I N	Agenc	y Name		ISTON-SALE	OLICE	INCIDENT/INVESTIGATION							OCA 2439728					
C I	ORI	NC	NC 034	10200			1			REP(ORI			Date / Mont	Time I	D 0,22 77-10-	MTWTFS	
D E			ncident(s		Att At Found SMTWTFS Month Day Yr Time							11 04 2024 Time 11 04 2024 Time Last Known Secure S M T W T F S Month Day Yr Time						
N	#1	inne n	icident(s	, Drug Viola	tion	c		IXIC	I i	Month						ay Yr —	Time	
Т	#2	Crime I	ncident	Drug viola	iion.	3				11 Location	04 202 of Incident	4 1.	3:06 Hrs	11	04		13:05 Hrs. Offense Tract	
D A	#2	Parap	hernali	ia- Possessing/o	conc	ealing E	Equipment										112	
T A	#3	Crime I	ncident	. ,	7.	***		Att Premise Type						Victim Residence Type ☐ Single Family ☐ Multi Family				
71	How A	ttacke	d or Com	ossession/conce	ealin	ig Weap	ons	IX C	om				Forcible	I		Single Famil oon / Tools	y Multi Family	
МО			MITTEE										Yes [X N/A	w ca ₁	John Tools		
	# of Victims Type Person Business Injury None Minor Loss of Teeth															Drug/Al	cohol Use:	
17	1			ciety Governm		_	inancial Institu			. –	Broken Bon		□ Severe			1 —	Unknown	
V I		/ictim/		igious L.E. Of Name (Last, First,			ity Othe	ei/Ulik	nown		Internal Victim of	_	B / Age	Other		■ No Relationship	□N/A Resident Status	
C T	V1					,			Crime #						T	o Offender	☐ Resident	
I			DA	TA OMITTED				1,2,3,									☐ Non-Resident ☐ Unknown	
M	Home	Addre	ss				лта омг	A OMITTED						'	Home Phone			
	Emplo	yer Na	me/Addı	ess		ATA OMI							Business Phone					
	VYR		ake		I C4		Color						Vin					
	VIK	IVI	аке	Model	Si	yle	Color		LIC/	LIS			VIII					
E R S I N V O L V E D		DATA OMITTED																
Status Codes	L = Lc	ost S	= Stolen	R = Recovered f recovered for other	D =	Damaged	Z = Seized	$\mathbf{B} = \mathbf{F}$	Burne	d C = C	ounterfeit /	Forged	F = Foun	d				
Codes	Victim				Ť	Í	B 5							Make/Model Serial Number				
	# DCI Status Value OJ QTY 11 6 1 1						Property Description PARAPHERNALIA							Mak	e/Mode		rial Number TA OMITTED	
- - P -								38) HANDGUN							UGER FOR			
														FORMATION				
R																	SECURITY	
O P																	PURPOSES	
E ·																ON	LY THE FIRST	
T .																	VE PROPERTY	
Y																	ITEMS ARE	
•																	SPLAYED ON	
					_											P:	2C REPORTS	
	Numb	er of V	ehicles S	tolen 0	Nur	nher Vehi	cles Recovere	d ()									
	Officer	•		ID		oci v Cill	Officer Sig		•				Supervisor					
ID	MIN	TZ, J .	D. (16						Т	C D;	-:4'	KISER,			44)			
Status	Compl	ainant	Signature	÷			Case Statu: Further Inact Closed	r Inves tive /Clear	ed			nded d by A d by A	Loc rrest rrest by And	Refuse other Ag	ency	operate	Page 1	