| I<br>N  | Agenc  | y Name  | e WIN                     | ] IN                           | INCIDENT/INVESTIGATION |                    |                            |                        |            |          |            | OCA 2411622                 |                       |                            |                      |  |                              |                   |                                    |  |
|---|--|---------|---------------------------|--------------------------------|------------------------|--------------------|----------------------------|------------------------|------------|----------|------------|-----------------------------|-----------------------|----------------------------|----------------------|--|------------------------------|-------------------|------------------------------------|--|
| C I   | ORI  | NC      | NC 034                    |                                |                        |                    | 1                          | REPORT                 |            |          |            |                             |                       |                            |                      | Date / Time Reported   S M T W T F S Month Day Yr Time |                              |                   |                                    |  |
| D<br>E  |  |         | ncident(s                 |                                |                        |                    |                            |                        | Att I      | At Fou   | nd         | SM                          | 1 T W                 | ∓FS                        | 04<br>Last           |  | 04   2<br>vn Secure<br>Day Y |                   | Time<br>  01:21 Hrs<br>  M T W T F |  |
| N<br>T  | #1   |         |                           | Suspicious P                   | erso                   | on                 |                            | ı —                    | Com        | Month 04 | . I        |                             |                       | ime<br>:21  Hrs            |                      |  |                              | r 💳               | Time $01:20$ Hrs                   |  |
| D   | #2   | Crime I | ncident                   |                                |                        |                    |                            |                        |            |          | Incident   |                             |                       |                            | IC 2                 | 7102   |                              | Offense Tract 322 |                                    |  |
| A<br>T  | #3   | Crime I | ncident                   |                                |                        |                    |                            | 片                      | Com<br>Att | Premise  |            |                             | Dr, v                 | inston-so                  | nem r                |  | Victim Re                    | siden             |                                    |  |
| A   |  |         | 1 0                       |                                |                        |                    |                            |                        | Com        |          |            |                             |                       | - "1                       | -                    | _  |                              |                   | y □Multi Fami                      |  |
| MO  | How Attacked or Committed  DATA OMITTED  Forcible  Yes N/A  No  Weapon / Tools |         |                           |                                |                        |                    |                            |                        |            |          |            |                             |                       |                            |                      |  |                              |                   |                                    |  |
|   | # of V   | ictims  | l                         | Person                         |                        | Business           |                            |                        |            | Inju     | •          | ☐ None                      |                       |                            | ] Loss o             |  |                              | -                 | cohol Use:                         |  |
| V   | 0  |         |                           | ciety  Governm igious L.E. Off |                        |                    | inancial Institution       |                        | know       | - 1      | _          | roken Bone<br>iternal 🔲     |                       | ☐ Severe                   | Lacera<br>Other      |  | –                            | ∃ Yes<br>∃ No     | Unknown<br>□N/A                    |  |
| I<br>C  |  | Victim/ |                           | Name (Last, First,             |                        |                    | Victim of   DOI            |                        |            |          |            | 3 / Age                     | Sex                   | <del></del>                |                      |  |                              |                   |                                    |  |
| T<br>I  | V1   |         | DA                        | ΓA OMITTED                     |                        |                    |                            |                        | Crime #    |          |            |                             |                       | 10 Offer                   | ider                 | ☐ Non-Reside   |                              |                   |                                    |  |
| M   | Home   | Addre   | ess                       |                                |                        |                    |                            |                        |            |          | Home Phone |                             |                       |                            |                      |  |                              |                   |                                    |  |
|   |  |         |                           |                                |                        | D.                 | ATA OMI                    | ГТЕ                    | D          |          |            |                             |                       |                            |                      |  |                              |                   |                                    |  |
|   | Emplo  | oyer Na | ıme/Addı                  | ress                           | D.                     | ATA OMI            | TA OMITTED                 |                        |            |          |            |                             |                       |                            | Business Phone       |  |                              |                   |                                    |  |
| '   | VYR  | M       | ake                       | Model                          | Sty                    | yle                | Color                      |                        | Lic        | :/Lis    |            |                             |                       | Vin                        |                      |  |                              |                   |                                    |  |
| T<br>H<br>E<br>R<br>S<br>I<br>N<br>V<br>O<br>L<br>V<br>E<br>D |  |         |                           |                                |                        |                    | DATA                       | <i>y</i> C             | ЭM         | ITT      | ΕI         | )                           |                       |                            |                      |  |                              |                   |                                    |  |
| Status<br>Codes   | (Chec  | k "OJ"  | = Stolen<br>column i      | R = Recovered for other        | D = I<br>r juri        | Damaged isdiction) | Z = Seized                 | B =                    | Burn       | ed C=    | : Coı      | unterfeit / F               | Forged                | F = Foun                   | d                    |  |                              |                   |                                    |  |
|   | Victim<br>#  | DCI     | Status                    | Value                          | OJ                     | QTY                |                            | Pro                    | perty      | Descrip  | tion       |                             |                       |                            |                      | ial Number   |                              |                   |                                    |  |
| -   |  |         |                           |                                |                        |                    |                            |                        |            |          |            |                             |                       | DA                         | FOR                  |  |                              |                   |                                    |  |
| ъ.  |  |         |                           |                                | +                      |                    |                            |                        |            |          |            |                             |                       |                            |                      |  |                              | IN                | FORMATION                          |  |
| P ·<br>R .  |  |         |                           |                                |                        |                    |                            |                        |            |          |            |                             |                       |                            |                      |  |                              |                   | SECURITY                           |  |
| O<br>P -  |  |         |                           |                                |                        |                    |                            |                        |            |          |            |                             |                       |                            |                      |  |                              |                   | PURPOSES                           |  |
| E -<br>R  |  |         |                           |                                |                        |                    |                            |                        |            |          |            |                             |                       |                            |                      |  |                              | ON                | LY THE FIRST                       |  |
| T.  |  |         |                           |                                |                        |                    |                            |                        |            |          |            |                             |                       |                            |                      |  | TV                           | VEL               | E PROPERTY                         |  |
| Y   |  |         |                           |                                |                        |                    |                            |                        |            |          |            |                             |                       |                            |                      |  |                              |                   | TEMS ARE                           |  |
|   |  |         |                           |                                |                        |                    |                            |                        |            |          |            |                             |                       |                            |                      |  |                              |                   | SPLAYED ON                         |  |
|   |  |         |                           |                                |                        |                    |                            |                        |            |          |            |                             |                       |                            |                      |  |                              | P2                | C REPORTS                          |  |
| -   | Numh   | er of V | ehicles S                 | tolen 0                        | Nun                    | nber Vehic         | cles Recovere              | d                      | 0          |          |            |                             |                       |                            |                      |  |                              |                   |                                    |  |
|   | Office   | r       |                           | ID                             |                        |                    | Officer Sig                |                        | _          |          |            |                             |                       | Supervisor                 | Signati              | ure  | (0.4.1.)                     |                   |                                    |  |
| ID  |  |         | <i>HY, D.</i><br>Signatur | J. (15427)                     |                        |                    | Case Status                | 2                      |            |          | 10         | Case Dispos                 | sition                | WELL.                      | s, s. s.             | . (15  | 941)                         |                   |                                    |  |
| Status  | Comp   | iamant  | Signatur                  |                                |                        |                    | ☐ Further ☐ Inact ☐ Closed | r Inve<br>ive<br>/Clea | ıred       |          |            | ☐ Unfoun☐ Cleared☐ Cleared☐ | ded<br>by Ai<br>by Ai | Loc<br>rest<br>rest by And | ] Refuse<br>other Ag | gency  | Cooperate                    |                   | Page 1                             |  |