I.																	
Ν	Agene	y i vain		VSTON-SALE	M F	OLICE	INCIDENT/INVESTIGATION REPORT						2436606 Date / Time Reported SM TW T I S				
C · I	ORI																
D			NC 034										10	11	2024	4 17:46 Hrs.	
E N	#1		ncident(s	·			□ Att At Found Month Day Yr Time						Last K Monti	nown Se	cure Yr	SMTWT≟FS Time	
Т			1	Assault-non Ag	gra	vated Ass	ault	X Com	10		4 17:40	6 Hrs	10	11		<u>17:45</u> Hrs.	
D	Com 7765 North Point Py Wington salar															Offense Tract 113	
A T	•															nce Type	
А	#3							Com		••				□ Sin	gle Fami	ly □Multi Family	
МО			d or Con								Fo	rcible Yes	V N/A	Weapon	/ Tools		
WIO	D.	ATA O	MITTEI)													
v	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																
	Image: Society in Government in Financial Institute Image: Broken Bones in Severe Image: Society in Government in Financial Institute Image: Broken Bones in Severe Image: Religious in L.E. Officer Line of Duty in Other/Unknown Image: Internal in Unconscious in Construction														The Lacerations □ Yes Unknown □ Other Major ☑ No □N/A		
v I		Victim/		Name (Last, First				.17 OIIKIIOW		Victim of	DOB / A		Race S		tionship		
C T	V1					,				Crime #		34			Offender	🛛 Resident	
Ι			DA	TA OMITTED						1			B	$F \mid 1$	ST	□ Non-Residen □ Unknown	
M ·	Home Address DATA OMITTED													Home Ph	ione		
	Empl	Nor No	me/Add	*200													
	Empi	Jyei Ina	une/Auu	1055		D	ATA OMI	TA OMITTED					Business Phone				
	VYR	M	ake	Model	S	tyle	Color	Li	c/Lis		Vi	n					
O T																	
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	DATA OMITTED																
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E D																	
Status	I – I.	ost S	– Stolen	R = Recovered	D -	Damaged	7 – Seized	B – Bur	ved C-	Counterfeit / F	orged F	- Found	4				
Codes	(Chec	k "OJ"	column	if recovered for oth	er ju	risdiction)	Z = Scized	D – Dull	icu c =	counterrent / T	orgeu r	- 1 Oulk	u				
- - -	Victim #	DCI	Status	Value	OJ	QTY		Property	Descripti	on			Make	/Model	S	erial Number	
												DA	ATA OMITTED				
																FOR	
															IN	FORMATION	
R.																SECURITY	
O P·																PURPOSES	
E- R															10	ILY THE FIRST	
T.															TWEI	VE PROPERTY	
Y																ITEMS ARE	
																ISPLAYED ON	
-															ł	2C REPORTS	
-	Numb	er of V	ehicles S	Stolen ()	Nu	mber Vehia	cles Recovere	d 0									
	Office	r		I	D#		Officer Sig	. 0			Su	pervisor	Signatur	e			
ID				<u>T. (16273)</u>			Corr Ct. t			Care D'		VILLIA	AMS, K	. A. (15	5631)		
	Comp	iainant	Signatur	e			☐ Further	Case Status Case Disposition: ☐ Further Investigation ☐ Unfounded ☐ Lo						cated			
Status							Inact	□ Inactive □ Cloared by Arrest □ Cloared by Arrest by Ar					□ Refuse to Cooperate				
							Closed		hausted	Death o				ency ation Dec	lined	Page 1	