							-					-						
I N	Agenc	y Name		VSTON-SALE	M P	OLICE	INCIDENT/INVESTIGATION					N	OCA 2444604					
C ·	ORI					0 21 0 2	REPORT						Date / Time Reported S M T W I F S Month Day Yr Time					
I D		NC	NC 034	40200									12 12 2024 11:22 Hrs.					
E N		Crime I	ncident(s)			-	🗆 Att	At Four Month	nd SM Dav Yr	M T W	<u>T</u> FS ime	Last Ki Month	nown Secur	e Yr	SMTW∃FS Time		
T .	#1			Shoplifti	ing			X Com	12	12 202		:22 Hrs				<u>11:21 </u> Hrs.		
D	#2 Crime Incident															Offense Tract		
A T	Crime Insident — Au Dramice Type														Pasida	314		
A	#3	Jinne I	licident				☐ Att Premise Type ☐ Com						Victim Residence Type ☐ Single Family ☐ Multi Family					
	How A	Attacke	d or Con	nmitted								Forcible		Weapon / 7		<u>, </u>		
MO	D.	ATA O	MITTEI)								□ Yes [□ No	X N/A	•				
	# of V	ictims	Туре	□ Person	L A	Business			Injur	y ∏ None			Loss of 7	Teeth D	rug/A	lcohol Use:		
	I Society ☐ Government ☐ Financial Institute ☐ Broken Bones ☐ Severn														-	s 🗖 Unknown		
V	I Religious □ L.E. Officer Line of Duty □ Other/Unknown □ Internal □ Unconscious														□ Other Major			
C I		Victim/	Business	Name (Last, First,	, Mid	dle)				Victim of Crime #	DOB	/ Age	Race S	Sex Relatio		Resident Status		
Т	VI DATA OMITTED													10 011	ender	Non-Residen		
I M·																Unknown		
	Home	Addre	ss			D	ATA OMITTED						Home Phone					
	Emplo	oyer Na	me/Add	ress		D	ATA OMITTED						Business Phone					
	VYR	L M	ake	Model	1 6	tyle						Vin						
	VIK	IVI	акс	Widder		tyle	Color		C/LIS			V III						
E R S I N V O L V E D		DATA OMITTED																
Status	L = L	ost S	= Stolen	R = Recovered	D =	Damaged	Z = Seized	B = Bur	ned C =	Counterfeit / I	Forged	F = Found	d					
Codes	(Chec	k "OJ"	column	if recovered for oth	ier ju	risdiction)					0.1							
	Victim #	DCI	Status	Value	OJ	QTY		1 2	Descripti	on				/Model	Se	erial Number		
-							BABY CLOTHES						VARIOUS		DA	TA OMITTED		
-		06	5			1	BABY CLOTH	ES					VARIOUS	S/Baby	IN	FOR FORMATION		
P -																SECURITY		
R O																PURPOSES		
P ·																		
E- R															ON	ILY THE FIRST		
Т]	TWEL	VE PROPERTY		
Y -																ITEMS ARE		
-																ISPLAYED ON		
-						├									Р	2C REPORTS		
-	Numb	er of V	ehicles S	tolen ()	Nu	mber Vebi	cles Recovere	d 0										
	Office	r		II	D#	nioer velli	Officer Sig					Supervisor	Signatur	e				
ID	NOL	ETTE		(16289)								BURK S	Б, <u>Č</u> . М.	(15216)				
Status	Compl	aınant	Signatur	e			□ Further □ Inact	Case Status Case Disposition: □ Further Investigation □ Unfounded □ L □ Inactive □ Cleared by Arrest □ Closed/Cleared □ Cleared by Arrest by A					Cocated Extradition Declined					
									hausted	Death of				tion Declin	ed	Page 1		