I N	Agenc	y Name		VSTON-SALEN	1 P	OLICE	] IN	CIDENT/INVESTIGATION					OCA 2257976						
C ·	ORI	NC			1	REPORT					Date / Time Reported SMTWTFS Month Day Yr Time								
D E	NC NC 0340200 Crime Incident(s)									☐ Att						Last Known Secure   SMTWIFS   SMONTH Day Yr Time			
N T	#1			y ous Tag- Violatio	on O	of Auto I	'.aw	_	Com	Month 12			Time $4:06 \mid \text{Hr}$			Day Yr 🗀	Time $14:06$ Hrs.		
D.	#2		ncident						Att	Location			4.00	- 12	1 0		Offense Tract		
A	Com 6029 University Pw/harmony St, Wi																124		
T A	#3	Jime I	ncident					☐ Att Premise Type ☐ Com						Victim Residence Type  ☐ Single Family ☐ Multi Family					
МО			d or Com						!				Forcible Yes	X N/A	_	apon / Tools			
																achal Haar			
	# of Victims   Type																		
V	T ☐ Religious ☐ L.E. Officer Line of Duty ☐ Other/Unknown ☐ Internal ☐ Unconscious ☐ Other Major ☐ N/A															 □N/A			
C	Crime #														Sex	Relationship To Offender	Resident Status  Resident		
T I	V1		DA	ΓA OMITTED				1,						☐ Non-Resident					
Μ .	Home	Addre	SS			ATA OMI								Home Phone Unknown					
	Employer Name/Address DATA OMI'													Business Phone					
	VYR   Make   Model   Style   Color												Vin	Vin					
	VIK	IVI	akc	Widder	Sty	y ic	Color		Lic	./ L15			V III						
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 for other	D = I r juri	Damaged sdiction)	Z = Seized	B =	Burn	ed $C = C$	Counterfei	t / Forge	d F = Four	nd					
	Victim # DCI Status Value OJ QTY					QTY	Property Description							Mal	ce/Mo	odel Se	rial Number		
- - P - R																DA	TA OMITTED		
					+											IN	FOR FORMATION		
					$\dashv$												SECURITY		
0																	PURPOSES		
Р <sup>-</sup> Е -																			
R.					_												LY THE FIRST		
Т Ү					+	+							+				VE PROPERTY ITEMS ARE		
-					$\dashv$	+							+				SPLAYED ON		
-					$\dashv$												2C REPORTS		
_																			
			ehicles S			nber Vehic	cles Recovere		0				Ia :	G.					
ID	Office: GEN		J. Z. (1	ID 16214)		Officer Sig	natur	e				Supervisor (0)	or Signature						
	Complainant Signature Case Statu										Case Di		:	_					
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	ıred		☐ Clea		Locarrest Locarrest by An	Refuse other Ag	gency	looperate	Page 1		