I N	Agenc	y Namo		NSTON-SALE	M P	OLICE							OCA 2438278					
C · I	ORI												Date / Time Reported S M T W F F S Month Day Yr Time					
D			NC 034										10   24   2024  16:25 Hrs.					
E N	#1	rime I	ncident(s	·				Att	At Fou Month	Day 🗌	Ŷr	Time		nown Secur Day	ſr 🖢	5 M T W I F S Time		
T.		<sup>¬</sup> rimo I	ncident	Shoplifti		6:25  Hrs	s 10	24 20		16:24 Hrs. Offense Tract								
D	D #2															314		
A T	H <sub>3</sub> Crime Incident Att Premise Type															nce Type		
А	#3							Com						□ Single	Fami	ly <mark>∏</mark> Multi Family		
МО			d or Con MITTEI									Forcible	X N/A	Weapon / T	ools			
	# of V	lictims	Туре	□ Person	X	Business			Inju	ry □No	one	Minor 🗌	Loss of	Teeth Di	ug/A	lcohol Use:		
	1 Society Government Financial Institute Broken Bones Severe														e Lacerations ☐ Yes ☐ Unknown ☐ Other Major ☑ No ☐ N/A			
V I	Religious L.E. Officer Line of Duty Other/Unknown Internal Officer Line of Duty														X No Iship	Resident Status		
C	Crime #														nder	🛛 Resident		
T I	V1		DA	TA OMITTED						1,						□ Non-Residen		
M ·	Home	Addre	ss											Home Phone		Unknown		
						D	ATA OMI	ATA OMITTED										
	Emplo	oyer Na	ame/Add	ress		D	ATA OMITTED						Business Phone					
	VYR	M	ake	Model	St	tyle	Color	Li	c/Lis			Vin						
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 = Burr	ned C =	Counterfei	it / Forge	d F = Foun	d					
Codes	s (Check "OJ" column if recovered for other jurisdiction)																	
	Victim #	DCI		Value	OJ	QTY		Property	Descript	ion			Make, ATLAS	Model		erial Number		
	-							CHAINSAW CHAINSAW							DA	TA OMITTED		
-	1	30	3			1	CHAINSAW						ATLAS		IN	FOR FORMATION		
P -															11	SECURITY		
R O																PURPOSES		
P -																		
E- R															ON	ILY THE FIRST		
Т														Т	WEL	VE PROPERTY		
Y -																ITEMS ARE		
-																ISPLAYED ON		
-															P	2C REPORTS		
-	Numb	er of V	ehicles S	Stolen ()	Nu	mber Vabi	cles Recovere	d 0										
	Office	r		II	D#	moet veill	Officer Sig	-				Supervisor	Signatur	e				
ID	MEA	ADOV		Е. (15570)				BURK						<i>KS</i> , <i>C</i> . <i>M</i> . (15216)				
Status	Comp	lainant	Signatur	e			☐ Further ☐ Inact ☐ Closed	□ Inactive □ Cleared by Arrest □ Cleared by Arrest by A						ocated Extradition Declined Refuse to Cooperate nother Agency				
							Closed	/Leads Ex	hausted	Dea Dea	th of Off	ender 🗆	Prosecu	tion Decline	d	Page 1		