| I N | Agenc | y Name | | VSTON-SALEN | DLICE |] IN | INCIDENT/INVESTIGATION | | | | | | | OCA 2254725 | | | | | | | |
|---|---|-----------------|------------------------------|--------------------------------------|--|--------------------------|------------------------|--|------|-------|-------------|------------------------|-----------------------|---|-----------------|--|----------|--------------------------|-------------------|----|--|
| C | ORI | NC | NC 034 | | | | 1 | REPORT | | | | | | | | Date / Time Reported S M T W크 F S Month Day Yr Time | | | | | |
| D E | | | ncident(s | | | | | Att At Found SMTWIFS Month Day Yr Time | | | | | | | | 11 10 2022 21:37 Hrs. Last Known Secure SMTMFFS | | | | | |
| N T | #1 | | | Suspicious P | ı — | Month Day Yr Time | | | | | | | | onth Day Yr Time 11 10 2022 21:36 Hrs. | | | | | | | |
| D | #2 | Crime I | ncident | | _ | Att Location of Incident | | | | | | | | | | Offense Tract 212 | | | | | |
| A T | #3 | Crime I | ncident | | Com 799 Mulberry St/washington Av | | | | | | | v, vv in | Victim Residence Type | | | | | | | | |
| A | | | | | | | Com | | | | | | - | ☐ Single Family ☐ Multi Family Weapon / Tools | | | | | | | |
| MO | | | d or Com MITTEE | | | | | | | | | Forcible Yes No | | | | | | | | | |
| | # of Victims Type | | | | | | | | | | | | | | | | | | | | |
| V | 0 | | | ciety 🔲 Governm igious 🔲 L.E. Off | | | | | know | | _ | roken Bone ternal 🔲 | | ☐ Severe | Lacera Other | | – |] Yes] No | □ Unknov □ N/A | vn | |
| I C | | Victim/ | | Name (Last, First, | | | , <u> </u> | Victim of DOB | | | | | 3 / Age | Age Race Sex Relationship R | | | | Resident Sta | | | |
| T I | V1 | | DA | ΓA OMITTED | | | Crime # | | | | | | | | | 10 Offer | ider | ☐ Resident ☐ Non-Resi | | | |
| M | Home Address | | | | | | | | | | | | | | | Hon | ne Phone | | Unknow | 1 | |
| | Employer Name/Address DATA ON Employer Name/Address | | | | | | | | | | | | | | | | | | | | |
| | Emplo | oyer Na | me/Addi | ress | ATA OMITTED | | | | | | | | Business Phone | | | | | | | | |
| ' | VYR | M | ake | Model | Sty. | le | Color | | Lic | /Lis | | | | Vin | | | | | | | |
| T H E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | | | |
| Status Codes | L = L (Chec | ost S k "OJ" | = Stolen column i | R = Recovered for other | D = D r juris | amaged diction) | Z = Seized | B = | Burn | ed C= | Cou | ınterfeit / F | Forged | F = Foun | d | | | | | | |
| | Victim # DCI Status Value OJ QTY | | | | | QTY | Property Description | | | | | | | | Mak | ake/Model Serial Number | | | | | |
| P - R - O - | | | | | | | | | | | | | | DA | FOR | D | | | | | |
| | | | | | | | | | | | | | | | | | | IN | FOR FORMATION | | |
| | | | | | | | | | | | | | | | | | | | SECURITY | | |
| | | | | | | | | | | | | | | | | | | | PURPOSES | | |
| E · | | | | | | | | | | | | | | | | | | ON | LY THE FIR: | ST | |
| R T Y | | | | | | | | | | | | | | | | | TV | | E PROPER | | |
| | | | | | | | | | | | | | | | | | | | TEMS ARE | - | |
| | | | | | | | | | | | | | | | | | | DI | SPLAYED O | N | |
| | | | | | | | | | | | | | | | | | | P2 | C REPORTS | 3 | |
| - | Numb | er of V | ehicles S | tolen 0 | Num | her Vehic | cles Recovere | d | 0 | | | | | | | | | | | — | |
| | Office | r | | ID | | oci veiile | | cer Signature Supervise | | | | | | | | or Signature | | | | | |
| ID | | | <i>J. M. (1</i> Signature | | | Case Status | | | | To | Case Dispos | ition | WILKI | ES, K. N. (15827) | | | | | | | |
| Status | Comp | iamant | oignatur(| | ☐ Further Investigation ☐ Unfounded ☐ Located ☐ Extradit ☐ Inactive ☐ Cleared by Arrest ☐ Refuse to Cooperate ☐ Closed/Cleared ☐ Cleared by Arrest by Another Agency | | | | | | | | | Page 1 | ned | | | | | | |