| I N | Agenc | y Name | | NSTON-SALE | M P | POLICE | . IN | INCIDENT/INVESTIGATION | | | | | | | OCA 2482240 | | | | |
|--|---|------------------------|--------------------|------------------------------------|--------------|--|---|---------------------------------|--------------|-------|---------------------|--------------------|---|--|---|------------|------------|-------------------|----------|
| C | ORI | NC | NG 02 | 40200 | | 1 | REPORT | | | | | | | Date / Time Reported SMTWTFS Month Day Yr Time | | | | | |
| D | | | NC 034 | | | | | | | | | | 06 28 2024 07:0 | | | | | | |
| E N | #1 | rime I | ncident(s | | | | - 1 | At Found Month | | | <u>∓</u> FS ime | | | vn Secure Day Yr | Ti | | 5 | | |
| T | Vanadusm (A Color Incident | | | | | | | | | | |):30 Hrs | rs 06 27 2024 20:30 Hrs. Offense Tract | | | | | ⋾. | |
| D | +2 | | | | | | | | | | | | | Wins | ton- | salom | l . | nse 1 ract 224 | |
| A T | Crime Insident | | | | | | | | | | | | | wins | Victim Residence Type | | | | |
| A | | | | | | | | | | | | | | | | Single Far | nily 🔲 | Multi Fami | ly |
| МО | | | d or Con | | | | | | Forcible Yes | | | | | | | | | | |
| MO | D | АТА О | MITTEI |) | | | | | | | | | □ No | A 11/A | | | | | |
| | # of Victims Type None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | | | | |
| ** | 1 Society Government Financial Institute Broken Bones Severe Lacerations Wes Unknown Internal Unconscious Other Major No NA | | | | | | | | | | | | | | | _ | 1 | | |
| V I | | Victim/ | | Name (Last, First, | | | uty U Otne | er/Unk | nowi | 1 _ | Internal Victim of | | S / Age | | er Major No N/A el Sex Relationship Resident Status | | | | |
| C | V1 | v ictiii/ | | | , iviid | uic) | | | | | Crime # | | 32 | Kace | БСХ | To Offende | er 🗆 | Resident | 3 |
| T I | V 1 | | DA | TA OMITTED | | | | | | | 1 | | | $\mid B \mid$ | $_F$ | | — | Non-Reside | n |
| M | Home | e Addre | ss | | | | | | | | | | | | Home Phone Unknown | | | | |
| | | | | | | D | ATA OMI | TTED | | | | | | | | | | | |
| | Empl | oyer Na | ıme/Add | ress | | D | ATA OMITTED | | | | | | | Business Phone | | | | | |
| ' | VYR 0 | M | ake | Model | | tyle | Color Lic/Li | | | | | | | | | | | | |
| | 0 | | | | 4 | 4 <u>D</u> | GRY | | , | NC | | | | | | | | | ٦ |
| H E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | |
| Status Codes | L = L (Chec | ost S k "OJ" | = Stolen column | R = Recovered if recovered for oth | D = er ju | Damaged risdiction) | Z = Seized | $\mathbf{B} = \mathbf{I}$ | 3urne | C = C | ounterfeit / F | Forged | F = Foun | d | | | | | |
| | Victin | | Status | Value | OJ | QTY | Property Description | | | | | | | Mol | ake/Model Serial Number | | | | \dashv |
| | 1 | | | | | | | | 1 7 1 | | | | | | DATA OMITTED | | | | \dashv |
| • | 1 | 1 SUV TARG 1 0 GRY, NC | | | | | | | | | | | |] | FOR | 7 | | | |
| Р. | | | | | | | | | | | | | | | INFORMATION | | | | |
| R . | | | | | | | | | | | | | | | | | | CURITY | |
| O P · | | | | | | | | | | | | | | | | | PUF | RPOSES | _ |
| E · | | | | | | | | | | | | | | | | | N 17 X 7 / | THE EID OF | _ |
| R T Y | | | | | | | | | | | | | | | | | | THE FIRST | — |
| | | | | | | | | | | | | | | | | 1 W I | | MS ARE | - |
| | | | | | | | | | | | | | | | | | | AYED ON | - |
| | | | | | | | | | | | | | | | | | | REPORTS | - |
| | | | | | | | | | | | | | | | | | | - | |
| - | Numb | er of V | ehicles S | Stolen 0 | Nu | mber Vehi | cles Recovere | d (|) | | | | | | | | | | - |
| | Officer ID# Officer Signature Supervisor Signature | | | | | | | | | | | | \dashv | | | | | | |
| ID | | | | . (15882) | | | | | | Г | C D: | <u>.,.</u> | WADD | DELL, J. A. (15882) | | | | | |
| | Comp | ıaınant | Signatur | e | | | | ner Investigation Unfounded DLo | | | | | | cated | | | | | |
| Status | | | | | | | ☐ Closed☐ Clo | tive /Clear | ed | | ☐ Cleared | l by Aı l by Aı | rest | Refuse other Ag | gency | Cooperate | | Page 1 | _ |

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