| I N | Agenc | y Namo | | NSTON-SALEN | OLICE | IN | INCIDENT/INVESTIGATION | | | | | | | OCA 2483832 | | | | | | | |
|--|----------------------------------|-----------|----------------------------------|--------------------------------------|---|--|----------------------------|----------------------------|----------------------|---------|-------------------|----------------------------|--|--|-------------------------|---|------------------|---------------|-------------------|----------|--|
| C | ORI | NC | NC 034 | 10200 | | | 1 | REPORT | | | | | | | | Date / Time Reported SMTWTFS Month Day Yr Time | | | | | |
| D E | | | ncident(s | | | Att At Found SMTWTFS Month Day Yr Time | | | | | | | 11 08 2024 15:03 Hrs. Last Known Secure S M T W T F S Month Day Yr Time | | | | | | | | |
| N T | #1 | | | Larceny- All | _ | Com | Month 11 | | | | lime 1:15 Hrs | | | | | Time 14:15 Hi | rs. | | | | |
| D | D #2 Crime Incident | | | | | | | | | | | | | overdale | 1 1 W | inst | on sale | | Offense Tract 312 | | |
| A T | #3 | Crime I | ncident | | ☐ Com Medical Center Bv/cloverdale ☐ Att Premise Type | | | | | | overaute . | Victim Residence Type | | | | | | | | | |
| A | | A 441 | 1 C | :4 | | | ☐ Com Forcible | | | | | | F:1-1- | ☐ Single Family ☐ Multi Family Weapon / Tools | | | | | | | |
| MO | | | d or Con MITTEI | | | | | | | | | | res [X]N/A | | | | | | | | |
| | # of V | ictims | ** | ☑ Person | _ | usiness | | | | Inju | • | None | | | Loss o | | | - | cohol Use: | | |
| V | 1 | | | ciety Governm ligious L.E. Off | | | inancial Institution | | know | - 1 | _ | Broken Bone nternal □ | | Severe | Lacera Other | tions Majo | | □ Yes ⊠ No | □ Unknow □ N/A | √n | |
| I C | , | Victim/ | Business | Name (Last, First, | Victim of DC Crime # | | | | | B / Age | Race | | | nship | Resident Stat Resident | tus | | | | | |
| T I | VI DATA OMITTED | | | | | | | | | | | 1, | | 43 | W | $_{F}$ | 10 011 | lidei | ☐ Non-Resid | | |
| M | Home Address | | | | | | | | | | | | | | | W F Unknow. Home Phone | | | | <u> </u> | |
| | Employer Name/Address DATA OM | | | | | | | | | | | | | | Business Phone | | | | | _ | |
| | | | | | TA OMITTED | | | | | | 17. | Dusiness 1 none | | | | | _ | | | | |
| | 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 = E er juris | Damaged sdiction) | Z = Seized | B = | Burn | ed C= | Co | ounterfeit / F | Forged | F = Foun | d | | | | | | |
| | Victim # DCI Status Value OJ QTY | | | | | | | | Property Description | | | | | | | Make/Model Serial Number | | | | | |
| | | | | | | | | EPHONE/TELEPHONE EQUIPMENT | | | | | | | 11 | e/15 Pro Max DATA OMITTED | | | | D | |
| P - R | 1 | 75N | 7 1 PORTABLE ELEC COMMUNICATIONS | | | | | | | | 1 | Apple FOR INFORMATION | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | , | SECURITY | | |
| O . | | | | | | | | | | | | | | | | | |] | PURPOSES | | |
| E · | | | | | | | | | | | | | | | | | | ONI | LY THE FIRS | т | |
| R T | | | | | \dashv | | | | | | | | | | | | 7 | | E PROPERT | | |
| Υ . | | | | | | | | | | | | | | | | | | | TEMS ARE | - | |
| | | | | | | | | | | | | | | | | | | | SPLAYED O | | |
| | | | | | _ | | | | | | | | | | | | | P2 | C REPORTS | _ | |
| - | Numb | er of V | ehicles S | tolen 0 | Num | her Vehi | cles Recovere | d | 0 | | | | | | | | | | | _ | |
| | Office | r | | ID | | OCI V CIII | Officer Sig | | _ | | | | | Supervisor | Signat | ure | / - - | | | \dashv | |
| ID | | | <i>L, J. A.</i> Signatur | (15882) | Case Status | <u> </u> | | | | | | | | ELL, J. A. (15882) | | | | | | | |
| Status | Comp | iaiiidiil | Signatur | | | | ☐ Further ☐ Inact ☐ Closed | r Inve tive /Clea | ıred | | | ☐ Unfoun☐ Cleared☐ Cleared | ided l by Ai l by Ai | Locarrest □ | Refuse other Ag | gency | ooperate | ē | dition Decline | ed | |