| I N | Agenc | y Name | | NSTON-SALE | , IN | CIDENT/INVESTIGATION | | | | | | OCA 2483678 | | | | | | | | | |
|--|---|----------|-------------------|-------------------------------------|--------|----------------------|--|--------------------|---------------------------------|---------|-----|-------------|-------------------------------------|--|---------------|--|--------------------------|---------|-------------------|----------|--|
| C · | ORI REPORT Da | | | | | | | | | | | | | | Date / Mon | ate / Time Reported SMTWTFS | | | | | |
| D E | 10 | | ncident(s | | │ │ | | | | | | | | 10 28 2024 10:11 Hrs. | | | | | | | | |
| N T | #1 Month Day Yr Time | | | | | | | | | | | | | | | Last Known Secure SMIWTFS Month Day Yr Time 10 22 2024 18:30 Hrs. | | | | | |
| D. | #2 Crime Incident | | | | | | | | | | | | | | 7 10 | | 22 20 | | Offense T | | |
| A | | 7 T | ! 4 4 | | | | | _ | Com | | | | Ridg | e Dr/lau | rel Ric | | C <i>r</i> , Victim R | : 4 | 214 | | |
| T A | #3 | Jillie 1 | ncident | | | | | | Com | Premise | туļ | pe | | | | - 1 | | | y ∐Multi | i Family | |
| МО | DATA OMITTED | | | | | | | | | | | | | Forcible Yes | X N/A | We | apon / T | ools | | | |
| | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | e: | | | | | |
| | Society Government Financial Institute Broken Bones Severe Lacerations Ves Unknown | | | | | | | | | | | | | | | known | | | | | |
| V I | | Victim/ | | igious L.E. Of Name (Last, First, | | | outy Othe | er/Un | know | n _ | | victim of | | nscious [| Other | Major No NA Sex Relationship Resident Status | | | | | |
| C T | V1 DATA OMITTED | | | | | | | | | | | | | | Trucc | Бел | To Offe | nder | ☐ Resid | dent | |
| I M | | | DA | IA OMITTED | | | | | | | | 1 | | | | | | | □ Non-l | | |
| IVI · | Home Address DATA OMIT | | | | | | | | | TTED | | | | | | Home Phone | | | | | |
| • | Employer Name/Address DATA (| | | | | | | | MITTED | | | | | | | Business Phone | | | | | |
| • | VYR | M | Color Lic/Lis Vin | | | | | | Vin | | | | | | | | | | | | |
| H E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | | | |
| Status Codes | | | | | | | | | | | | | | | | | | | | | |
| | Victim | | Status | Value | | Property Description | | | | | | | | Make/Model Serial Number | | | | | | | |
| | | | | | | | | AYGROUND STRUCTURE | | | | | | | 14141 | DATA OMITTED | | | | | |
| P - | | | | | | | | | | | | | | | | | | 73.7 | FOR | TION | |
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| Т Ү - | | | | | | | | | | | | | | | | | Т | | VE PROP | | |
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| | Numb | | ehicles S | tolen 0 | | mber Veh | Control of the Contro | | <i>0</i> | | | | ı | Supervisor | Signat | ıre | | | | | |
| ID | WAI | DDEL | | (15882) | | WAD. | | | | | | | or Signature DELL, J. A. (15882) | | | | | | | | |
| | Comp | lainant | Signatur | e | | | | r Inve | Investigation Unfounded Located | | | | | | | Extra | adition De | eclined | | | |
| Status | IS ☐ Clared by Arrest ☐ Closed/Cleared ☐ Cleared by Arrest ☐ Closed/Cleared ☐ Cleared by Arrest | | | | | | | | | | | | rrest by And | Refuse to Cooperate y Another Agency Prosecution Declined Page 1 | | | | | | | |