|                                 |  |  |                            |  |               |                        | -                    |                               |               |      |                    |          | -                             |   |                  |                |                      |          |  |
|---------------------------------|--|--|----------------------------|--|---------------|------------------------|----------------------|-------------------------------|---------------|------|--------------------|----------|-------------------------------|---|------------------|----------------|----------------------|----------|--|
| I<br>N                          | Agenc  | y Name   |                            | VSTON-SALE                             | POLICE        | INCIDENT/INVESTIGATION |                      |                               |               |      |                    |          | OCA 2445799                   |   |                  |                |                      |          |  |
| C ·<br>I                        | ORI  |  |                            |  |               | 0 21 0 2               | REPORT               |                               |               |      |                    |          |                               | Date / Time Reported S M T W T F S<br>Month Day Yr Time                           |                  |                |                      |          |  |
| D                               |  | NC   | NC 034                     | 40200                                  |               |                        |                      |                               |               |      |                    |          |                               | 12   21   2024  16:08 Hrs.  |                  |                |                      |          |  |
| E<br>N                          |  | Crime I  | ncident(s                  | 3)                                     |               |                        |                      | 🗆 Att                         | At Fo<br>Mont |      | Day Yr             | TW       | T F_S<br>ime                  | Last I<br>Mont  | known s<br>h Day | Secure<br>y Yr | SMTWTF<br>Time       | '-S      |  |
| T .                             | #1   | ~  |                            | Agg Aslt Pers                          | son S         | Shot                   |                      | X Com                         | 12            |      | 21 2024            |          | :08  Hrs                      | 1   |                  |                | 16:07  Hi            | rs.      |  |
| D                               | #2 Crime Incident □ Att Location of Incident □ Com 1699 Vargrave St/mock St, We  |  |                            |  |               |                        |                      |                               |               |      |                    |          |                               |   |                  |                | Offense Tract<br>211 |          |  |
| A<br>T                          |  | Crime I  | ncident                    |  |               |                        |                      | Com                           | Premis        |      | 0                  | moc      | K SI, WIN                     | sion-s  |                  |                | ence Type            |          |  |
| A                               | #3   |  |                            |  |               |                        |                      |                               |               |      | ) <b>F</b> -       |          |                               |   |                  |                | nily ⊡Multi Fan      | nily     |  |
| MO                              | How A  | Attacke  | d or Con                   | nmitted                                |               |                        |                      |                               |               |      |                    | Forcible |                               | Weapo   | on / Tools       |                |                      |          |  |
| MO                              | D.   | ATA O  | MITTEI                     | )                                      |               |                        |                      |                               |               |      |                    |          | □ Yes [<br>□ No               | <u>A</u> N/A  |                  |                |                      |          |  |
|                                 | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol U |  |                            |  |               |                        |                      |                               |               |      |                    |          |                               |   |                  |                |                      |          |  |
|                                 | 1  |  |                            | ciety 🗌 Governm                        |               |                        | inancial Institu     |                               |               | _    | Broken Bones       |          | □ Severe                      | $\square Cher Major \qquad \square Yes \square Unknown \\ \square No \square N/A$ |                  |                |                      |          |  |
| V<br>I                          | ,  | Victim/  |                            | ligious □ L.E. O:<br>Name (Last, First |               |                        |                      | er/Unknov                     | vn            |      | Internal U         |          | scious<br>B / Age             | Race  |                  | elationshi     |                      | tus      |  |
| C<br>T                          | V1   | v letilit,   |                            |  |               | uic)                   |                      |                               |               |      | Crime #            | DOL      | 35                            | Race  |                  | o Offende      | r 🛛 Resident         |          |  |
| I                               | •  |  | DA                         | TA OMITTED                             |               |                        |                      |                               |               |      | 1,                 |          |                               | W   | M                | 1RU            | □ Non-Resid          |          |  |
| M ·                             | Home   | Addre  | ss                         |  |               |                        |                      |                               |               |      |                    |          |                               |   | Home             | Phone          |                      | <u> </u> |  |
|                                 | <b>F</b> 1   |  | (4.11                      |  |               |                        | ATA OMI              |                               |               |      |                    |          |                               |   |                  |                |                      |          |  |
|                                 | Emplo  | oyer Na  | ume/Add                    | ress                                   |               | D                      | ATA OMI              | ATA OMITTED                   |               |      |                    |          |                               | Business Phone  |                  |                |                      |          |  |
|                                 | VYR  | M  | ake                        | Model                                  | S             | tyle                   | Color                | Li                            | c/Lis         |      |                    |          | Vin                           |   |                  |                |                      |          |  |
|                                 |  |  |                            |  |               |                        |                      |                               |               | —    |                    |          |                               |   |                  |                |                      |          |  |
| T<br>H<br>R<br>S<br>I           | DATA OMITTED   |  |                            |  |               |                        |                      |                               |               |      |                    |          |                               |   |                  |                |                      |          |  |
| N<br>V<br>O<br>L<br>V<br>E<br>D |  |  |                            |  |               |                        |                      |                               |               |      |                    |          |                               |   |                  |                |                      |          |  |
| Status<br>Codes                 | L = L<br>(Chec   | ost S<br>k "OJ"  | = Stolen                   | R = Recovered<br>if recovered for oth  | D =<br>ler ju | Damaged risdiction)    | Z = Seized           | B = Bur                       | ned C         | = Co | ounterfeit / Fo    | orged    | $\mathbf{F} = \mathbf{Found}$ | d   |                  |                |                      |          |  |
|                                 | Victim<br>#  | DCI  | Status                     | Value                                  | OJ            | QTY                    | Property Description |                               |               |      |                    |          |                               | Make/Model Serial Number  |                  |                |                      |          |  |
|                                 |  | # Diama <thdiama< th=""> Diama Diam</thdiama<> |                            |  |               |                        |                      |                               |               |      | 1                  | FORD E   |                               |   | ATA OMITTEI      | D              |                      |          |  |
| P ·                             |  |  |                            |  |               |                        |                      |                               |               |      |                    |          |                               |   |                  |                | FOR                  | _        |  |
|                                 |  |  |                            |  |               |                        |                      |                               |               |      |                    |          |                               |   |                  | ]              | NFORMATION           | 1        |  |
| R.<br>O                         |  |  |                            |  |               |                        |                      |                               |               |      |                    |          |                               |   |                  |                | SECURITY<br>PURPOSES |          |  |
| P                               |  |  |                            |  |               |                        |                      |                               |               |      |                    |          |                               |   |                  |                | I UKI USES           |          |  |
| E-<br>R                         |  |  |                            |  |               |                        |                      |                               |               |      |                    |          |                               |   |                  | С              | NLY THE FIRS         | ST       |  |
| Т                               |  |  |                            |  |               |                        |                      |                               |               |      |                    |          |                               |   |                  | TWE            | LVE PROPERT          | ΓY       |  |
| Y -                             |  |  |                            |  |               |                        |                      |                               |               |      |                    |          |                               |   |                  |                | ITEMS ARE            | _        |  |
| -                               |  |  |                            |  |               |                        |                      |                               |               |      |                    |          |                               |   |                  | ]              | DISPLAYED ON         |          |  |
| -                               |  |  |                            |  |               |                        |                      |                               |               |      |                    |          |                               |   |                  |                | P2C REPORTS          | ,<br>    |  |
| -                               | Numb   | er of V  | ehicles S                  | Stolen 0                               | Nu            | mber Vehi              | cles Recovere        | d 0                           |               |      |                    |          | I                             |   |                  |                |                      | —        |  |
|                                 | Office   | r  |                            | I                                      | D#            |                        |                      | Officer Signature   Supervise |               |      |                    |          |                               |   | or Signature     |                |                      |          |  |
| ID                              |  |  | <u>A. T. (</u><br>Signatur | (16299)<br>e                           |               | Case Status            | STUMP, J. K. (14922) |                               |               |      |                    |          |                               |   | 22)              |                |                      |          |  |
| Status                          | Comp   | iamant   | Signatul                   | -                                      |               | ☐ Further<br>☐ Inact   | Investigative        | ation                         |               |      | led<br>by Ar       |          | Refuse                        | Refuse to Cooperate   |                  |                |                      |          |  |
|                                 |  |  |                            |  |               |                        |                      |                               | hausted       |      | $\square$ Death of |          |                               |   |                  | eclined        | Page 1               |          |  |