| I N | Agenc | y Name | | NSTON-SALE | | | INCIDENT/INVESTIGATION REPORT | | | | | | | OCA 2443013 | | | | |
|---|--|---------------------------|---------------|---------------------------------------|--------------------------------------|-----------|---------------------------------------|--------------------------------|---------------|---------------|----------------------|--------|---------------------------|---|--|-----------------------|-------------------|-----------------|
| С | ORI | | VV 1 1 | ISTON-SALL | 1.1.1 | OLICE | | | | | | | | Date / Time Reported S M T W T F S Month Day Yr Time | | | | |
| I D | on | NC | NC 034 | 40200 | | | | | | | | | | 11 29 2024 07:39 Hrs. | | | | |
| E N | | Crime I | ncident(s | .) | | | · | 🗆 Att | At Fo Mont | | Day Yr | | T_FS Time | Last K | nown S | Secure Yr | S M T V Time | NTቿS |
| T | #1 | | | Shoplift | ing | | | X Com | 11 | | 29 2024 | | 7:39 Hrs | | 29 | | <u> 07:38</u> | Hrs. |
| D | #2 Crime Incident □ Att Location of Incident □ Com 3475 Parkway Village Cr, Winst | | | | | | | | | | | | | | | G | Offense | |
| A T | | Trime I | ncident | | | | | Com | 347 Premi | | | illage | e Cr, Wins | ston-sa | | | 314 lence Type | |
| A | #3 | June 1 | nerdent | | | | | \Box Com | | <i>s</i> e 1. | ype | | | | | | nily □Mul | |
| | How A | Attacke | d or Con | nmitted | | | | | | | | | Forcible | | | on / Tools | · - | |
| MO | DATA OMITTED | | | | | | | | | | | | | | | | | |
| V | # of V | ictims | Туре | □ Person | IX | Business | | | Inj | ury | □ None | | finor 🗆 | Loss of | oss of Teeth Drug/Alcohol Use: | | | |
| | 1 | | | ciety 🔲 Governi | nent | 🗆 F | inancial Institu | | | _ | Broken Bone | | □ Severe | e Lacerations Yes Unknown | | | | |
| | | 7: - 4: / | | ligious □ L.E. O Name (Last, First | | | uty 🗌 Othe | er/Unknov | vn | | Internal | | | Other N | - | | | /A nt Status |
| C | | victim/ | Business | s Name (Last, First | ., IVI10 | die) | | | | | Victim of Crime # | | B / Age | Race | | elationshi Offende | | |
| T I | V1 | | DA | TA OMITTED |) | | | | | | 1, | | | | | | | n-Residen |
| Μ | Home | Addre | -55 | | | | | | | | 1, | | | | Home I | Phone | | cnown |
| | TIONK | / Iddit | 55 | | D | | | | | i ionie i | none | | | | | | | |
| | Emplo | oyer Na | ume/Add | ress | | D | ATA OMITTED | | | | | | | Business Phone | | | | |
| | VYR | M | ake | Model | S | tyle | Color | Li | c/Lis | | | | Vin | I | | | | |
| E R N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | |
| Status | | | | | | | | | | | | | | | | | | |
| Codes | es (Check "OJ" column if recovered for other jurisdiction) | | | | | | | | | | | | | | | | | |
| - | # DCI Status Value OJ QTY 1 07 7,5 1 1 | | | | | | Property Description ATARI VIDEO GAME | | | | | | | | Iake/Model Serial Number RI/Tv Game DATA OMITTED | | | |
| | 1 | 07 | 7,5 5 | | ATARI VIDEO GAME ATARI VIDEO GAME | | | | | | | - | TARI/Tv Game DATA OMITTED | | | | | |
| - | | 1 07 5 1 ATARI VIDEO GAME | | | | | | | | | | 1 | 11/11(1/1 | v Oume | | INFORMA | | |
| P R | | | | | | | | | | | | | | | | | SECUR | |
| 0 | | | | | | | | | | | | | | | | | PURPO | SES |
| Р. Е. | | | | | | | | | | | | | | | | | | |
| R | | | | | | | | | | | | | | | | C | NLY THE | E FIRST |
| T | | | | | | | | | | | | | | | | TWE | LVE PRO | PERTY |
| Y . | | | | | | | | | | | | | | | | | ITEMS | |
| - | | | | | | └───┤ | | | | | | | | | |] | DISPLAY | |
| - | P2C RE | | | | | | | | | | | | | | P2C REP | UKTS | | |
| - | Numb | er of V | ehicles S | Stolen () | Nu | mber Vebi | cles Recovere | d 0 | | | | | | | | | | |
| | Office | | enicles 2 | - | D# | mber veni | Officer Sig | | | | | | Supervisor | Signatur | e | | | |
| ID | PEN | ^I N, C. | I. (160 | 004) | | | | | | | | | YATES | , <i>P</i> . <i>M</i> . | (1567 | 79) | | |
| Status | Comp | lainant | Signatur | e | | | Case Status | r Investigation Unfounded Loca | | | | | |] Refuse to Cooperate other Agency | | | | |
| | | | | | | | Closed | | hausted | | \square Death of | | | Prosecu | | eclined | Pag | e 1 |