| I N | Agenc | y Name | ISTON-SALEN |] IN | NCIDENT/INVESTIGATION | | | | | | OCA 2320885 | | | | | | | | |
|--|---|-------------------|-----------------------|------------------------------------|-----------------------|---|---|------------------------|---------------|----------|-------------|-----------------------------|-----------------------|---|---|--------------|-----------------------|-------------------|--|
| C | ORI | NC | NC 02 | 10200 | | | 1 | REPORT | | | | | | | Date / Time Reported SMTHTFS Month Day Yr Time | | | | |
| D E | 10 | | NC 034 | | | Att At Found SMTATFS Month Day Yr Time | | | | | | | | Day YF Time O5 24 2023 00:08 Hrs. Last Known Secure S M T H T F S Month Day Yr Time | | | | | |
| N T | #1 | Jillio II | | y Spd-disturbing | The | Peace | | ı — | Com | Month 05 | D | | | ime 0:08 Hrs | | | Day Yr 1 24 2023 | Time | |
| | #2 | Crime I | ncident | spa aistaroing | 1110 | reace | | | \rightarrow | Location | | | <u>) UC</u> | 7.00 1118 | · | | 24 2023 | Offense Tract | |
| D A | \square Com 2746 Pepper Ct - F | | | | | | | | | | | | | | alem N | | | 213 | |
| T A | #3 | Crime I | ncident | | | | | | Att Com | Premise | Тур | pe | | | | | Victim Reside | ence Type ily | |
| МО | | | d or Com MITTEI | | | | | | | | | | | Forcible Yes | X N/A | _ | apon / Tools | · - | |
| | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | Alcohol Use: | | | |
| | X Society | | | | | | | | | | | | | | | _ | | | |
| V I | | Victim/ | | - | | | ity 🔲 Othe | er/Un | iknow | n 🗆 | | ternal Victim of | | | Other | | | | |
| C T | V1 | | | | | | | | | | | | | | Race | БСА | To Offender | ☐ Resident | |
| I | 1 | | DA | ΓA OMITTED | | | | | 1, | | | | | | □ Non-Resident | | | | |
| М | Home Address DATA OMIT | | | | | | | | | TTED . | | | | | | Home Phone | | | |
| | Employer Name/Address DATA OMI | | | | | | | | | | | | | | Business Phone | | | | |
| | VYR | M | Color Lic/Lis Vin | | | | | | 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 frecovered for other | D = I r juri | Damaged sdiction) | Z = Seized | B = | Burn | ed C= | Cou | ınterfeit / F | orged | F = Foun | d | | | | |
| | Victim # DCI Status Value OJ QT | | | | | QTY | Property Description | | | | | | | | Mak | e/Mo | odel S | erial Number | |
| - - P - | | | | | | | | | | | | | D. | ATA OMITTED | | | | | |
| | | | | | \dashv | | | | | | | | | | | | Ti | FOR NFORMATION | |
| | | | | | + | | | | | | | | | | | | | SECURITY | |
| R O | | | | | \dashv | | | | | | | | | | | | | PURPOSES | |
| P . | | | | | | | | | | | | | | | | | | | |
| R | | | | | | | | | | | | | | | | | | NLY THE FIRST | |
| Т Ү. | | | | | | | | | | | | | | | | | TWE | LVE PROPERTY | |
| Y | | | | | _ | | | | | | | | | | | | | ITEMS ARE | |
| | | | | | + | | | | | | | | | | | | | P2C REPORTS | |
| | | | | | \dashv | | | | | | | | | | | | | . 20 101 01(15 | |
| • | Numb | er of V | ehicles S | tolen 0 | Nun | nber Vehic | cles Recovere | d | 0 | | | | | | | | | | |
| ID | Office | r I F D | A. B. (1 | ID | | Officer Sig | Officer Signature Supervisor Signature MULGREW, M. J. (14746) | | | | | | | | | | | | |
| ID | | LEK, . lainant | | Case Status | | | | | | | | NEW, | EW, M. J. (14/40) | | | | | | |
| Status | -omp | | <u>-</u> | | | | ☐ Further ☐ Inact ☐ Closed ☐ Closed | r Inve ive /Clea | ared | | | ☐ Unfoun☐ Cleared☐ Cleared☐ | ded by Ai by Ai | Test Loc rest by And | Refuse other Ag | gency | ooperate | Page 1 | |