| I N | Agenc | y Name | e WIN |] IN | INCIDENT/INVESTIGATION | | | | | | | OCA 2484222 | | | | | | | |
|--|--|---------|----------------------|------------------------------------|------------------------------------|---|-------------------------------------|------------------------|-------------------------------|--|------|------------------------------|-----------------------|--|--|-----------------------------|---------------|-------------------|--|
| C | ORI | NC | NC 03/ | 10200 | | | 1 | REPORT | | | | | | | Date / Time Reported SMTWIFS Month Day Yr Time | | | | |
| D E | NC NC 0340200 Crime Incident(s) | | | | | | | | | X Att At Found SMTWTFS Month Day Yr Time | | | | | | 12 12 2024 09:59 Hrs. | | | |
| N T | #1 | | | All Other F | | \square Com Month Day Yr Time Month Day Yr Time 12 07 2024 12:30 Hrs 12 07 2024 12:30 | | | | | | | | | | | | | |
| D | #2 | Crime I | ncident | | | | | ı — | Att Location of Incident Offe | | | | | | | | | Offense Tract 412 | |
| A T | #3 | Crime I | ncident | | | | _ | Att Premise Type | | | | | nsion-sai | em iv | Victim Residence Type | | | | |
| A | | \ | d or Com | | | | | Com | | | | | F3-1- | ☐ Single Family ☐ Multi Family Weapon / Tools | | | | | |
| MO | | | a or Com MITTEE | | | | | · _ | | | | | | Forcible Yes No | N/A | we | weapon/ Tools | | |
| V | # of V | ictims | l | ☑ Person | _ | Business | | | | Injury | | □ None | | _ | Loss o | | | lcohol Use: | |
| | I ☐ Society ☐ Government ☐ Financial Institute ☐ Broken Bones ☐ Severe Lacerations ☐ Yes ☐ Unknown ☐ Religious ☐ L.E. Officer Line of Duty ☐ Other/Unknown ☐ Internal ☐ Unconscious ☐ Other Major ☒ No ☐ N/A | | | | | | | | | | | | | | | _ | | | |
| I C | | Victim/ | Business | Name (Last, First, | Middl | le) | | | Victim Crime | | | ictim of | | | | | | Resident Status | |
| T I | V1 DATA OMITTED | | | | | | | | | | | 1 | | 08 | W | M | RU | ☐ Non-Resident | |
| M | Home Address | | | | | | | | | | | | | | · * * · · · | | ne Phone | Unknown | |
| | Employer Name/Address DATA ON Employer Name/Address | | | | | | | | | | | | | | Business Phone | | | | |
| | VYR | | ake | Model | ATA OMITTED Color Lic/Lis Vin | | | | | | Vin | Business Thone | | | | | | | |
| | VIK | IVI | arc | Woder | Sty | ,10 | Color | | Lic | ./ L13 | | | | V III | | | | | |
| O T H E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | |
| Status Codes | (Chec | k "OJ" | = Stolen column i | R = Recovered frecovered for other | D = E r juris | Damaged sdiction) | Z = Seized | B = | Burn | ed C = 0 | Coun | iterfeit / F | orged | F = Found | il | | | | |
| | Victim # DCI Status Value OJ QTY | | | | | | Property Description | | | | | | | | Mak | e/Mo | | erial Number | |
| - P - R _ | | | | | | | | | | | | | D | ATA OMITTED FOR | | | | | |
| | | | | | + | | | | | | | | | | | | II | NFORMATION | |
| | | | | | | | | | | | | | | | | | | SECURITY | |
| O P . | | | | | + | | | | | | | | | | | | | PURPOSES | |
| Е. | | | | | + | | | | | | | | | | | | Ol | NLY THE FIRST | |
| R T | | | | | + | | | | | | | | | | | | | VE PROPERTY | |
| Υ . | | | | | | | | | | | | | | | | | | ITEMS ARE | |
| | | | | | | | | | | | | | | | | | | ISPLAYED ON | |
| | | | | | + | | | | | | | | | | | |] | 2C REPORTS | |
| - | Numb | er of V | ehicles S | tolen 0 | Num | nber Vehic | cles Recovere | d | 0 | | | | | | | | | | |
| | Office | r | | ID | | -50. 701110 | Officer Sig | | - | | | | | Supervisor | Signat | ure | (15/05) | | |
| ID | | | K. D. Signature | (15687) | | Case Status | Ř | | | | | | KATLII | TLIFF, K. D. (15687) | | | | | |
| Status | Comp | iamalli | Signatul | | | | ☐ Further ☐ Inact ☐ Closed ☐ Closed | r Inve ive /Clea | ıred | | | Unfoun Cleared Cleared | ded by Aı by Aı | Locarrest rrest by Ano | Refuse ther Ag | gency | ooperate F | Page 1 | |