON-SALE	- REPORT							2435966 Date/Time Reported SMTWTFS Month Day YI 10 07 2024 00:48 Hrs.					
C · I	ORI																
D			NC 034														
E N	#1	Crime I	ncident(s				□ Att At Found S型TWTFS Month Day Yr Time							Last Known Secure SM TW TFS Month Day Yr Time			
Т				Drug Viola	tion	is		X Con	10			1 00.	48 Hrs	10	07	2024	
D	\Box Com 620 Angon St 111 Wingt														7 27103		Offense Tract 312
A T	шр (Crime I	ncident					$\Box \text{ Att } \text{ Premise Type}$						Victim Residence Type			
А	#3							Con	n						□ Sin	gle Farr	ily □ Multi Family
МО			d or Con MITTEI					-					Forcible □ Yes [□ No	X N/A	Weapon	/ Tools	
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															Alcohol Use:	
	1		🛛 🖾 So	ciety 🔲 Governn	nent	🗆 Fi	inancial Institu			_	Broken Bones		□ Severe	Lacerati			
V I		7: - 4: /		ligious □ L.E. Of Name (Last, First,			ity 🗌 Othe	er/Unkno	wn		Internal			Other N			
Ċ		victim/	Business	Name (Last, First,	Mia	die)					Victim of Crime #	DOR	/ Age	Race S		ationshij Offender	
T I	V1		DA	ΓΑ OMITTED							1,						Non-Residen
M ·	Home	Addre	-88					1,							Home Ph	one	Unknown
	TIONK	/ Iddit	55			D.	ATA OMITTED										
	Emplo	oyer Na	ume/Add	ress		D	ATA OMITTED							Business Phone			
	VYR	M	ake	Model	S	tyle	Color	L	ic/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 = Bur	ned	$C = C_{0}$	ounterfeit / Fe	orged	F = Foun	d			
Codes	(Chec Victim	k "OJ"	column	if recovered for oth	er ju	risdiction)											
	#	# DCI Status Value OJ QTY						Property Description							/Model		erial Number ATA OMITTED
																D	FOR
																I	NFORMATION
P- R																	SECURITY
0																	PURPOSES
Р' Е-																	
R																	NLY THE FIRST
T Y ·																TWE	LVE PROPERTY
-																г	ITEMS ARE
-																	P2C REPORTS
-	P2C REPOR																
-	Numb	er of V	ehicles S	tolen 0	Nu	mber Vehio	cles Recovere	d 0					I				
ID	Office				D#		Officer Sig	nature					Supervisor	Signatur	e 1 (150	27)	
ID			<u>, I. J. (</u> Signatur	(<u>16357)</u> e			Case Status	8			Case Disposi	ition	ŴILKE	LO, K. A	1. (1384	27)	
Status	- o.ub						☐ Further ☐ Inact	□ Further Investigation □ Unfounded □ Lo						Cated Extradition Declined Refuse to Cooperate			
									xhauste	ed	Death of				ition Dec	lined	Page 1