| I N | Agenc | y Namo | | NSTON-SALE | CM F | POLICE | REPORT | | | | | | | OCA 2441733 | | | | |
|---|--|---------------------------|--------------------|-------------------------------------|-------------|-----------|---|---------------------------------|-----------------|-------|----------------------|--------|-------------------------|---|--|-----------|-------------------------------|--|
| C I | ORI | | | 40.000 | | | | | | | | | | Date / Time Reported SMI MT FS Month Day Yr Time | | | | |
| D E | | | NC 034 | | | | | | | | | | | <u>11 19 2024 08:46 Hrs.</u> | | | | |
| L N | #1 | rime I | ncident(s | · | 117. | | | Att | At Fou Month | n Da | ay <u>Y</u> r | : 1 | ime | 1 | nown S n Day | | S M T F S Time | |
| Т | Breaking & Entering without Force | | | | | | | | | | | | | | 19 | 2024 | Offense Tract | |
| D A | Vandalism 2250 Old Salishum Pd Winston | | | | | | | | | | | | | | | 7127 | 314 | |
| Т | #3 Crime Incident | | | | | | | | | | | | | | Vict | im Resid | ence Type | |
| A | | | | | | | | Com | | | | | | | | - | nily ∏Multi Famil | |
| МО | | | d or Con MITTEI | | | | | | | | | | Forcible Yes [No | X N/A | Weapo | n / Tools | | |
| V I | # of V | ictims | ~1 | Person | | Business | inon sial Institu | uto | Inju | | □ None | _ | | | Loss of Teeth Drug/Alcohol Use: | | | |
| | 1 | | | ciety 🔲 Governi ligious 🔲 L.E. O | | | inancial Institution Institutio Institutio Institution Institution Institution Institutio | ute er/Unknow | | | oken Bone ernal 🔲 | | Severe | | accerations \Box res \Box OnknownDther Major \blacksquare No \square N/A | | | |
| | | Victim/ | | Name (Last, First | | | · _ | | | v | Victim of | | B / Age | Race | Sex Re | lationshi | p Resident Status | |
| C T | V1 DATA OMITTED | | | | | | | | | | | | | | To | Offende | r ⊠ Resident □ Non-Resider | |
| I M | | | DI | | | | | | | | 1,2, | | | | | IRU | | |
| IVI · | Home | e Addre | ess | | | D | ATA OMI | ГТЕD | | | | | | | Home F | hone | | |
| | Empl | oyer Na | ame/Add | ress | | | | TA OMITTED | | | | | | Business Phone | | | | |
| | VYR | M | ake | Model | Color | Li | c/Lis | | | | Vin | | | | | | | |
| 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 = | = Cou | nterfeit / F | Forged | F = Foun | d | | | | |
| Codes | | | | | | | | | | | | | | | | | | |
| | # | # DCI Status Value OJ QTY | | | | | | Property Description MONEY/CASH | | | | | | | Model | | Serial Number | |
| - | 1 | 20 | 4 | | CHANGE BINS | | | | | | | | | D | ATA OMITTED FOR | | | |
| | 1 | 1 20 4 1 CHANGE BINS | | | | | | | | | | | |] | NFORMATION | | | |
| P. R | | | | | | | | | | | | | | | | | SECURITY | |
| 0 | | | | | | | | | | | | | | | | | PURPOSES | |
| Р' Е. | | | | | | | | | | | | | | | | | | |
| R | | | | | | | | | | | | | | | | | NLY THE FIRST | |
| T Y· | | | | | | | | | | | | | | | | TWE | LVE PROPERTY ITEMS ARE | |
| - | | | | | | | | | | | | | | | | | DISPLAYED ON | |
| - | | | | | | | | | | | | | | | | | P2C REPORTS | |
| - | | | | | | | | | | | | | | | | | | |
| | | | ehicles S | - | | mber Vehi | cles Recovere | - | | | | | | | | | | |
| ID | Office SIM | | . T. (15 | | D# | | Officer Signature Supervise | | | | | | | or Signature XS, C. M. (15216) | | | | |
| Status | | | | | | | | | | | | | tradition Declined | | | | | |
| | | | | | | | Closed | | hausted | | Cleared | | rest by And | ther Age Prosecu | | clined | Page 1 | |