I N	Agency Name INCIDENT/INVESTIGATION										N [OCA 2444492				
C I	ORI							REPORT					Date / Time Reported S M T H T F S Month Day Yr Time			
D E N	NC NC 0340200							Att At Found SMTHTFS					<u>12 11 2024 13:44 Hrs.</u>			
	Crime Incident(s) #1							At Four Month	nd SI Day Yi	M]T]_¥] r T	T F S ime	Last Ki Month	nown Se Day	Yr -	SMT₩TF; Time	
Т		me Incident	Drug Viol	Com	<u>12</u>	<u>11 202</u> n of Incident	24 13	:44 Hrs	12	11	2024	13:43 Hrs Offense Tract				
D A	$D = \frac{\pi^2}{12}$											sville R	d Ra,		214	
Т	#3 Crime Incident												Victim Residence Type			
A			Weapons-	🛛 Com							-	ily □ Multi Famil				
МО		acked or Co FA OMITTE									Forcible Yes No	X N/A	Weapon	/ Tools		
V I C													□ Loss of Teeth Drug/Alcohol Use: re Lacerations □ Yes □ Unknown			
	I Religious L.E. Officer Line of Duty Other/Unknown Internal Unconscious												$\Box \text{ Other Major} \qquad \Box \text{ No} \Box \text{N/A}$			
	Vi	ctim/Busine	ss Name (Last, First	t, Middl	e)				Victim of	DOB	/ Age	Race S		tionship Offender		
Т	V1 DATA OMITTED												100	menuer	□ Non-Reside	
I M	1,2,3														Unknown	
	Home A	Address		TTED	TED				Home Phone							
	Employer Name/Address DATA OMI							ITED				Business Phone				
	VYR Make Model Style					Color Lic/Lis Vin										
H E R S I N V O L V E D	DATA OMITTED															
Status	L = Los	t = Stole	n R = Recovered	$\mathbf{D} = \mathbf{D}$	Damaged	Z = Seized	B = Burr	ned C =	Counterfeit / 1	Forged	F = Found	d				
Codes	Victim	"OJ" columi	n if recovered for ot	her juris	sdiction)											
	#	DCI Status	s Value	OJ	QTY 1	DRUGS/NAR		Descripti				Make/	Model		erial Number	
						9MM) FIREARMS/AMMUNITION						SPRINGF	FIELD	D/	FOR	
		20 OTH	E			MONEY/CASI						US CURF		II	FORMATION	
P R															SECURITY	
O P															PURPOSES	
Р Е·																
R. T															VLY THE FIRST	
Y														IWEI	ITEMS ARE	
														D	ISPLAYED ON	
]	2C REPORTS	
	Number Officer	of Vehicles	-	Num D#	ber Vehi	icles Recovere Officer Sig	-				Supervisor	Signature	<u>a</u>			
ID	CARL	WELL, D		Supervisor Signature MULLINS, B. H. (15079)												
Status	Compla	nant Signatı	ire			Case Statu	r Investiga tive	tion	Case Dispo	nded d by Ari	Loca rest no	Refuse t			radition Declined	
							/Leads Ex	hausted	Death			Prosecu		lined	Page 1	