I N	Agend	y Name		NSTON-SALE	M P	OLICE	IN	INCIDENT/INVESTIGATION REPORT							OCA 2441946					
C	ORI	NC	NC 034	40200			1			REP	JRI			Date / Mon	Time th	Reported Day		M T ₩ Tim		
D E			ncident(s						I	At Found	LsL	ıl ⊤l⊥vı	T F S	11	Know			22:0 M T ₩	e)/ Hrs. TFS	
N	#1	offine 1	nerdent(s	Vandalis				- 1	Month	Day Yr	. Т	'ıme			n Secure Day Yr		Гime			
T		Crime I	ncident	vanaans			X Com						rs 11 20 2024 22:00 Hrs. Offense Tract							
D A	#2							Com 3401 Old Vineyard Rd - G14, Winste												
T	#3 Crime Incident														Victim Residence Type					
A									om						_	Single Fa		□Mul	lti Family	
МО			d or Con										Forcible Yes	N/A	Weapon / Tools					
	DATA OMITTED Yes X N/A No																			
V	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																			
	1																			
V I	Victim/Business Name (Last, First, Middle) Victim of DOB / Age Race Sex Relationship Resident States																			
C T	V1					,					Crime #		31	race	БСЛ	To Offend	er [🛚 Resi	ident	
I	' -		DA	TA OMITTED							1,			W	F			_	-Resident	
M	Home Address															Home Phone Unknown				
						D	ATA OMI	TTEL												
	Empl	oyer Na	ıme/Add	ress		D	ATA OMI	ΓΤΕΓ)						Business Phone					
	VYR	M	ake	Model	Color Lic/Lis Vin						Vin									
H E R S I N V O L V E D	DATA OMITTED																			
Status Codes	L = L	ost S	= Stolen	R = Recovered if recovered for other	D=	Damaged	Z = Seized	B = I	Burne	ed C = C	ounterfeit / F	Forged	F = Foun	d						
Coucs	Victin	1	Status		OJ	QTY	B B													
	#	DCI 30	Value	Property Description BEDROOM DOOR							Mak	ake/Model Serial Number DATA OMITTED								
P · R		30 4 1 BEDROOM DOOR										FOR								
																	INF	ORMA	TION	
																	S	ECUR	ITY	
0																	P	URPO	SES	
Р ⁻ Е -																				
R																			FIRST	
T Y																TW			PERTY	
																		TEMS .	ED ON	
																		CREPO		
																120	- 1411 C	UN10		
-	Numl	er of V	ehicles S	Stolen 0	Nu	mber Vehi	cles Recovere	d ()											
	Office	r		ID		, 0.11	Officer Sig					I	Supervisor	Signati	ıre					
ID			A. P. (1				Ů			1	G 5:		WELLS	S, Š. S. (15941)						
	Complainant Signature Case Status Case Disposition: ☐ Further Investigation ☐ Unfounded ☐												☐ Loc	ated		□ F	xtrad	lition Γ	Declined	
Status							☐ Inact	ive /Clear	ed		☐ Cleared	l by Aı l by Aı		Refuse other Ag	gency	ooperate		Page		

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