| | | | | | | | - | | | | | | | | | |
|--|---|--------------|-------------------|----------------------|--------|------------|--|--|------------------|--------------------------|-------------------|---|---|------------------------|---|--|
| I N | Agenc | y Name | | VSTON-SALE | M P | OLICE | INCIDENT/INVESTIGATION REPORT | | | | | OCA | OCA 2483359 | | | |
| C · | ORI | | ,, 11 | | | | | | | | | Date / Time Reported S M T W T F S Month Day Yr Time | | | | |
| I D | | NC | NC 034 | 40200 | | | | | | | | 09 29 2024 13:59 Hrs. | | | | |
| E N | | Crime I | ncident(s |) | | | | 🗆 Att | At Four Month | nd <u>-</u> SM Dav Yr | T W T F S Time | Last | Known S th Day | ecure | SMTWTFS | |
| T | #1 | | | Larceny- Al | l Oth | ner | | X Com | 09 | | <i>13:30</i> E | | | | Time 13:30 Hrs. | |
| D | #2 Crime Incident | | | | | | | | | | | | | | Offense Tract | |
| A T | Crime Insident Au Dramice Type | | | | | | | | | | | | | | 323 | |
| A | #3 | Jinne I | licident | | | | | | | | | | Victim Residence Type ☐ Single Family ☐ Multi Family | | | |
| | How A | Attacke | d or Con | nmitted | | | | | | | Forcibl | e | Weapo | n / Tools | <u>, </u> | |
| MO | D | ATA O | MITTEI |) | | | | | | | □ Yes | X N/A | | | | |
| | # of Victims Type X Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | |
| | I Society □ Government □ Financial Institute □ Broken Bones □ Severe | | | | | | | | | | | | | | es 🗆 Unknown | |
| V I | | | | | | | | | | | | | | X N | | |
| Ċ | Victim/Business Name (Last, First, Middle) Victim of Crime # DOB / Age | | | | | | | | | | | | | lationship Offender | | |
| T I | V1 | | DA | FA OMITTED | | | | | | 1 | 2 | | | RU | Non-Residen | |
| M · | Home | Addre | | | | | | | | | | | Home F | | Unknown | |
| | monic | Audic | .33 | | | D | ATA OMI | IITTED | | | | | | | | |
| | Emplo | oyer Na | ume/Add | ress | | D | ATA OMITTED | | | | | Business Phone | | | | |
| | VYR | M | ake | Model | S | tyle | Color Lic/Lis Vin | | | | | | | | | |
| | | | | | | 5 | | | | | | | | | | |
| H E R S I N V O L V E D | | DATA OMITTED | | | | | | | | | | | | | | |
| Status | L = Le | ost S | = Stolen | R = Recovered | D_= | Damaged | Z = Seized | B = Burr | ned C = | Counterfeit / Fo | orged $F = Fc$ | und | | | | |
| Codes | Victim | K "OJ" | column | if recovered for oth | ier ju | Ĺ | | | | | | | | | | |
| | # | DCI 51 | Status 7 | Value | OJ | QTY 9 (| CLOTHES/FU | 1 7 | Descripti | on | | Ma | ke/Model | | erial Number | |
| | 1 | 51 | / | | | 9 (| LOTTLS/F0 | -KS | | | | | | D/ | FOR | |
| | | | | | | | | | | | | | | II | NFORMATION | |
| P- R | | | | | | | | | | | | | | | SECURITY | |
| 0 | | | | | | | | | | | | | | | PURPOSES | |
| Р' Е- | | | | | | | | | | | | | | | | |
| R | | | | | | | | | | | | | | | NLY THE FIRST | |
| T Y · | | | | | | | | | | | | | | TWEI | VE PROPERTY | |
| | | | | | | | | | | | | | | | ITEMS ARE | |
| - | | | | | | | | | | | | | | | P2C REPORTS | |
| - | | | | | | | | | | | | | | - | | |
| - | Numb | er of V | ehicles S | tolen 0 | Nu | mber Vehic | cles Recovere | d 0 | | | | | | | | |
| ID | Officer RAT | | ת א | II (15687) | D# | | Officer Sig | Officer Signature Supervisor Signature RATLIFF, K. D. (15687) | | | | | | | | |
| ID | | | K. D. Signatur | | | | Case Status | S | | Case Disposi | | ωπ, Δ | . <i>D</i> . (13 | | | |
| 64.4 | r | | 0 | | | | □ Further Investigation □ Unfounded □ Lo | | | | | ocated | Cated Extradition Declined Refuse to Cooperate | | | |
| Status | | | | | | | | /Cleared | haustad | | by Arrest by A | nother A | | Г | Page 1 | |
| | | | | | | | | LEAUS EX | nausteu | | Unender | I I rose | CULIOII DE | LINEU | I uge I | |