| I N | Agenc | y Nam | | NSTON-SALE | M P | POLICE | | | | | | | | OCA 2412387 | | | | |
|---|--|-----------------|--------------------|---------------------------------------|----------------|---------------------|---------------------------------------|---------------------------|--------|-------|--------------------------------|----------------|---------------------|---|--------|--------------|----------------------------|--|
| C I | ORI | NG | NGO2 | 40200 | | | | | | | | | | Date / Time Reported SM TH TFS Month Day Yr Time | | | | |
| D E N | | | NC 034 | | | | | | | | | | | 04 | 10 |) 202 | 24 08:32 Hrs. SMT₩TFS | |
| | #1 | | licidelii(s | Drunk And D | icrui | ntiva | | ☐ Att X Com | Mon | th | Day Yi | : · · | fime | | | Secure Yr | Time | |
| Т | | Crime I | ncident | Drunk Ana D | isrup | личе | | | 07 | | <u>10 202</u> of Incident | 4 08 | 8:32 Hrs | s 04 | 10 | 2024 | 08:31 Hrs Offense Tract | |
| D A T A | | | | | | | | | | | | | | m NC 2 | 7101 | | 111 | |
| | #3 | Crime I | ncident | Resisting A | Att | Prem | ise T | ype | | | | | | lence Type nily □Multi Family | | | | |
| МО | | | d or Con MITTEI | nmitted | | | | | | | | | Forcible | X N/A | Weapo | on / Tools | 3 | |
| V I | # of V | victims | Туре | □ Person | | Business | | | Ir | njury | □ None | | Inor □ | Loss of | Teeth | Drug/ | Alcohol Use: | |
| | 2 Society Government Financial Institute Broken Bones Severe | | | | | | | | | | | | | e Lacerations ☐ Yes ☐ Unknown ☐ Other Major ☐ No ☐ N/A | | | | |
| | 2 ☐ Religious ☐ L.E. Officer Line of Duty ☐ Other/Unknown ☐ Internal ☐ Unconscious ☐ ☐ Victim/Business Name (Last, First, Middle) ☐ Victim of ☐ DOB / Age ☐ ☐ ☐ | | | | | | | | | | | | | | | lationshi | | |
| C T | V1 | | | | | | | | | | Crime # | | 5,1180 | | | Offende | r 🔲 Resident | |
| Ι | | | DA | TA OMITTED | | | | | | | 1,2,3 | | | | | | □ Non-Residen | |
| М | Home | e Addre | ss | | | | | TA OMITTED | | | | | | | Home I | Phone | | |
| | Emple | oyer Na | ame/Add | ress | ATA OMI | | | | | | | Business Phone | | | | | | |
| | VYR | M | ake | Model | S | tyle | Color Lic/Lis Vin | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| T H E R S I N V O L V E D | | | | | | | DATA | | | | | | | | | | | |
| Status Codes | L = L (Chec | ost S k "OJ" | = Stolen column | R = Recovered if recovered for oth | D = ner jui | Damaged risdiction) | Z = Seized | B = Bur | ned C | C = C | ounterfeit /] | Forged | F = Foun | d | | | | |
| | Victim # | DCI | Status | Value | OJ | QTY | | Property | Descr | iptio | n | | | Make | /Model | | Serial Number | |
| P · | | | | | | | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | DATA OMITTED | |
| | | | | | | | | | | | | | | | | | FOR | |
| | | | | | | | | | | | | | | | | | INFORMATION | |
| R O | | | | | | | | | | | | | | | | | SECURITY PURPOSES | |
| P · | | | | | | | | | | | | | | | | | PURPUSES | |
| E · | | | | | | | | | | | | | | | | 0 | ONLY THE FIRST | |
| R T | | | | | | | | | | | | | | | | | ELVE PROPERTY | |
| Y | | | | | | | | | | | | | | | | | ITEMS ARE | |
| | | | | | | | | | | | | | | | | | DISPLAYED ON | |
| | | | | | | | | | | | | | | | | | P2C REPORTS | |
| - | | | | | | | | | | | | | | | | | | |
| | | | ehicles S | - | | mber Vehi | cles Recovere | - | | | | | Cupani | Signat | | | | |
| ID | Office ANL | | <u>ЭN, В</u> . | R. (15633) | D# | | | Signature Supervis WAG | | | | | | or Signature ONER, S. D. (15802) | | | | |
| Status | | | | | | | | | | | | | stradition Declined | | | | | |
| | | | | | | | | | hauste | d | Death | | | Prosecu | | eclined | Page 1 | |