| I N | Agenc | y Name | | NSTON-SALEN | 1 PC | OLICE |] IN | INCIDENT/INVESTIGATION | | | | | | OCA 2220264 | | | | |
|--|-----------------------------------|--------------|-----------------------------|--------------------------------------|-----------------|--|----------------------|------------------------|------------|------------|-----------------------------|---|---|--------------------|----------|----------------|---------------------|--|
| C | ORI | NC | NC 034 | 10200 | | | REPORT | | | | | | Date / Time Reported SMTWTFS Month Day Yr Time | | | | | |
| D E | | ncident(s | | | <u> </u> | │ Att │ At Found │ S M T ℋ T F S Month Day Yr Time | | | | | | Day 17 Time 04 27 2022 15:41 Hrs. Last Known Secure S M T M T F S Month Day Yr Time | | | | | | |
| N T | #1 C | ommi | ınicatir | ng Threats -intin | nida | tion, No | n Physical | | Com | Month 04 | | | ime 5:41 Hrs | | | | Time 15:41 Hrs. | |
| D | #2 | Crime I | ncident | | | | | | | | of Incident | | | | IC 2' | I | Offense Tract 113 | |
| A T | #3 | Crime I | ncident | | | | | | Com Att | Premise 7 | Twentieth Type | i Sī, v | vinston-sa | uem N | | victim Resider | | |
| A | | | | | | | | Com | | | | | ☐ Single Family ☐ Multi Family | | | | | |
| МО | | | d or Com MITTEI | | | | | | | | | | Forcible Yes No | Weapon / Tools | | | | |
| | # of V | ictims | Туре | N Person | _ | Business | | | | Injury | | _ | _ | Loss o | | _ | lcohol Use: | |
| V | 1 | | | ciety Governm ligious L.E. Off | | | inancial Institution | | know | . – | Broken Bon Internal | | Severe | Lacerat Other | | . – | s □Unknown □N/A | |
| I C | | Victim/ | Business | Name (Last, First, | le) | Victim of | 1 5 1 | | | Sex | Relationship To Offender | Resident Status Resident | | | | | | |
| T I | V1 DATA OMITTED | | | | | | | | | | | | 50 | $\mid_{B}\mid$ | $_{F}$ | 1NE | ☐ Non-Resident | |
| M | Home | Addre | ess | | | | | 1, | | | B | | ne Phone | Unknown | | | | |
| | | | | | | D. | ATA OMI | ITTED | | | | | | | | | | |
| | Emplo | me/Add | ress | D. | ATA OMI | TA OMITTED | | | | | Business Phone | | | | | | | |
| , | VYR | M | ake | Model | Sty | yle | Color | | Lic | c/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 = I r juri | Damaged sdiction) | Z = Seized | B = | Burn | ed $C = C$ | Counterfeit / | Forged | F = Found | d | | | | |
| | Victing # DCI Status Value OJ QTY | | | | | QTY | Property Description | | | | | | | Mak | e/Mo | | rial Number | |
| - - P - R _ | | | | | | | | | | | | | DA | TA OMITTED FOR | | | | |
| | | | | | _ | | | | | | | | | | | IN | FORMATION | |
| | | | | | | | | | | | | | | | | | SECURITY | |
| O P . | | | | | _ | | | | | | | | | | | | PURPOSES | |
| E · | | | | | \dashv | | | | | | | | | | | ON | LY THE FIRST | |
| R T | | | | | \dashv | | | | | | | | | | | | VE PROPERTY | |
| Υ . | | | | | | | | | | | | | | | | | ITEMS ARE | |
| | | | | | | | | | | | | | | | | | ISPLAYED ON | |
| | | | | | \dashv | | | | | | | | | | | P | 2C REPORTS | |
| - | Numb | er of V | ehicles S | Stolen 0 | Nun | nber Vehic | cles Recovere | d | 0 | | | | | | | | | |
| 115 | Office | r | | ID | | Officer Sig | _ | | | | Supervisor | Signatu | ire | 5000) | | | | |
| ID | | | . <i>L. (16</i> Signatur | | | | Case Status | | | | | | CLARK | ARK, Ď. C. (15090) | | | | |
| □ Further Investigation □ Unfounded □ Cleared by Arr □ Closed/Cleared □ Cleared by Arr □ Closed/Leads Exhausted □ Death of Offen | | | | | | | | | | | | rrest by Ano | Refuse ther Ag | ency | ooperate | Page 1 | | |