I N	Agenc	y Namo		NSTON-SALE	. IN	CID	CIDENT/INVESTIGATION					OCA 2445007							
C	ORI	NC					1	REPORT					Date / Time Reported SMTWTFS Month Day Yr Time						
D E	NC NC 0340200 Crime Incident(s)									☐ Att At Found ☑ M T W T F S Month Day Yr Time						last Known Secure SMTWTFS. Last Known Secure Fine Time Month Day Yr Time			
N T	#1	inic i	nerdeni(s	, Drug Viola	tions	5		_	Com	Month 12			Time 5:14 Hrs			Day Yr 🗀	Time $15:13$ Hrs.		
D	#2	Crime I	ncident						Att		of Incident	4 1.	J.14	- 12		- 1	Offense Tract		
Α		7 T		ossession/conce	alin	g Weap	ons		Com 1999 S Stratford Rd/hanes Mali					l Bv,	V, 322 Victim Residence Type				
T A	#3	Jillie I	ncident					☐ Att Premise Type ☐ Com						Single Family Multi Family					
МО			d or Com					Forcible Yes					Weapon / Tools						
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															cohol Use:			
V		Listina		igious L.E. Of			uty Othe	er/Un	know	n 🗆	Internal [_		Other			□N/A Resident Status		
Ċ	V1	v ictiii/			ile)					Victim of Crime #	1 00	B / Age	Race	Sex	Relationship To Offender	☐ Resident			
T I	* 1		DA	ΓA OMITTED							1,2						☐ Non-Resident ☐ Unknown		
M	Home Address DATA OMIT									rten					Home Phone				
	Employer Name/Address DATA OMI'														Business Phone				
	VYR Make Model Style Color								Lic/Lis Vin										
O T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes	(Chec	k "OJ"	= Stolen column	R = Recovered if recovered for other	D = I er juri	Damaged isdiction)	Z = Seized	В=	Burn	ed C=C	Counterfeit	Forgeo	F = Foun	ıd					
	Victim #	DCI	Status	Value	QTY		Property Description							ce/Mo	del Se	rial Number			
		11 EVID 1 DIGITA							L SCALE							DA	TA OMITTED		
P -		77	EVID		_	1	(9MM) PISTO)L						PDS9/3	.3	IN	FOR FORMATION		
				+	_												SECURITY		
R O																	PURPOSES		
P .																			
R																	LY THE FIRST		
Т Ү.					_												VE PROPERTY		
٠.					_												SPLAYED ON		
					_												2C REPORTS		
			ehicles S			nber Vehi	cles Recovere		0				I a	d.					
ID	Office:	r R <i>NS, F</i>	ID 6117)		Officer Sig	natur	e				Supervison MCKA			A. M. (1488	(4)				
	Complainant Signature Case Stat										Case Disp								
Status							☐ Further ☐ Inact ☐ Closed	tive /Clea	red			ed by A ed by A	rrest by Ander	Refuse other Ag	gency	ooperate	Page 1		