| I. | Agency Name INCIDENT/INVESTIGATION OCA 2440372 | | | | | | | | | | | | | | | |
|---|--|--------------|--------------------|----------------------|------|------------|---|--------------------|-----------------------|-------------------------------------|---------|-----------------------------|---|----------|----------------------|-----------------------------|
| Ν | 0. | | | VSTON-SALE | M P | POLICE | REPORT | | | | | | 2440372 | | | |
| C · I | ORI | NC | NGON | 40200 | | | | | | | | | Date / Time Reported S M T W T F S Month Day Yr Time | | | |
| D E | | | NC 034 | | | | | | A / F | 1 | 1 1 1 | | 11 | | | 4 21:17 Hrs. SMTWT±S |
| Ν | #1 | | | , | | | | Att | At Four Month | Day Tr | | ime | | nown Sec | Yr - | Time |
| T. | | | ncident | Assault-non Ag | grav | vatea Ass | auit | ⊠ Com □ Att | <u>11</u> Location | 08 2024 | 4 21: | :17 Hrs | 11 | 08 | | 21:16 Hrs. Offense Tract |
| D A | \Box π^{2} | | | | | | | | | | | | | | | 213 |
| Т | #3 | Crime I | ncident | | | | | ☐ Att Premise Type | | | | | | | | ence Type |
| A | π 3 | | | | | | | Com | | | | | | | - | ily □ Multi Family |
| МО | | | d or Con MITTEI | | | | | | | | | Forcible ☐ Yes [☐ No | N/A | Weapon | / Tools | |
| | # of Victims Type None XMinor □Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | lcohol Use: |
| | 2 | | 🗆 So | ciety 🔲 Governm | nent | 🗆 Fi | nancial Institu | ute | |] Broken Bone | s | □ Severe | Laceratio | ons | \Box Ye | es □ ^{Unknown} |
| V I | | | | ligious 🔲 L.E. O | | | ity 🗌 Othe | er/Unknow | ⁿ | Internal | | | Other M | | X No | |
| Ċ | | Victim/ | Business | Name (Last, First | Mid | dle) | | | | Victim of Crime # | DOB | / Age 34 | Race S | | tionship)ffender | |
| T I | VI DATA OMITTED | | | | | | | | | | | 51 | | M 10 |) K,2V | Non-Residen |
| M · | Home Address | | | | | | | | | | | | | Home Pho | | Unknown |
| | Home | Addre | .33 | | | D | ATA OMI | ſTED | | | | | | | one | |
| | Emplo | oyer Na | me/Add | ress | | D | ATA OMITTED | | | | | | Business Phone | | | |
| | VYR | M | ake | Model | S | tyle | Color | Lie | c/Lis | | | Vin | 1 | | | |
| 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 | ied C = | Counterfeit / F | orged | F = Found | 1 | | | |
| Codes | (Chec | k "OJ" | | if recovered for oth | | | | | | | | | | | | |
| - - - - | Victim # | | | | | | Property Description | | | | | | Make/ | Model | S | erial Number |
| | | | | | | | | | | | | | | | DA | ATA OMITTED |
| | | | | | | | | | | | | | | | IN | FOR VFORMATION |
| | | | | | | | | | | | | | | | | SECURITY |
| R O | | | | | | | | | | | | | | | | PURPOSES |
| P - | | | | | | | | | | | | | | | | |
| E- R | | | | | | | | | | | | | | | O | NLY THE FIRST |
| T | | | | | | | | | | | | | | | TWEI | VE PROPERTY |
| Y - | | | | | | | | | | | | | | | | ITEMS ARE |
| - | | | | | | | | | | | | | | | | ISPLAYED ON |
| - | | | | | | | | | | | | | | | ł | P2C REPORTS |
| - | Numb | er of V | ehicles S | tolen () | Nu | mber Vehic | les Recovered | d 0 | | | | | | | | |
| | Officer | r | | I | D# | | Officer Sig | | | | | Supervisor | Signature | | | |
| ID | | | C. N. (. | | | | Corr Ci i | | | Care D' | | MULLI | NS, B | H. (150 | 179) | |
| Status | Compl | iainant | Signatur | e | | | Case Status Case Disposition: Further Investigation Unfounded Inactive Cleared by Arrest Closed/Cleared Cleared by Arrest by Arrest | | | | | | Refuse to Cooperate | | | |
| | | | | | | | Closed | | hausted | \square Cleared \square Death o | | | ther Agei Prosecut | | ined | Page 1 |