I N	Agenc	y Name		VSTON-SALEN	] IN	INCIDENT/INVESTIGATION							OCA 2438010						
C I	ORI	NC					1	REPORT							Date / Time Reported SMIWTFS Month Day Yr Time				
D E	10		NC 034			☐ Att At Found SMIWTFS Month Day Yr Time							$\begin{array}{c ccccccccccccccccccccccccccccccccccc$						
N T	#1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	nerdeni(s	, Trespassi	ng				Com	Month 10				ime $5:43$ Hrs				Time $ 16:43 $ Hrs.	
D	#2	Crime I	ncident	- · · · · · · · · · · · · · · · · · · ·	-6				$\rightarrow$	Location	of Ir	ncident					,	Offense Tract	
Α		7 T	ncident					_	Com				ther l	King Jr D	r, Wir			221	
T A	#3	Jime I	ncident						Com	Premise 7	ı ype	;				- 1	Victim Resid Single Far	ily ∏Multi Family	
МО			d or Com						!					Forcible  Yes	X N/A	_	apon / Tools	<u> </u>	
																lachel Hase			
	Z Society ☐ Government ☐ Financial Institute ☐ Broken Bones ☐ Severe Lacerations ☐ Yes ☐ Unkr																		
V	2		Rel	igious 🔲 L.E. Off	icer L		ity 🔲 Othe	er/Un	know	n 🗆		ernal 🔲		scious [	Other	Majo	or 🛛 🔯 N	0 □N/A	
I C		Victim/	Business	Name (Last, First,					victim of Crime #	DOE	3 / Age	Race	Sex	Relationship To Offender					
T I	V1		DA	ΓA OMITTED					1,						□ Non-Residen □ Unknown				
M	Home Address DATA OMIT															Home Phone			
	Employer Name/Address DATA OM															Business Phone			
	VYR	M	Model	Color   Lic/Lis   Vin						Vin									
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	Coun	iterfeit / F	orged	F = Foun	d 				
	Victim # DCI Status Value OJ QTY						Property Description								Mak	ce/Mc		erial Number	
- P - R													D	ATA OMITTED					
																	ī	FOR NFORMATION	
																		SECURITY	
ο .																		PURPOSES	
P :																			
R.					_													NLY THE FIRST	
Т Ү.																	I W E	LVE PROPERTY ITEMS ARE	
-					+									+			Г	DISPLAYED ON	
																		P2C REPORTS	
			ehicles S	-		nber Vehic	cles Recovere		0						~.				
ID	Office:		N. (16.	ID 119)	Officer Sig	natur	e					Supervisor (0)	or Signature						
			Signatur		Case Status							(-/							
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	red			Unfounce Cleared Cleared Death o	by Ar	rest by And	Refuse other Ag	gency	looperate r	Page 1	