| I<br>N  | Agend  | y Nam    |             | VSTON-SALE                         | M P          | POLICE              | IN                                 | INCIDENT/INVESTIGATION   |                   |          |  |                       |  |  | OCA 2442020                    |            |     |                        |               |  |  |
|---|--|----------|-------------|------------------------------------|--------------|---------------------|------------------------------------|--|-------------------|----------|--|-----------------------|--|--|--------------------------------|------------|-----|------------------------|---------------|--|--|
| C   | ORI  | NC       | NG 02       | 40200                              |              |                     | REPORT                             |  |                   |          |  |                       |  | Date / Time Reported SMTWIFS<br>Month Day Yr Time<br>11 21 2024 07:31 Hrs. |                                |            |     |                        |               |  |  |
| D<br>E  |  |          | NC 03       |                                    |              |                     | 1                                  | │ ☐ Att │ At Found │ S M T W 크 F :                                     |                   |          |  |                       | ᆔᆔ   | 11   21   2024   07  |                                |            |     |                        |               |  |  |
| N   | #1   | _rime i  | ncident(s   |                                    | C:           |                     | Att                                | I IVI  | At Found<br>Ionth | Day Yr   | Т  | 'ime                  |  |  | n Secure<br>Day Yr             | T          | ime | F S                    |               |  |  |
| T   |  | Crime I  | ncident     | Automobile                         | eft          |                     | X Com   11   21   2024   07:30   H |  |                   |          |  |                       | Hrs.   11   20   2024   19:30   Hrs.   Offense Tract |  |                                |            |     |                        |               |  |  |
| D   | #2   | CIIIIC I | nerdent     |                                    |              |                     | _                                  | ☐ Att   Location of Incident<br>☐ Com   1395 Chestnut Plains Ct, Winst |                   |          |  |                       |  |  |                                |            |     |                        |               |  |  |
| A<br>T  | Crime Institute  |          |             |                                    |              |                     |                                    |  |                   |          |  |                       |  | on su  | Victim Residence Type          |            |     |                        |               |  |  |
| A   | #3   |          |             |                                    |              |                     |                                    | Co:  |                   |          |  |                       |  |  | ☐ Single Family ☐ Multi Family |            |     |                        | ımily         |  |  |
| МО  |  |          | d or Con    |                                    |              |                     |                                    |  |                   |          |  |                       | Forcible  Yes  | N/A  | Weapon / Tools                 |            |     |                        |               |  |  |
|   | DATA OMITTED See No.   |          |             |                                    |              |                     |                                    |  |                   |          |  |                       |  |  |                                |            |     |                        |               |  |  |
|   | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:                                      |          |             |                                    |              |                     |                                    |  |                   |          |  |                       |  |  |                                |            |     |                        |               |  |  |
| V   | 1 Society Government Financial Institute Broken Bones Severe Lacerations Unknown Internal Unconscious Other Major No N/A |          |             |                                    |              |                     |                                    |  |                   |          |  |                       |  |  |                                | wn         |     |                        |               |  |  |
| V<br>I  |  | Victim/  |             | Name (Last, First,                 |              |                     | uty 🔲 Out                          | 7/ Clikii  | 7W11              | <u> </u> | Victim of                                  |                       | B / Age  | <del>-</del>   |                                | Relationsh |     | □N/A<br>esident St     | atus          |  |  |
| C<br>T  | V1   |          |             |                                    |              | Crime #             |                                    |  |                   | 50.1     | To Offend                                  | er 🔯                  | Resident   | t  |                                |            |     |                        |               |  |  |
| I   | , _  |          | DA          | TA OMITTED                         |              |                     |                                    |  |                   |          | 1,   |                       |  | B  | M                              | 1RU        |     | ן Non-Res<br>ון Unknow |               |  |  |
| M   | Hom  | e Addre  | ess         |                                    |              |                     |                                    |  |                   |          | 1  | Hon                   | ne Phone   |  | _ CHRHOW                       | -          |     |                        |               |  |  |
|   | Employer Name/Address  DATA OMITTED  |          |             |                                    |              |                     |                                    |  |                   |          |  |                       |  |  |                                |            |     |                        |               |  |  |
|   | Empi   | Oyel IV  | iiie/Auu    | 1088                               | D            | ATA OMITTED         |                                    |  |                   |          |  |                       | Business Phone                                       |  |                                |            |     |                        |               |  |  |
| ,   | VYR<br>201   |          | ake<br>IYUN | Model<br>  ELANTRA                 | Color<br>GRY | 1                   | Lic/L                              | is<br>D <i>H5313</i>   | . N.C             | Vin      | D941                                       | FXKH491992            |  |  |                                |            |     |                        |               |  |  |
|   | 201  | 9   1.   | IIOIV       | ELANTKA                            | 4            | 4D                  | UK1                                |  | LL                | лпээтэ   | , IVC                                      |                       | JIVF   | D04L   | AK                             | 1491992    |     |                        | -             |  |  |
| T<br>H<br>E<br>R<br>S<br>I<br>N<br>V<br>O<br>L<br>V<br>E<br>D | DATA OMITTED   |          |             |                                    |              |                     |                                    |  |                   |          |  |                       |  |  |                                |            |     |                        |               |  |  |
| Status<br>Codes   | L = L<br>(Chea   | ost S    | = Stolen    | R = Recovered if recovered for oth | D=<br>er im  | Damaged risdiction) | Z = Seized                         | $\mathbf{B} = \mathbf{B}\mathbf{u}$                                    | ırned             | C = Cc   | ounterfeit / F                             | Forged                | F = Foun   | d  |                                |            |     |                        |               |  |  |
|   | Victin   | 1        |             | Value                              | OJ           | QTY                 | Property Description               |  |                   |          |  |                       |  | Make/Model Serial Number   |                                |            |     |                        | $\overline{}$ |  |  |
|   |  |          |             |                                    |              |                     | 2019 GRY,                          |  |                   |          |  |                       |  |  | V Elantra DATA OMITTED         |            |     |                        | ΞD            |  |  |
| P .   | 1  |          |             |                                    |              |                     |                                    | 19 GRY, LDH5313 NC   |                   |          |  |                       |  |  | UN Elantra FOR                 |            |     |                        |               |  |  |
|   |  |          |             |                                    |              |                     |                                    |  |                   |          | INFORMATION                                |                       |  |  |                                |            |     |                        |               |  |  |
| R   |  |          |             |                                    |              |                     |                                    |  |                   |          |  |                       |  |  |                                |            | SE  | CURITY                 |               |  |  |
| O<br>P .  |  |          |             |                                    |              |                     |                                    |  |                   |          |  |                       |  |  |                                |            | PU  | JRPOSES                |               |  |  |
| E ·   |  |          |             |                                    |              |                     |                                    |  |                   |          |  |                       |  |  |                                |            |     |                        |               |  |  |
| R.  |  |          |             |                                    |              |                     |                                    |  |                   |          |  |                       |  |  |                                |            |     | THE FIR                |               |  |  |
| Т<br>Ү.   |  |          |             |                                    |              |                     |                                    |  |                   |          |  |                       |  |  |                                | TW         |     | PROPER                 |               |  |  |
| 1   |  |          |             |                                    |              |                     |                                    |  |                   |          |  |                       |  |  |                                |            |     | EMS ARE                |               |  |  |
|   |  |          |             |                                    |              |                     |                                    |  |                   |          |  |                       | +  |  |                                |            |     | REPORT                 |               |  |  |
|   |  |          |             |                                    |              |                     |                                    |  |                   |          |  |                       |  |  |                                |            |     |                        |               |  |  |
| -   | Numl   | er of V  | ehicles S   | Stolen 1                           | Nu           | mber Vehi           | cles Recovere                      | d 1  |                   |          |  |                       |  |  |                                |            |     |                        | -             |  |  |
|   | Office   | r        |             | II                                 | Э#           |                     | Officer Sig                        |  |                   |          |  |                       | Supervisor   | Signat   | ure                            |            | \   |                        | $\neg$        |  |  |
| ID  |  |          | E. (1.      |                                    |              |                     | Comment                            | WAG  |                   |          |  |                       |  |  | ONER, K. B. (15655)            |            |     |                        |               |  |  |
| Status  | Comp   | uainant  | Signatur    | e                                  |              |                     | Case Status Further X Inact Closed | Investigive<br>/Cleared  | l                 | n        | Case Dispos Unfoun Cleared Cleared Death o | ded<br>by Ar<br>by Ar | Locarest Carest by Anonder                           | Refus  | gency                          | ooperate   |     | Page 1                 | ned           |  |  |

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