I N	Agenc	y Nam		NSTON-SALE	OLICE	. IN	INCIDENT/INVESTIGATION							OCA 2439788					
C I	ORI	NC				REPORT							Date / Time Reported SMTWTFS Month Day Yr Time						
D E	<u> </u>		NC 034				☐ Att   At Found S 관 T W T F S							11   04   2024  13:49 Hrs.					
N T	#1 All Other Fraud									Att   At Found   S M T W T F S   Month Day Yr Time   Hrs						Month Day Yr Time			
D	#2	Crime I	ncident						Att	Location	of Incident						Offense Tract		
A T	Crime Incident Com 2899 Sides Village Dr/w Clemn															<i>Id</i> , Victim Resider	323		
A	#3	Jime i	nerdent					Com						☐ Single Family ☐ Multi Family					
МО			d or Con MITTEI										Forcible Yes	X N/A	We	apon / Tools			
	# of V	ictims	Туре	↑ Person		Business				Injury	X None	N	∏ No  Minor	Loss o	f Tee	th Drug/Al	lcohol Use:		
	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow															_			
V I	Victim/Business Name (Last, First, Middle)  Victim/Business Name (Last, First, Middle)  Victim of DOB / Age															r ⊠ No Relationship	□N/A Resident Status		
C T	V1 DATA OMITTED										Crime #		56			To Offender	Resident     Resident		
I M											1			W	F	1RU	☐ Non-Resident☐ Unknown		
171	Home Address DATA OM									TTED					Home Phone				
•	Employer Name/Address DATA C													Business Phone					
	VYR	M	Model	Color Lic/Lis Vin						Vin									
T H E R S I N V O L V E D		DATA OMITTED																	
Status Codes	L = L	ost S	= Stolen	R = Recovered	D = l	Damaged	Z = Seized	B =	Burn	ed $C = C$	Counterfeit /	Forged	F = Foun	d					
Cours	Victim		Value	Property Description							Mal	e/Mo	del Se	rial Number					
	"						SOCIAL SECURITY INFORMATION							IVIA	.C/ IVIO		TA OMITTED		
- P -																n	FOR		
				+													FORMATION SECURITY		
R O				+													PURPOSES		
P .																			
R					_												LY THE FIRST		
Т Ү .					_												VE PROPERTY ITEMS ARE		
1				+	$\dashv$												SPLAYED ON		
																	2C REPORTS		
	Numb		ehicles S	tolen 0		nber Vehi	cles Recovere Officer Sig		0				Cuparvisor	Signat	ıre				
ID			D. M. (1			Officer Sig	natur	e				CROK.	or Signature KE, B. K. (15602)						
	Comp	lainant	Signatur	e				Case Status Case Disposition:						ated		□ Evte	adition Declined		
Status							☐ Tultile	tive /Clea	red		☐ Cleare	ed by A ed by A	rrest Loc rrest by And	Refuse other Ag	gency	ooperate	Page 1		