

OCA												2224321												
Date / Time Reported												S	M	T	W	T	F	S						
Month				Day				Yr				Time												
05				19				2022				21:02				Hrs.								
Last Known Secure												S	M	T	W	T	F	S						
Month				Day				Yr				Time												
05				19				2022				21:02				Hrs.								
s												Offense Tract												
rchfield Dr,												314												
Victim Residence Type																								
<input type="checkbox"/> Single Family												<input type="checkbox"/> Multi Family												

How Attacked or Committed	Forcible <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No	Weapon / Tools
DATA OMITTED		

# of Victims <i>I</i>	Type <input type="checkbox"/> Person <input checked="" type="checkbox"/> Society <input type="checkbox"/> Religious <input type="checkbox"/> Business <input type="checkbox"/> Government <input type="checkbox"/> L.E. Officer Line of Duty <input type="checkbox"/> Financial Institute <input type="checkbox"/> Other/Unknown	Injury <input type="checkbox"/> None <input type="checkbox"/> Broken Bones <input type="checkbox"/> Internal <input type="checkbox"/> Minor <input type="checkbox"/> Severe Lacerations <input type="checkbox"/> Unconscious <input type="checkbox"/> Loss of Teeth <input type="checkbox"/> Other Major	Drug/Alcohol Use: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A				
V1	Victim/Business Name (Last, First, Middle)  DATA OMITTED	Victim of Crime #  <i>I,</i>	DOB / Age	Race	Sex	Relationship To Offender	Resident Status <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown
Home Address  DATA OMITTED						Home Phone	
Employer Name/Address  DATA OMITTED						Business Phone	

DATA OMITTED

INVOLVED

Status Codes	L = Lost	S = Stolen	R = Recovered	D = Damaged	Z = Seized	B = Burned	C = Counterfeit / Forged	F = Found
	(Check "OJ" column if recovered for other jurisdiction)							

PROPERTY

[illegible]

Number of Vehicles Stolen	$\theta$	Number Vehicles Recovered	$\theta$
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ID

Officer <i>KING, A. P. (15789)</i>	ID#	Officer Signature	Supervisor Signature <i>KORN, A. R. (15714)</i>
Complainant Signature	Case Status <input type="checkbox"/> Further Investigation <input type="checkbox"/> Inactive <input type="checkbox"/> Closed/Cleared <input type="checkbox"/> Closed/Leads Exhausted	Case Disposition: <input type="checkbox"/> Unfounded <input type="checkbox"/> Located <input type="checkbox"/> Extradition Declined <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Refuse to Cooperate <input type="checkbox"/> Cleared by Arrest by Another Agency <input type="checkbox"/> Death of Offender <input type="checkbox"/> Prosecution Declined	Page 1