| I N | Agenc | y Name | | NSTON-SALE | M P | POLICE | INCIDENT/INVESTIGATION REPORT | | | | | | | OCA 2120507 | | | | | |
|---|---|---------|--------------------|----------------------|-------------------|------------------|----------------------------------|---|---------------|--------------------------|-------------|---------|-------------------------|--|---|--------------|----------------------------|--|--|
| C · I | ORI | | | | | | | | | | | | | Date / Time Reported SMTWIFFS Month Day Yr Time | | | | | |
| D | | | NC 034 | | | | | | | | | | | 04 15 2021 11:45 Hrs. | | | | | |
| E N | #1 | rime li | ncident(s | , | . | | | Att | | n Day | Ýr Ýr | Ť. | ime | | | Secure Yr | SMTW <u></u> FS Time | | |
| Т. | | Trime I | ncident | Suspicious I | ers | on | | X Com ☐ Att | 04 Locatie | <u> 15</u> on of Inc | | 11. | :45 Hrs | 04 | 15 | 2021 | 0ffense Tract | | |
| D A |) $\#2$ | | | | | | | | | | | | | | | IC | 213 | | |
| Т | #3 | Crime I | ncident | | | | | ☐ Att | Premis | | | 0 | | | | | ence Type | | |
| A | | | | | | | | Com | | | | | | | | - | nily □ Multi Family | | |
| МО | | | d or Con MITTEI | | | | | | | | | | Forcible Yes [No | X N/A | Weapo | on / Tools | i | | |
| v | | | | | | | | | | | | | | | Loss of Teeth Drug/Alcohol Use: | | | | |
| | 0 Society Government Financial Institute Broken Bones Severe 0 Religious L.E. Officer Line of Duty Other/Unknown Internal Unconscious | | | | | | | | | | | | | | e Lacerations ☐ Yes ☐ Unknown ☐ Other Major ☐ No ☐ N/A | | | | |
| Ι | | Victim/ | | Name (Last, First, | | | <u> </u> | | | Vie | ctim of | | / Age | Race | Sex Re | lationshi | p Resident Status | | |
| C T | | | | | | | | | | | | | | | To | Offende | r 🔲 Resident | | |
| I M· | | | | | | | | | | | | | | | | | | | |
| 101 | Home | Addre | SS | | | D | ATA OMI | TED | | | | | | | Home I | Phone | | | |
| | Emplo | oyer Na | me/Add | ress | | D | ATA OMITTED | | | | | | | Business Phone | | | | | |
| | VYR | M | ake | Model | Color Lic/Lis Vin | | | | | | | | | | | | | | |
| E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | |
| Status | L = L | ost S | = Stolen | R = Recovered | D = | Damaged | Z = Seized | B = Bur | ned C = | = Counte | erfeit / Fo | orged | F = Foun | d | | | | | |
| Codes | (Chec Victim | | column | if recovered for oth | er ju | risdiction) | | | | | | | | | | | | | |
| P R | # | | | | | | Property Description | | | | | | | Mak | e/Model | | Serial Number | | |
| | | | | | | | | | | | | | | | | L | ATA OMITTED FOR | | |
| | | | | | | $\left \right $ | | | | | | | | | |] | NFORMATION | | |
| | | | | | | | | | | | | | | | | | SECURITY | | |
| 0 | | | | | | | | | | | | | | | | | PURPOSES | | |
| Р ⁻ Е - | | | | | | | | | | | | | | | | | | | |
| R T | | | | | | | | | | | | | | | | | NLY THE FIRST | | |
| Y · | | | | | | | | | | | | | | | | IWE | ITEMS ARE | | |
| - | | | | | | | | | | | | | | | |] | DISPLAYED ON | | |
| - | | | | | | | | | | | | | | | | | P2C REPORTS | | |
| - | | | | | | | | | | | | | | | | | | | |
| | Numb | | ehicles S | - | | mber Vehic | cles Recovered | - | | | | 1.2 | Cupowi | Sign-1 | *0 | | | | |
| ID | SMI | TH, D | . W. (1 | 5622) | D# | | Officer Signature Supervise DOBI | | | | | | | | or Signature EY, J. L. (14885) | | | | |
| Status | Comp | lainant | Signatur | e | | | □ Inact |] Further Investigation □ Unfounded □ Le □ Inactive □ Cleared by Arrest] Closed/Cleared □ Cleared by Arrest by A | | | | | | Decated Extradition Declined Refuse to Cooperate nother Agency | | | | | |
| | | | | | | | X Closed | /Leads Ex | hausted | | Death of | f Offer | nder 🗆 | Prosec | ution De | eclined | Page 1 | | |