| I N | Agenc | y Name | e WIN | IN | INCIDENT/INVESTIGATION | | | | | | | OCA 2444297 | | | | | | | |
|---|--|---------|------------|-----------------|------------------------|------------|---------------------------------------|-------------------------|------------|--|-------------------|--------------|----------------------------|-------------------|------------------------------|-----------------------------|---------------------|---------------------------------|--|
| C | ORI | NC | NC 03/ | 10200 | | | 1 | REPORT | | | | | | | Date / Time Reported SMTWTFS | | | | |
| D E | NC NC 0340200 Crime Incident(s) | | | | | | | | | Att At Found SMTWTFS Month Day Yr Time | | | | | | 12 09 2024 22:34 Hrs. | | | |
| N T | #1 | | | Discharging F | ired | arm | | _ | Com | Month 12 | | | | lime 2:34 Hrs | | | Day Yr 99 2024 | Time 4 22:33 Hrs. | |
| D | #2 | Crime I | ncident | | | | | | - 1 | | | Incident | | | | | | Offense Tract | |
| A T | πэ (| Crime I | ncident | | | | | _ | Com Att | Premise | | | ool K | ?d/white S | ot, Win | | | dence Type | |
| A | #3 | | | | | | | Com | | | • | | | | _ | | mily | | |
| МО | | | d or Com | | | | | | | | Forcible Yes No | X N/A | We | apon / Tool | s | | | | |
| | # of V | ictims | | Person | | Business | | | | Injur | • | None | | _ |] Loss o | | | Alcohol Use: | |
| V | I Society ☐ Government ☐ Financial Institute ☐ Broken Bones ☐ Severe Lacerations ☐ Ves ☐ Unknown ☐ Religious ☐ L.E. Officer Line of Duty ☐ Other/Unknown ☐ Internal ☐ Unconscious ☐ Other Major ☐ No ☐ N/A | | | | | | | | | | | | | | | _ | | | |
| I C | Victim/Business Name (Last, First, Middle) Victim of DOB / Age R | | | | | | | | | | | | | | Race | . | Relationsh | ip Resident Status | |
| T | V1 DATA OMITTED | | | | | | | | | | | Crime # | | | | | To Offend | Resident Non-Residen | |
| I M | Home Address | | | | | | | | | | | 1 | | | | Цог | ne Phone | Unknown | |
| | DATA OMI | | | | | | | | | ГТЕD | | | | | | Tronic Thoric | | | |
| | Employer Name/Address DATA OMI | | | | | | | | TTED | | | | | Business Phone | | | | | |
| , | VYR Make Model Style | | | | | | Color | | Lic | c/Lis | | | | Vin | | | | | |
| T H E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | |
| Status Codes | | | | | | | | | | | | | | | | | | | |
| | Victim # DCI Status Value OJ QTY | | | | | | Property Description | | | | | | | Mak | ce/Mo | odel | Serial Number | | |
| - - P - R | " | | | | | | Trade Trade | | | | | | | | | | 1 | DATA OMITTED | |
| | | | | | | | | | | | | | | | | | | FOR INFORMATION | |
| | | | | | | | | | | | | | | | | | | SECURITY | |
| ο . | | | | | | | | | | | | | | | | | | PURPOSES | |
| Р ⁻ Е - | | | | | | | | | | | | | | | | | | | |
| R T | | | | | | | | | | | | | | | | | | ONLY THE FIRST ELVE PROPERTY | |
| Y · | | | | | | | | | | | | | | | | | 1 ** 1 | ITEMS ARE | |
| | | | | | | | | | | | | | | | | | | DISPLAYED ON | |
| | | | | | | | | | | | | | | | | | | P2C REPORTS | |
| - | NI1 | or of V | abials - C | tolon 0 | NT | mbo= V-1 ' | alas Passere | d | 0 | | | | | | | | | | |
| | Office | r | ehicles S | ID | | moer veni | cles Recovere Officer Sig | | o re | | | | 1 | Supervisor | | | | | |
| ID | MO | NTGC | | , A. E. (16371) | | <u>CR</u> | | | | | | | KE, B. K. (15602) | | | | | | |
| Status | Comp | iainant | Signatur | ž | | | Case Status Further X Inact Closed | r Inve tive /Clea | ared | | | | ided l by Ai l by Ai | Locarrest |] Refuse other Ag | gency | ooperate | xtradition Declined | |