I N	Agenc	e WIM	IN	INCIDENT/INVESTIGATION							OCA 2441670										
C	ORI	NC	NC 034				1	REPORT							Date / Time Reported SMTWTFS Month Day Yr Time						
D E			ncident(s				☐ Att							In I I I I I I I I I I I I I I I I I I							
N T	#1			Larceny- All	ı —											Time 09:30	Hrs.				
D	#2 Crime Incident															Offense Tract 211					
A T	#3	Crime I	ncident					 - -	$\overline{}$	Premise		-	r, w	insion-sa	iem iv	Victim Residence Type					
A		1	1 6	* 1				Com						F 71	☐ Single Family ☐ Multi Family Weapon / Tools						
МО			d or Com										Forcible Yes No								
V	# of Victims Type Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: Broken Bones Severe Lacerations Yes Unknown Unknown Drug/Alcohol Use:																				
	1			igious L.E. Of					know		-			Severe	Lacerar Other	tions Majo		⊒ 1es ⊠No			
I C	Victim/Business Name (Last, First, Middle) Victim Crime													3 / Age 39	Race	Sex	Relation To Offe		Resident Reside		
T I	VI DATA OMITTED											1,		39	$\mid W \mid$	$_{F}$			☐ Non-R	Resident	
M	Home Address DATA OMIT									· · ·						Home Phone Unknown					
	Employer Name/Address DATA OMI														Business Phone						
								Color Lic/Lis Vin						Vin							
T H E R S I N V O L V E D	DATA OMITTED L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found																				
Status Codes	(Chec	k "OJ"	= Stolen column	if recovered for other	er juri	isdiction)	Z = Seized	В=	Burn	ed C=	Cot	interreit / F	orgea	F = Foun	a 						
	Victim # DCI Status Value OJ QTY							Property Description								Make/Model Serial Number					
P - R _	1	1 07 7 1 XBOX 360 1 07 7 1 XBOX ONE														CROSOFT/Xbo DATA OMITTED CROSOFT/Xbo FOR					
	1	20	7				MONEY/CASH								пеко	INFORMATION					
	1	08	7			1	CIGARETTES									SECURITY					
O P .]	PURPOSE	ES	
E ·				+		-												ONI	LY THE F	TRST	
R T																	Т		/E PROPE		
Υ .															ITEMS ARE						
																			SPLAYED		
					_													P2	C REPOR	₹TS	
-	Numb	er of V	ehicles S	tolen 0	Nur	nher Vehi	cles Recovere	d	0											—	
	Office	r		ID		IIOCI VEII	Officer Sig		_					Supervisor				,		-	
ID	LY, I	P. A. ((15929)					<u> </u>							NER, K. M. (15921)						
Status	Comp	iainant	Signatur	e			Case Status Further X Inact Closed	r Inve ive /Clea	ıred				ded by Ai by Ai	Locarrest □	Refuse ther Ag	gency	ooperate	· _	dition Dec		