| I N | Agenc | y Name | | NSTON-SALE | OLICE | INCIDENT/INVESTIGATION | | | | | | | OCA 2442230 | | | | | |
|--|--|---------|--------------------|--------------------|--|------------------------|----------------------|--|--------|---------------------------|----------------|--|-------------------------|---|---------------|------------|---------------------------------|--|
| C I D E | ORI | | | | <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> | | REPORT | | | | | | | Date / Time Reported S M T W T F S Month Day Yr Time | | | | |
| | | | NC 034 | | │ Att At Found SMTWT₽S | | | | | | | 11 22 2024 16:28 Hrs. Last Known Secure Month Day Yr STime | | | | | | |
| N T | #1 | | | · | mida | tion No | n Physical | ☐ Att X Con | Mo | nth | Day Yr | | lime | | h Day 1 22 | y Yr' | Time 16:27 Hrs. | |
| D | Location of Incident | | | | | | | | | | | | | | 22 | 2024 | Offense Tract | |
| A T A | \Box Com 1600 E Twenty-fifth St - BLK, | | | | | | | | | | | | | | | | 223 | |
| | #3 | rime I | ncident | | | | | ☐ Att ☐ Con | | nise I | уре | | | | | | ence Type nily ⊡Multi Family | |
| МО | | | d or Con MITTEI | | | | | | | | | | Forcible Yes [No | X N/A | Weapo | on / Tools | | |
| v | # of V | ictims | •1 | X Person | | Business | | Injury 🖾 None 🗆 Minor | | | | | | Loss of Teeth Drug/Alcohol Use: | | | | |
| | 1 | | | ciety 🔲 Governn | | | | | | | | | Severe | $\begin{array}{c c} \hline & & & & \\ \hline & & & \\ \hline \\ \hline$ | | | | |
| Ι | | Victim/ | | Name (Last, First, | | | | | | | Victim of | | B / Age | Race | Sex Re | lationshi | p Resident Status | |
| C T | V1 | | DA | TA OMITTED | | | | | | | Crime # | | 41 | | | Offende | r ⊠ Resident □ Non-Residen | |
| I M | | A 11 | | | | | | | | | 1, | | | | | IRU | Unknown | |
| | Home | e Addre | SS | | | D | ATA OMITTED | | | | | | | Home Phone | | | | |
| | Empl | oyer Na | me/Add | ress | | D | ATA OMITTED | | | | | | | Business Phone | | | | |
| | VYR | M | ake | Model | Color | | ic/Lis | | | | Vin | l | | | | | | |
| H E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | |
| Status Codes | L = L | ost S | = Stolen | R = Recovered | D = I | Damaged | Z = Seized | B = Bu | med | $\mathbf{C} = \mathbf{C}$ | ounterfeit / F | orged | F = Found | d | | | | |
| - - - P - | Victim | | | Value | OJ | QTY | Property Description | | | | | | | Make | /Mode | | Serial Number | |
| | # DCI Status Value OJ Q1Y | | | | | | | | | | | | | Wake | WIUUC | | ATA OMITTED | |
| | | | | | | | | | | | | | | | | | FOR | |
| | | | | | | | | | | | | | | | | | NFORMATION SECURITY | |
| R. O | | | | | | | | | | | | | | | | | PURPOSES | |
| Р ⁻ Е - | | | | | | | | | | | | | | | | | | |
| R | | | | | | | | | | | | | | | | | NLY THE FIRST | |
| T Y· | | | | | | | | | | | | | | | | TWE | LVE PROPERTY | |
| | | | | | | | | | | | | | | | | | ITEMS ARE | |
| - | | | | | | | | | | | | | | | | | P2C REPORTS | |
| - | | | | | | | | | | | | | | | | | | |
| | | | ehicles S | - | | nber Vehic | cles Recovere | - | | | | | C | Cierri i | | | | |
| ID | | OGHE | | P. D. (16071) | D# | | Officer Sig | nature | | | | | Supervisor ALLEN | , W. A | . (154 | 31) | | |
| Status | Comp | lainant | Signatur | e | | | Further | Case Status Case Disposition: □ Further Investigation □ Unfounded □ Inactive □ Cleared by Arrest □ Closed/Cleared □ Cleared by Arrest by A | | | | | | Decated Extradition Declined | | | | |
| | | | | | | | \square Closed | | xhaust | ed | Death o | | | Prosect | | eclined | Page 1 | |