| I N | Agency | | NSTON-SALE | OLICE | . IN | INCIDENT/INVESTIGATION | | | | | | OCA 2440224 | | | | | | |
|---|--|---|--------------------|-------------------|-----------------|------------------------|-----------------------------------|--------------------------|--|------------|----------------------------|----------------------------|-------------------|--|----------------|---------------|-------------------------------|--|
| C | ORI | NG | | | | | REPORT | | | | | | | Date / Time Reported SMTWTFS Month Day Yr Time | | | | |
| D E | NC NC 0340200 Crime Incident(s) | | | | | | | | Att At Found SMTWIFS Month Day Yr Time | | | | | In low representation of the low representat | | | | |
| N T | #1 | | | , Larceny- All | Oth | er | | DX (| | Month 11 | | | rime):11 Hrs | | | Day Yr (| Time | |
| D | #2 | Crime I | ncident | | | | | | Att | Location | of Incident | | | | | 77 2024 | Offense Tract | |
| A T | Colors Institute Provident | | | | | | | | | | | | | | | Victim Resid | 323 | |
| A | #3 | Jimic I | neraem | | | | | | Com | | | | | ☐ Single Family ☐ Multi Family | | | | |
| МО | | | d or Con MITTEI | | | | | Forcible Yes No | | | | | ☐ Yes [| Weapon / Tools | | | | |
| V | # of V | ictims | Туре | ☐ Person | _ l | Business | | | | Injury | ☐ None | | _ | Loss o | f Teet | th Drug/A | Alcohol Use: | |
| | 1 Society Government Financial Institute Broken Bones Severe Lacerations Unknown Internal Unconscious Other Major No N/A | | | | | | | | | | | | | | | _ | | |
| I | Victim/Business Name (Last, First, Middle) Victim of DOB / Age Ra | | | | | | | | | | | | | | Sex | Relationshi | Resident Status | |
| C T | V1 DATA OMITTED | | | | | | | | | | Crime # | | 20 | | | To Offende | Resident Non-Residen | |
| I M | | | | | | | | | | | 1, | | | В | F | DI | Unknown | |
| | Home Address DATA OMI | | | | | | | | | ГТЕD | | | | | Home Phone | | | |
| | Employer Name/Address DATA OMI | | | | | | | | | TTED | | | | | Business Phone | | | |
| , | VYR Make Model Style C | | | | | | | Color Lic/Lis Vin | | | | | | | | | | |
| T H E R S I N V O L V E D | | DATA OMITTED | | | | | | | | | | | | | | | | |
| Status Codes | L = Lo | ost S k "OJ" | = Stolen | R = Recovered | D = i er iur | Damaged isdiction) | Z = Seized | B = | Burn | ed $C = C$ | Counterfeit / 1 | Forged | F = Found | i | | | | |
| | Victim # DCI Status Value OJ QTY | | | | | | | Property Description | | | | | | Make/Model Serial Number | | | | |
| - - P - | " 09 7 1 DEBIT CAR | | | | | | |) | | | | | | VISA DATA OMITTED | | | | |
| | | 10 7 2 MEDICATION 77 7 1 BLACK SEED O | | | | | | | | | | | | TYLENOL FOR INFORMATION | | | | |
| | | 25 | 7 | | | | BLACK SEED OIL LOUIS VUITTON | | | | | | LOUIS 1 | | | | SECURITY | |
| R O | | | | | | | | | | | | | | | | | PURPOSES | |
| P : | | | | | | | | | | | | | | | | | | |
| R T | | | | | | | | | | | | | | | | | NLY THE FIRST LVE PROPERTY | |
| Y · | | | | | | + | | | | | | | | | | TWE | ITEMS ARE | |
| • | | | | | | | | | | | | | | | | I | DISPLAYED ON | |
| | | | | | | | | | | | | | | | | | P2C REPORTS | |
| - | Numb | or of V | ehicles S | tolon | Nor | nhar Vahi | cles Recovere | d | 0 | | | | | | | | | |
| | Officer | | | ID | | noer veni | Officer Sig | | <u>0</u> е | | | | Supervisor | | | | | |
| ID | WEL | LS, S | S. (15 | 941) | | | | FLYN | | | | | | N, J. L. (15605) | | | | |
| Status | Compl | amant | Signatur | c | | | Case Statu Further X Inact Closed | r Inve tive I/Clea | red | | ☐ Unfour☐ Cleared☐ Cleared | nded I by Ai I by Ai | Loca | Refuse ther Ag | gency | ooperate [| Page 1 | |