| I N | Agenc | y Name | | NSTON-SALE | OLICE | DEPORT | | | | | | | | OCA 2442847 | | | | | | | |
|---|---|-----------------|-----------------|---|---------------|---------------------|-------------------------------------|--------|-----------|---------|--------|----------------------|----------------------------|-------------|----------------------|--|----------------------|--------------------|-------------|----------------------|-----------|
| C | ORI | NC | NC 034 | 40200 | | | | | | Г | KEP | ואכ | | | | Time th | Reporte Day | d S | | ₩ T ime :49 ⊦ | F S |
| D E | | | ncident(s | | | | l Da | [Att | A | t Found | S | M T ₩ | T F S | Last | Knov | 27 2 yn Secure Day Y | | <i>13</i> M T | | rs. FS | |
| N T | #1 | | | Shopliftii | | | Con | . ا | onth 1 | Day Yi | : T | ime :49 Hrs | | | | r — 924 | Tim 15: | | Hrs. | | |
| D | #2 Crime Incident | | | | | | | | Att | _ | | of Incident | 7 13 | . 77 | 111 | | 27 20 | | | se Trac | |
| Α | ☐ Com 3475 Parkway Village Cr, Winsto | | | | | | | | | | | | | | ston-se | | | | 31 | | |
| T A | #3 Crime Incident | | | | | | | | | | | | | | | Victim Residence Type ☐ Single Family ☐ Multi Family | | | | | mily |
| | How A | Attacke | d or Con | nmitted | | | | Ш | Con | 1 | | | | Forcible | | | | | | | iiiiiy |
| MO | DATA OMITTED Yes N/A | | | | | | | | | | | | | | | | | | | | |
| | # of Victims Type Person Mainess Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | | | | | | |
| | Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown | | | | | | | | | | | | | | | wn | | | | | |
| V | Religious L.E. Officer Line of Duty Other/Unknown Internal Unconscious Other Major No N/A | | | | | | | | | | | | | | | | | | | | |
| I C | | Victim/ | Business | s Name (Last, First, | Mide | dle) | | | | | | Victim of Crime # | DOE | 3 / Age | Race | Sex | Relation To Offer | ship nder | Resi | dent Sta lesident | atus t |
| T I | V1 | | DA | TA OMITTED | | | | | | | | 1, | | | | | | | \square N | on-Res | sident |
| M | Home | e Addre | .cc | | | | | | | | | 1, | | | | Home Phone Unknown | | | | | 'n |
| | TIOHN | e maare | | | | D. | ATA OMI | ГТІ | ED | | | | | | | Home I none | | | | | |
| | Employer Name/Address DATA OMITTED | | | | | | | | | | | | | | | | Business Phone | | | | |
| | VYR Make Model Style | | | | | | Color Lic/Lis Vin | | | | | | Vin | | | | | | | \dashv | |
| | | | | | | | | | | | | | | | | | | | | | |
| T H E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | | | |
| Status Codes | L = L (Chec | ost S k "OJ" | = Stolen column | R = Recovered if recovered for other | D = er jur | Damaged risdiction) | Z = Seized | В: | = Bur | ned | C = Cc | ounterfeit / | Forged | F = Foun | d | | | | | | |
| | Victim # DCI Status Value OJ QTY | | | | | | Property Description | | | | | | | | Mak | e/Mo | odel | Sei | ial N | umber | |
| P - R - O | | | | | | | | | | | | | | | DA | | MITTE | ED | | | |
| | | | | | | | | | | | | | | | | | | | | OR | |
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| E · R | | | | | | | | | | | | | | | | | | ON | LY T | HE FIR | RST |
| T | | | | | | | | | | | | | | | | | T | WELV | VE PI | ROPER | TY |
| Y | | | | | | | | | | | | | | | | | | | | IS ARE | |
| | | | | | | | | | | | | | | | | | | | | YED (| |
| | | | | | | | | | | | | | | | | | | P ₂ | 2C RE | EPORT | <u>s</u> |
| - | Numh | er of V | ehicles S | Stolen 0 | Nııı | mber Vebi | cles Recovere | d | 0 | | | | | | | | | | | | — |
| | Office | r | | ID | | 7 01110 | Officer Sig | | | | | | I | Supervisor | Signat | ıre | | | | | _ |
| ID | | | V. (152 | 05) | | Ŭ | $\tilde{(0)}$ | | | | | | | | | | | | | | |
| Status | Comp | lainant | Signatur | e | | | Case Status Further Inact Closed | Invive | eared | | l | Case Dispo | nded d by Ar d by Ar | rest by And |] Refuse other Ag | gency | ooperate | _ | | n Decli age 1 | ned |