| I N | Agenc | y Name | | VSTON-SALEN | 1 PC | OLICE |] IN | INCIDENT/INVESTIGATION | | | | | | | OCA 2437330 | | | | | | |
|--|---|-----------------|----------------------|---------------------------------|------------------|---|-------------------------------------|------------------------|------------|------------|---------|--------------------------------|-----------------------|--|--------------------|---|------------|-----------|----------------|---------|--|
| C · | ORI | NC | | | | 2202 | - | REPORT | | | | | | | | Date / Time Reported SMTWIFS Month Day Yr Time | | | | | |
| D E | | | NC 034 | | | │ │ Att │ At Found │ S M T W 크 F S | | | | | | | | Last Known Secure SMTMFFS SMONTH Day Yr Time | | | | | | | |
| N T | #1 | | | Drug Violai | ı — | ☐ Att At Found SMTWIFS Month Day Yr Time Time 10 17 2024 11:57 Hrs. | | | | | | | | Month Day Yr Time 10 17 2024 11:56 Hrs. | | | | | | | |
| D | D #2 Crime Incident | | | | | | | | | | | | | | | | • | | ffense Tra | act | |
| A T | #3 | Crime I | ncident | | | | | | Com Att | Premise 7 | | ess Ct, | wins | ton-saler | n NC . | | Victim Res | idenc | 123 e Type | | |
| A | | | | | Com | | | | | | | ☐ Single Family ☐ Multi Family | | | | | | | | | |
| МО | | | d or Com | | | Forcible | | | | | | ☐ Yes [| Weapon / Tools | | | | | | | | |
| | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | | | | | | |
| V | 1 | | | ciety Government Gious L.E. Off | | | inancial Institution | | know | . – | | en Bone nal 🔲 | | Severe | Lacerat Other | | – | Yes No | □ Unkr □N/A | nown | |
| I C | | Victim/ | Business | Name (Last, First, | | | | | | | 3 / Age | Race | Sex | x Relationship Resident S To Offender Residen | | | | | | | |
| T I | V1 | | DA | ΓA OMITTED | | | | | | | | | | | | | 10 Offen | 1 | ☐ Non-R | tesiden | |
| M · | Home | Addre | ss | | | | | | | | 1, | , | | | | Home Phone | | | | | |
| | DATA OMI | | | | | | | | | TTED | | | | | | | | | | | |
| | | oyer Na | ime/Addi | ress | ATA OMI | TA OMITTED | | | | | | | Business Phone | | | | | | | | |
| | VYR | M | ake | Model | Sty | le | Color | | Lic | /Lis | | | | Vin | | | | | | | |
| T H E R S I N O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | | | |
| Status Codes | L = L (Chec | ost S k "OJ" | = Stolen column i | R = Recovered for other | D = D r juris | Damaged sdiction) | Z = Seized | B = | Burn | ed $C = C$ | Counte | erfeit / F | orged | F = Foun | d | | | | | | |
| | Victim # DCI Status Value OJ QTY | | | | | | Property Description | | | | | | | | Mak | ake/Model Serial Number | | | | er | |
| P - R - O - | | | | | | | | | | | | | | DAT | A OMIT | ΓED | | | | | |
| | | | | | - | | | | | | | | | | | | | INF | FOR ORMATI | ION | |
| | | | | | | | | | | | | | | | | | | | ECURIT" | | |
| | | | | | | | | | | | | | | | | | | P | URPOSE | S | |
| Ē - | | | | | | | | | | | | | | | | | | ONL | Y THE F | IRST | |
| R T | | | | | + | | | | | | | | | | | | TW | | E PROPE | | |
| Y | | | | | | | | | | | | | | | | | | ľ | TEMS AF | RE | |
| | | | | | | | | | | | | | | | | | | | PLAYED | | |
| - | | | | | + | | | | | | | | | | | | | P20 | C REPOR | .18 | |
| - | Numb | er of V | ehicles S | tolen 0 | Num | ber Vehic | cles Recovere | d | 0 | | | | | | | | | | | — | |
| ID | Office | | T. L. (| ID 16374) | | Officer Sig | Officer Signature Supervisor S | | | | | | | | | Signature | | | | | |
| ID | | | Signature | | Case Status | | | | | | | CARLI | LIN, J. L. (14974) | | | | | | | | |
| Status | 1 | | Ū | | | | ☐ Further ☐ Inact ☐ Closed ☐ Closed | r Inve ive /Clea | red | | | Unfound Cleared Cleared | ded by Ar by Ar | Locarest Carest by Ander | Refuse other Ag | gency | ooperate | | Page 1 | | |