I N	Agenc	y Name		VSTON-SALEN] IN	INCIDENT/INVESTIGATION						OCA 2438623						
C ·	ORI	NG					REPORT							Date / Time Reported S M T W T F S Month Day Yr Time				
D E		NC 034		<u> </u>	ID A# A* Found - ISIM TIM TIP 이							10 27 2024 07:40 Hrs.						
N T	#1 Crime Incident(s) Missing Person																own Secure S M T W T F S Day Yr Time 27 2024 07:39 Hrs.	
D .	#2	Crime I	ncident	1111551118 1 0	5011				Mat Location of Incident 10 27 2024 07:40 Hrs 10 27 2024 07:39 10 27 2024 202									
A	A ☐ Com 2415 Old Salis													ı-sale			314	
T A	#3	rime i	ncident					☐ Att Premise Type ☐ Com							Victim Residence Type ☐ Single Family ☐ Multi Family			
МО			d or Com						-				Forcible Yes	W NI/A	We	apon / Tools	· -	
WO	DATA OMITTED See Land 1997																	
V	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: Broken Bones Severe Lacerations Yes Unknow																	
	1			igious 🔲 L.E. Off					know		Internal		Severe scious	Lacerai Other	nons Majo		_	
I C		Victim/	Business	Name (Last, First,	Middle	e)		Victim of DOB / A					3 / Age 24	Race		Relationship To Offender	Resident Status Resident	
T I	V1 DATA OMITTED										1,		24	$\mid w \mid$	$_{F}$	1RU	☐ Non-Resident	
M ·	Home Address															ne Phone	Unknown	
	DATA OM								TTED					D ' D				
					A OMITTED						Business Phone							
	VYR	M	ake	Model	Styl	e	Color		Lic	/Lis			Vin					
T H E R S I N V O L V E D		DATA OMITTED																
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column i	R = Recovered for other	D = Da r jurise	amaged diction)	Z = Seized	B =	Burn	ed $C = C$	Counterfeit / I	Forged	F = Found	d				
	Victim # DCI Status Value OJ QTY						Property Description							Mak	e/Mo	del Se	rial Number	
- - P - R															TA OMITTED			
																IN	FOR FORMATION	
																	SECURITY	
0																	PURPOSES	
Р ⁻ Е -																ON	LV THE FIDOT	
R T					+												LY THE FIRST VE PROPERTY	
Y ·					+												ITEMS ARE	
					+												SPLAYED ON	
																P.	2C REPORTS	
-	NT .	637	-1-: 1 ~	4-1	N ·	37.11	-1 P	.1	0									
	Numb Office:		ehicles S	tolen 0		oer Vehic	Officer Sig		<u>0</u> е			I	Supervisor	Signati	ıre			
ID	RAY	, C. B	. (1635	6)			, and the second							Supervisor Signature LANGDON, S. L. (15223)				
	Comp	Signatur	e	1	Case Status Case Disposition: ☐ Further Investigation ☐ Unfounded ☐ □						ocated Extradition Declined							
Status							☐ Inact	ive /Clea	red		☐ Cleared	l by A	rrest D	Refuse ther Ag	gency	ooperate	Page 1	