| I N | Agenc | y Name | | VSTON-SALEN | OLICE |] IN | INCIDENT/INVESTIGATION | | | | | | OCA 2436877 | | | | | |
|--|---|--------------|---------------------------|------------------------------------|------------------|-------------------|---------------------------------|------------------------|--|-----------|----------------------------------|----------------------------|-------------------|---|---|-----------------------------|--------------------------|--|
| C | ORI | NC | NC 03/ | 10200 | | | 1 | REPORT | | | | | | | Date / Time Reported SMTWTFS Month Day Yr Time | | | |
| D E | NC NC 0340200 Crime Incident(s) | | | | | | | | Att At Found SMTWTFS Month Day Yr Time | | | | | | 10 13 2024 20:48 Hrs. Last Known Secure | | | |
| N T | #1 C | 'ommi | ınicatir | ng Threats -intin | nidai | tion, No | n Physical | | Com | Month 10 | | | lime):48 Hrs | | | | Time 19:45 Hrs. | |
| D | #2 | Crime I | ncident | | | | |] | Att Com | | of Incident <i>I Peace He</i> | anan | Dd Winst | on sa | lom | I | Offense Tract 113 | |
| A T | #3 | Crime I | ncident | | | | | | - | Premise T | | iven . | Ka, winsi | on-su | | Victim Resider | | |
| A | | \ | 1 C | | | | | Com | | | | | F3-1- | ☐ Single Family ☐ Multi Family Weapon / Tools | | | | |
| MO | | | d or Com MITTEI | | | | | | | | | | Forcible Yes No | X N/A | we | apon / 100is | | |
| V | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | | | |
| | I Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Internal Unconscious Other Major No No No NA | | | | | | | | | | | | | | | _ | | |
| I C | | Victim/ | Business | Name (Last, First, | Midd | le) | | | | | Victim of Crime # | DOI | 3 / Age 48 | Race | Sex | Relationship To Offender | Resident Status Resident | |
| T I | V1 DATA OMITTED | | | | | | | | | | 1, | | 40 | $\mid W \mid$ | M | 1RU | ☐ Non-Resident | |
| M | Home | Addre | ess | | 4.T.4. O.) (T. | | Б. | | 1, | | | <u> </u> | | ne Phone | Unknown | | | |
| | DATA ON | | | | | | | | | | | | | Business Phone | | | | |
| | VYR | I M | ake | Model | yle | Color | TA OMITTED Color Lic/Lis V | | | | | Vin | Vin | | | | | |
| | | | | 1110001 | | , | | | | | | | | | | | | |
| O T H E R S I N V O L V E D | | DATA OMITTED | | | | | | | | | | | | | | | | |
| Status Codes | (Chec | k "OJ" | = Stolen column | R = Recovered frecovered for other | D = I r juri: | Damaged sdiction) | Z = Seized | B = | Burn | ed C = C | Counterfeit / I | Forged | F = Foun | d | | | | |
| | Victim # DCI Status Value OJ QTY | | | | | QTY | Property Description | | | | | | | Mak | e/Mo | | rial Number | |
| - P - R _ | | | | | | | | | | | | | | | | DA | TA OMITTED FOR | |
| | | | | | | | | | | | | | | | | IN | FORMATION | |
| | | | | | | | | | | | | | | | | | SECURITY | |
| O P | | | | | _ | | | | | | | | | | | | PURPOSES | |
| E · | | | | | | | | | | | | | | | | ON | LY THE FIRST | |
| T . | | | | | | | | | | | | | | | | TWEL | VE PROPERTY | |
| Y | | | | | | | | | | | | | | | | | ITEMS ARE | |
| | | | | | | | | | | | | | | | | | SPLAYED ON | |
| | | | | | | | | | | | | | | | | P: | 2C REPORTS | |
| - | Numb | er of V | ehicles S | tolen 0 | Num | nber Vehic | cles Recovere | d | 0 | | | | | | | | | |
| | Officer ID# Officer Signature Supervisor Signature | | | | | | | | | | | | | | | | | |
| ID | | | <i>E.</i> (153) Signature | | | | Case Status | | | | | | WILLIA | WILLIAMS, K. A. (15631) | | | | |
| Status | Comp | iaiiiant | oignatur | | | | ☐ Further ☐ Closed ☐ Closed | · Inve ive /Clea | red | | ☐ Unfour☐ Cleared☐ Cleared | ided I by Ai I by Ai | Locarrest | Refuse ther Ag | gency | ooperate | Page 1 | |