| I N | Agen | cy Nam | | NSTON-SALE | M P | POLICE | | INCIDENT/INVESTIGATION | | | | | | | OCA 2321019 | | | | |
|---|--|------------------------------|--------------------|--------------------------------------|---------------|----------|--|------------------------|----------------|---------------------------|-----------------------|---|-----------------------|------------------|--|----------------------|---|-------------------|--|
| C I | ORI | | | | REPORT | | | | | | | Date / Time Reported S M T H T F S Month Day Yr Time | | | | | | | |
| D | NC NC 0340200 | | | | | | | | | | | | | 05 | 24 | 4 202 | 23 20:1 | õ Hrs. | |
| E N | #1 | Crime I | ncident(s | * | | | □ Att | Mor | | Day Yi | <u> </u> | T F S Time | | (nown S h Day | Secure ZYr | SMT <u>¥</u> Time | | | |
| Т | $\Gamma \xrightarrow{\text{max}} Drug Violations \qquad \qquad$ | | | | | | | | | | | |):16 Hr | s 05 | 24 | 2023 | 20:16 Offense | | |
| D A | #2 Crime Incident \Box Att Location of Incident \Box Com 2299 Woodland Av/e Twenty- | | | | | | | | | | | | | | | | 223 | Tact | |
| Т | #3 Crime Incident The Incident T | | | | | | | | | | | | | , | Vic | tim Resid | lence Type | | |
| А | | | | | | | | Com | | | | | 1 | | | - | nily □ Mul | ti Family | |
| МО | | | d or Con MITTEI | | | | | | | | | | Forcible Yes No | X N/A | Weapo | on / Tools | 5 | | |
| V I | # of V | Victims | | Person | | Business | | | 1 | injury | □ None | | _ | Loss of | | - | Alcohol Us | | |
| | 1 | | | ciety 🔲 Governn ligious 🔲 L.E. Of | | | inancial Institu utv □ Othe | | vn | _ | Broken Bon nternal | | Severe | Lacerat | | | l ^r es □ ^{Ur} ^{No} □N/2 | | |
| | | Victim | | s Name (Last, First, | | | | | | | Victim of | | B / Age | Race | Sex Re | lationshi | p Resider | nt Status | |
| C T | | | | | | | | | | | | | | | To | o Offende | | ident -Residen | |
| I M | I, | | | | | | | | | | | | | | | | | | |
| 101 | Hom | e Addre | ess | | | D | ATA OMI | ГTED | | | | | | | Home I | Phone | | | |
| | Empl | loyer Na | ame/Add | ress | | | | | Business Phone | | | | | | | | | | |
| | VYR | M | ake | Model | S | tyle | Color | Li | c/Lis | | | | Vin | | | | | | |
| E R N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | |
| Status | | | | R = Recovered | | | Z = Seized | B = Burr | ned | $\mathbf{C} = \mathbf{C}$ | ounterfeit /] | Forged | F = Four | nd | | | | | |
| Codes | s (Check "OJ" column if recovered for other jurisdiction) | | | | | | | | | | | | | | | | | | |
| - - P - R | # | DCI 13 | Status EVID | Value | OJ | QTY 1 | (9MM) HAND | Property | Desc | riptior | 1 | | | Mak TAURAS | e/Model | | Serial Num DATA OMI | | |
| | | 11 | OTHE | | PARAPHERNALIA | | | | | | | TAUNA | <i>02</i> | L | FOR | | | | |
| | 11 OTHE 1 PARAPHERNALIA 23 OTHE 1 CELL PHONE | | | | | | | | | | | |] | INFORMA | | | | | |
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| О Р· | | | | | | | | | | | | | | | | | PURPOS | SES | |
| E · | | | | | | | | | | | | | | | | | NLY THE | FIDET | |
| R T Y | | | | | | | | | | | | | | | | | ELVE PRO | | |
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| - | | | | | | | | | | | | | | | |] | DISPLAY | ED ON | |
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| - | N | | | <u> </u> | | | 1 5 | 1 . | | | | | | | | | | | |
| | Num | | ehicles S | - | Nu: D# | mber Veh | Contraction of the contract of | - | | | | | Superviso | r Signatu | re | | | | |
| ID | MA | MARSHALL, C. A. (15837) PENN | | | | | | | | | | | | | <i>N</i> , <i>C</i> . <i>I</i> . (16004) | | | | |
| Status | Comp | olainant | Signatur | e | | | Case Status | r Investiga ive | tion | | Case Dispo | nded d by Ai | |] Refuse | | | stradition D | eclined | |
| | | | | | | | | | haust | ed | Death | | | Prosec | | eclined | Page | e 1 – | |