| I N | Agenc | y Name | | NSTON-SALE | OLICE | IN | NCIDENT/INVESTIGATION REPORT | | | | | | OCA 2484077 | | | | | | |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|------------------------------------|---------------|---------------------|-------------------------------------|----------------------------|------------|--------------------------------|---------------------------------------|-----------------------|-------------------|-----------------------|--------------------------------|-------------------------|-----------------------------------|--------------------------|------------|
| C | ORI | NC | NC 034 | 10200 | Mo | | | | | te/Time Reported S M T W T F S | | | | | | | | | |
| D E | | | | | | 1 | I | . 1 . | At Found | SIM | d Tlw | T ₹ S | 12 Last | | 01 20 | 24 0 s m | Time)7:22 Hrs ТМТ <u>∓</u> | | |
| N | #1 | Crime Incident(s) #1 Autobroaking And Larceny | | | | | | ☐ Att | m M | Ionth | Day Yr | Т Т | 'ime | | | n Secure | Ti | .me | |
| T | Autobreaking And Larceny | | | | | | | | | | | | :50 Hrs | s 11 | 10 | 1 202 | 4 11 Offe | :50 Hrs | <u>s</u> . |
| D A | #2 Crime incident | | | | | | | | | | | | | | 01 | | 1 | 412 | |
| T | #3 | Crime Incident | | | | | | | | | | | | Victim Residence Type | | | | | |
| A | "3 | | | | | | | ☐ Co | m | | | | | | ☐ Single Family ☐ Multi Family | | | | |
| МО | How Attacked or Committed DATA OMITTED | | | | | | | | | | | | Forcible Yes No | X N/A | Wea | apon / Tool | S | | |
| V | # of V | ictims | Туре | Person | | Business | | | | Injury | ☐ None | | | Loss o | f Teet | h Drug | Alcoho | ol Use: | \exists |
| | | | | ciety Governn | | | inancial Institu | ute | | 1 | Broken Bone | | | | | _ | | _ Unknown | n |
| | T ☐ Religious ☐ L.E. Officer Line of Duty ☐ Other/Unknown ☐ Internal ☐ Unconscious ☐ Other Major ☐ N/A | | | | | | | | | | | | | | | | | | |
| I C | Victim/Business Name (Last, First, Middle) Victim of Crime # Victim of Crime # | | | | | | | | | | | | | | | Relationsh To Offend | ip Re | sident Statu Resident | 1S |
| T | V1 | | DA' | TA OMITTED | | | | | | | | | | | | 10 Offend | | Non-Reside | en |
| I M | | | | | | | | | | | 1 | | | | ☐ Unknown | | | | |
| | Home | e Addre | ess | | D | ATA OMI | TTED | | | | | | | Home Phone | | | | | |
| • | Employer Name/Address DATA OM | | | | | | | | TTED | | | | | | Business Phone | | | | |
| ' | VYR Make Model Style 2016 FORD ESCAPE 4D | | | | | | 1 | | | is | 7 | Vin | | | 0F70HUC28280 | | | | |
| | 201 | 0 F | OKD | ESCAPE | 4 | ·D | WHI | | YI | F209, F | L | | 1FM | CUUF | /UH | UC28280 | , | | \dashv |
| 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 jui | Damaged risdiction) | Z = Seized | $B = B\iota$ | ırned | C = Cc | ounterfeit / F | Forged | F = Foun | ıd | | | | | |
| | Victin | | | Value | OJ | QTY | | Property Description | | | | | | Mal | Make/Model Serial Number | | | | |
| - - P - R _ | | | | | | | | HARDWARE/SOFTWARE | | | | | | Dell/La | | | | | _ |
| | 1 | 1 SUV TARG 1 2016 WHI, | | | | | | | YF209 FL | | | | | | D Escape FOR | | | | |
| | | | | | | | | | | | | INFORMATION | | | | | | | |
| | | | | | | | | | | | | | | | | | | CURITY | |
| O P · | | | | | | | | | | | | | | | | | PUI | RPOSES | _ |
| E · | | | | | | | | | | | | | | | | | N. II. X. | THE EID OF | _ |
| R T Y | | | | | | | | | | | | | | | | | | THE FIRST | _ |
| | | | | | | | | | | | | | | | | 1 W | | PROPERTY MS ARE | <u>r</u> |
| | | | | | | | | | | | | | | | | | | AYED ON | _ |
| | | | | | | | | | | | | | | | | | | REPORTS | - |
| | | | | | | | | | | | | | | | | | - | | |
| • | Numb | er of V | ehicles S | Stolen 0 | Nu | mber Vehi | cles Recovere | d 0 | | | | | | | | | | | _ |
| Officer ID# Officer Signature Supervisor Signature WADDELL, J. A. (15882) WADDELL, J. A. | | | | | | | | | | | ire | (15003) | | | \neg | | | | |
| ID | | | | | Case Status | | | T | Case Diame | ition | WADL | DEĽL, J. A. (15882) | | | | | | | |
| Status | Comp | iainant | Signatur | е | | | Case Status Further Inact Closed | Investi ive /Cleared | i | on | Case Dispos Unfoun Cleared Cleared | ded by Ar by Ar | rest by And |] Refuse other Ag | gency | ooperate | | ion Declined | d — |

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