I N	Agenc	y Name		VSTON-SALEN	1 P	OLICE	] IN	ICIDENT/INVESTIGATION						OCA 2320971						
C I	ORI REPORT Date Mo														Date / Mon	te / Time Reported SMTWTFS onth Day Yr Time				
D E		rime I			☐ Att   At Found   SM T ₩ T F S   La									05   24   2023   15:38 Hrs. ast Known Secure SMTMTFS onth Day Yr						
N T	#1	5	sault	Month Day Yr Time Month Day  12 Com 05   24   2023   15:38   Hrs 05   24											Time	Hrs.				
D	#2 Crime Incident																lan NC	C	Offense Trac	et
A T	#3	Crime I	ncident					_	Att	Premise			a Ct I	Apt. 10, v	vinsto	Victim Residence Type				
A						Com						☐ Single Family ☐ Multi Family								
МО			d or Com MITTEI								Forcible  Yes  No									
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																			
V	I       □ Society □ Government □ Financial Institute       □ Broken Bones □ Severe Lacerations       □ Yes □ Unknown         □ Religious															own				
I C		Victim/	Business	Name (Last, First,	Victim of Crime #			DOI	OB / Age Race			Relations To Offen		Resident S						
T I	VI DATA OMITTED													29	$_{F}$	10K		☐ Non-Re	siden	
M	Home Address DATA OMITTED											1,				$\begin{array}{ c c c c c }\hline W & F & 1OK & \Box \text{ Unk}\\\hline & \text{Home Phone}\\\hline \end{array}$				vn
	E1 N/A 11															Business Phone				
,	DATA								OMITTED											
	VYR	M	аке	Model	Sty	yle	Color		Lic	c/Lis				Vin						
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 = Found	d 					
	Victim # DCI Status Value OJ QTY						Property Description								Mak	lake/Model Serial Number				
-					-													DA	FOR	ED
P - R _																		INI	FORMATION	ON
																			SECURITY	
O P .					_													]	PURPOSES	
E - R					+													ONI	LY THE FI	RST
T																	TV	VEL\	E PROPE	RTY
Y															ITEMS ARE					
					$\Box$														SPLAYED	
					_													P2	C REPORT	ΓS
-	Numb	er of V	ehicles S	tolen 0	Nun	nber Vehi	cles Recovere	d	0											
	Office	r		ID				Officer Signature Supervisor Signature MATHEWS, C. K. (15509)												
ID		<i>TT, J.</i> lainant		Case Status				T C	Case Dispos	ition	MAIH	EWS,	C. K	(1330)	1)					
Status	Comp	iuIII	-ignatul	-			☐ Further ☐ Inact ☐ Closed										dition Decl Page 1	ined		