I N	Agenc	y Name		NSTON-SALE	и Р	OLICE	. IN	CIE	CIDENT/INVESTIGATION						OCA 2411734				
C I	ORI	NG			REPORT						Date / Time Reported SMTWTES Month Day Yr Time								
D E	10		NC 034		 								04 05 2024 03:32 Hrs.						
N	#1) Assault-non Ag	nated As	☐ Att At Found S M T W T F S Month Day Yr Time X Com 04 05 2024 03:32 Hr							Month Day Yr Time						
T	#2		ncident	1334411-11011 1188	grav	uieu 11si	sauii	Location of Incident Location of Incident										03:31 Hrs. Offense Tract	
D A	Lancon All Other														ı-salei			313	
T A	#3	Crime I	ncident						Att Com	Premise	Typ	pe				- 1	Victim Resider	nce Type ly∏Multi Family	
	How A	Attacke	d or Com	nmitted				Ш	Com					Forcible	1		apon / Tools	ly 🔲 Widiti Fallilly	
MO	D.	ATA O	MITTEL)										☐ Yes [☐ No	IX N/A				
	# of Victims Type None None Minor Loss of Teeth Drug/Alcohol Use:															cohol Use:			
*7	1			ciety Governm			inancial Instit		knou		-	roken Bone		Severe	Lacera	tions			
V I	I □ Religious □ L.E. Officer Line of Duty □ Other/Unknown □ Internal □ Unconscious □ Victim/Business Name (Last, First, Middle) Victim of DOB / Age														Race			□N/A Resident Status	
C T	V1		DA	ΓA OMITTED						Crime #		53			To Offender	Resident Non-Resident			
I M				IA OMITTED					1,2			W	M	1RU	☐ Unknown				
171	Home	Addre		ГТЕО								Home Phone							
	Emplo	Employer Name/Address DATA O														Business Phone			
	VYR Make Model Style Color													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 if recovered for other	D = : er jur	Damaged isdiction)	Z = Seized	B =	Burn	ned C=	Cou	ınterfeit / F	orged	F = Foun	d				
	Victim #	DCI	Property Description								Mal	Make/Model Serial Number							
	1														BLUE		DA	TA OMITTED	
P -																	IN	FOR FORMATION	
				+														SECURITY	
R O																		PURPOSES	
P :																			
R																		LY THE FIRST	
Т Ү.																		VE PROPERTY	
٠.																		SPLAYED ON	
-																		2C REPORTS	
-																			
			ehicles S			nber Vehi	cles Recovere		0										
ID	Officer ID# Officer SHERMER, C. J. (16239)								re					Supervisor GRIFF					
	Complainant Signature Case Statu									GRIFFIN, B. K. (15429) Case Disposition:									
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	ared				by A	rrest by And	Refuse other Ag	gency	ooperate	Page 1	