I N	Agenc	y Name		ISTON-SALEN	OLICE	IN	CIE	CIDENT/INVESTIGATION						OCA 2412893							
C															Date / Mon	te / Time Reported SMTWTFS					
D E		Crime I	Att At Found SMTWTFS Month Day Yr Time								Day 1F Time O4 13 2024 20:11 Hrs. Last Known Secure SM T W T F S Month Day Yr Time										
N T	#1 C. I A I Month Day Yr Time Mc																				
D	#2 Crime Incident																•	C	Offense T	Tract	
A T	πэ (Crime I	ncident	Resisting A	<u>'t</u>	Com Att	· ·					Bv,	Bv, 322 Victim Residence Type								
A	#3						Com						☐ Single Family ☐ Multi Family								
МО			d or Com		Forcible						☐ Yes [
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																				
V	2 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Internal Unconscious Other Major																				
I C		Victim/		Name (Last, First,		Victim of DOB / Age				Race		Relations	hip	Residen	t Status						
T	VI DATA OMITTED													$41 \mid W$			To Offen		Resident Non-	aent -Resident	
I M	Home Address														M	$M \mid 1ST, 2ST \mid \Box$ Unk Home Phone			nown		
					D	ATA OMI	TTED							Home I none							
	Emplo	oyer Na	ıme/Addı	ress	D	ATA OMI	TA OMITTED							Business Phone							
,	VYR Make Model Style						Color Lic/Lis Vin						Vin								
T H E R S I N O L V E D	DATA OMITTED																				
Status Codes	L = L (Chec	ost S k "OJ"	= Stolen column i	R = Recovered for other	D = er jur	Damaged risdiction)	Z = Seized	B =	Burn	ned C=	Cou	ınterfeit / F	orged	F = Found	d						
	Victim # DCI Status Value OJ QTY						Property Description							Mal	Make/Model Serial Number				ber		
-														DA	TA OMI						
- P - R																		INI	FOR FORMA		
																			SECURI		
O P -																		I	PURPOS	SES	
E ·																		ONI	VTHE	EIDCT	
R T																	TV		Y THE		
Y ·																	- 1 1		TEMS A		
																		DIS	SPLAYE	ED ON	
					\Box													P2	C REPC	ORTS	
-	Numb	er of V	ehicles S	tolen 0	Nııı	mber Vebi	cles Recovere	d	0												
	Office	r		ID			Officer Sig	ignature Supervisor S													
ID	MCCARTHY, D. J. (15427) Complainant Signature Cas															VN, J. L. (15605)					
Status	Comp	iamalli	Signatul				☐ Closed	r Inve tive /Clea	ared			☐ Unfoun☐ Cleared☐ Cleared☐	ded by Ai by Ai	Locarrest	Refuse ther Ag	gency	ooperate		dition D		