I N	Agenc	y Name		ISTON-SALEN	OLICE	IN	INCIDENT/INVESTIGATION							OCA 2440377							
C															Date / Mon	e/Time Reported SMTWTFS nth Day Yr Time					
D E			ncident(s					│ Att │ At Found │ S M T W T F S Month Day Yr Time								last Known Secure SMTWTFS Last Known Service SMTWTFS					
N T	#1			Discharging F	ı —	Month Day Yr Time Month Day Yr T										Time 21:54	Hrs.				
D	#2 Crime Incident														NC 2	7107	,		Offense 7	Fract	
A T	#3	Crime I	ncident						Com Att	Premise 7			vinste	on-saiem	NC 2	Victim Residence Type					
A						_ Com							☐ Single Family ☐ Multi Family								
МО			d or Com											Forcible Yes No	X N/A	We	apon / To	ols			
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																				
V	1			ciety Government Gious L.E. Off			inancial Institution		know			oken Bone ernal 🔲		☐ Severe	Lacerate Other			∃ Yes No No	Ut UN		
I C	Victim/Business Name (Last, First, Middle) Victim of DOB / Age														Race	Sex		ship	Resider	nt Status	
T I	V1		DA	ΓA OMITTED								Crime #					To Offer	ider	☐ Resi	-Resident	
M	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,														Home Phone Unknown				nown		
	DATA OMI									ΓΤΕD						Tronic Fronc					
	Emplo	oyer Na	me/Addı	ress	ATA OMI	ITTED					Business Phone										
1	VYR Make Model Style						Color Lic/Lis Vin						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 = E r juris	Damaged sdiction)	Z = Seized	B =	Burn	ed $C = 0$	Cou	nterfeit / F	orged	F = Foun	d						
	Victim # DCI Status Value OJ QTY						Property Description								Mak	ake/Model Serial Number				ıber	
- - P - R														DA	ГА ОМІ						
					+													IN	FORMA		
					+														SECUR		
O P -																			PURPO	SES	
E ·					_													ONT	V THE	FIDOT	
R T					+												TV		/E PRO	FIRST	
Y ·					+												-		ITEMS		
•																		DI	SPLAYI	ED ON	
					\Box													P2	C REPO	ORTS	
-	Numb	er of V	ehicles S	tolen 0	Num	her Voh	oles Pagaziona	d	0												
	Officer ID# Officer Signature Supervisor Signature																				
ID	GAF	RCIA,	F. I. (1	6280)		<u> MULGRĔW</u>								V, M. J. (14746)							
Status	Comp	iainant	Signatur	ē.			Case Statu: Further Inact Closed	r Inve ive /Clea	red]	☐ Unfoun ☐ Cleared ☐ Cleared	ded by Ai by Ai	Loc rest [rest by And	Refuse other Ag	gency	ooperate		dition D	Declined	