I N	Agenc	y Name		VSTON-SALEN	DLICE] IN	INCIDENT/INVESTIGATION							OCA 2411132				
C ·	ORI	NC				-	REPORT							Date / Time Reported S M T W T F S Month Day Yr Time				
D E			NC 034			Att At Found SMTWTFS Month Day Yr Time								03 31 2024 02:28 Hrs. Last Known Secure S M T W T F S Month Day Yr Time				
N T	#1			Missing Pe	rson			_	Com	Month 03	D			lime 2:28 Hrs			Day Yr 🖰	Time $02:27$ Hrs.
D	#2	Crime I	ncident		_	Att Location of Incident Offense T									Offense Tract			
A T	#3	Crime I	ncident						Com Att	Premise		-	jora .	Ka, Winsi	on-sa		Victim Reside	322 nce Type
A									Com									ly ∏Multi Family
МО			d or Com									Forcible Yes No	X N/A	We	apon / Tools			
	# of Victims Type Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																	
V	1			ciety Government Gious L.E. Off					know		-	oken Bone ternal 🏻 🗖		Severe	Lacera Other	tions Majo		es Unknown O N/A
I C		Victim/		Name (Last, First,	Victim of DC Crime #						B / Age Race S				Resident Status			
T I	V1 DATA OMITTED										1	1,		31	W	M	10 Offender	Non-Residen
M ·	Home	Addre	ss									"		ne Phone	Unknown			
	DATA OM														Business Phone			
				A OMITTED														
	VYR	M	ake	Model	Sty	le	Color		Lic	:/Lis				Vin				
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 = D r juris	amaged diction)	Z = Seized	B =	Burn	ed C=	Cou	ınterfeit / F	orged	F = Found	d			
	Victim # DCI Status Value OJ QTY						Property Description								Mak	e/Mo		erial Number
- P - R _		 											DA	TA OMITTED FOR				
																	IN	FORMATION
																		SECURITY
O P																		PURPOSES
E - R																	ON	ILY THE FIRST
Т																	TWEL	VE PROPERTY
Y																		ITEMS ARE
-																		ISPLAYED ON 2C REPORTS
-																	- 1	2C KEI OKIS
_			ehicles S			ber Vehic	cles Recovere		0									
ID	Office:		ILLE. T	ID T. <i>J. (16036)</i>	Officer Sig	Officer Signature Supervisor Signature NELSON, S. M. (15176)												
112			Signature		Case Status	Case Disposition:												
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	ıred				by A	Local rest Carest by Anomales Carest by Anomale	Refuse ther Ag	gency	ooperate	Page 1