| I N | Agenc | y Name | | NSTON-SALEN | OLICE | IN | INCIDENT/INVESTIGATION | | | | | | | OCA 2253984 | | | | | |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------------------|--------------------------------------|----------------------------------------|--------------------|----------------------------|------------------------------------------|------|----------|---------------|-------------------------------------------------|-----------------------|---------------------------------------------------|--------------------------|-------|--------------|-------------------|--|
| C I | ORI | NC | | | | 1 | REPORT | | | | | | | Date / Time Reported SMTWTFS Month Day Yr Time | | | | | |
| D E | | NC . | 10200 | | Att At Found SMTWTFS Month Day Yr Time | | | | | | | 11 06 2022 15.12 Hrs. Last Known Secure | | | | | | | |
| N T | #1 | | ioraem(o | , Trespassi | ng | | | _ | Com | Month | D | | | ime :12 Hrs | | | Day Yr 🖰 | Time $15:12$ Hrs. | |
| D | #2 | Crime I | ncident | 1 | 0 | | | | Att | Location | n of | Incident | | • | | | | Offense Tract | |
| A T | | 'rime I | ncident | | | | Com Att | · · · · · · · · · · · · · · · · · · · | | | | | | 27107 213 | | | | | |
| A | #3 | Jime I | nerdent | | | | | | Com | Tremise | 1 91 | ρC | | | | - 1 | | ly □Multi Family | |
| МО | | | d or Com | | | | | | | | | | | Forcible Yes | ¥ N/A | We | apon / Tools | | |
| | No No | | | | | | | | | | | | | | | | | | |
| | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Ves Unknown Ves | | | | | | | | | | | | | | | | | | |
| V | 2 | | ☐ Rel | igious 🔲 L.E. Off | icer l | Line of Du | | | know | | - | | | scious | Other | Majo | r 🛛 N | | |
| I C | | Victim/ | Business | Name (Last, First, | Victim of Crime # | | | | | DOI | 3 / Age 42 | Race | Sex | Relationship To Offender | Resident Status Resident | | | | |
| T I | V1 | | DA | ΓA OMITTED | | | | | 1, | | 72 | W | M | | ☐ Non-Resident | | | | |
| M | Home Address | | | | | | | | | | | | | | | | ne Phone | Unknown | |
| | Fmple | yer Na | recc | ATA OMI | | | | | | | | Business Phone | | | | | | | |
| | • | | | | | ATA OMITTED | | | | | | | Business I none | | | | | | |
| | VYR | M | ake | Model | St | 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 i | R = Recovered if recovered for other | D = 1 er jur | Damaged isdiction) | Z = Seized | B = | Burn | ed C= | Cou | unterfeit / F | orged | F = Found | i | | | | |
| | Victim # DCI Status Value OJ QTY | | | | | | Property Description | | | | | | | | Mal | e/Mo | | erial Number | |
| - P - R ₋ | | | | | | | | | | | | | DA | ATA OMITTED FOR | | | | | |
| | | | | | | | | | | | | | | | | | IN | NFORMATION | |
| | | | | | | | | | | | | | | | | | | SECURITY | |
| O P | | | | | | | | | | | | | | | | | | PURPOSES | |
| E · | | | | | \dashv | | | | | | | | | | | | (10) | NLY THE FIRST | |
| R T Y | | | | | | | | | | | | | | | | | | VE PROPERTY | |
| | | | | | | | | | | | | | | | | | | ITEMS ARE | |
| | | | | | | | | | | | | | | | | | | ISPLAYED ON | |
| | | | | | | | | | | | | | | | | | I | 22C REPORTS | |
| - | Numb | er of V | ehicles S | tolen 0 | Nur | nber Vehi | cles Recovere | d | 0 | | | | | | | | | | |
| ID | Office | r | | ID | | | | Officer Signature Supervisor Signature | | | | | | | | | | | |
| ID | BOUFFARD, N. J. (16216) Complainant Signature Case S | | | | | | | | | | | | | | LIAMS, K. A. (15631) | | | | |
| Status | - » p · | | 6 | | | | ☐ Further ☐ Inact ☐ Closed | r Inve tive I/Clea | ared | | | ☐ Unfoun☐ Cleared☐ Cleared☐ | ded by Ai by Ai | Locarrest rest by Ano | Refuse ther Ag | gency | ooperate | Page 1 | |