		N															
I N	Agenc	y Namo		NSTON-SALE	M P	POLICE	INCIDENT/INVESTIGATION						N	OCA 2414111			
C · I	ORI				REPORT							Date / Time Reported SMI MIFS Month Day Yr Time					
D			NC 034		<u> </u>							04 23 2024 09:55 Hrs.					
E N	#1	Crime I	ncident(s			Att	At Fou Month		ay Yr	¶ <u></u> ⊒¶₩ T:	T F S ime	Last K Monti	nown S 1 Day	ecure Yr	SM <u>T</u> WTFS Time		
T.		ⁿ rima I	ncident	Vandali	sm			X Com	04		<u>3 2024</u> Incident	4 09.	:55 Hrs	04	23	2024	Offense Tract
D A	$\begin{bmatrix} \Box & \Box \\ \Box & \Box \end{bmatrix}$														7107		211
Т	#3 Crime Incident															im Resid	ence Type
A								Com								-	nily ∏Multi Family
MO			d or Con MITTEI										Forcible ☐ Yes [☐ No		Weapo	n / Tools	
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															Alcohol Use:	
	1		□ So	ciety 🔲 Governn	nent	🗆 F	inancial Instit				oken Bone			Lacerations Ves Unknown			
V I		Victim		ligious 🔲 L.E. Of			uty 🗌 Othe	er/Unknov	vn [ternal			Other N		lationshi	
С	Victim/Business Name (Last, First, Middle) V1 DATA ON WITTED															Offende	r 🗖 Resident
T I	• 1		DA	TA OMITTED							1,						Non-Residen
M ·	Home	Addre	ss								,				Home P	hone	
	F 1		/4.11			D	ATA OMI	ITED									
	Emplo	oyer Na	ame/Add	ress		D	ATA OMI	ГTED							Busines	s Phone	
	VYR	M	ake	Model	S	tyle	Color	Li	c/Lis				Vin	1			
T H R S I N V O L V E D	DATA OMITTED																
Status																	
Codes	(Chec	k "OJ"	column	if recovered for oth	er ju	risdiction)	2 · Seized	$\boldsymbol{\omega} = \boldsymbol{D} \boldsymbol{u} \boldsymbol{U}$					Oull	-			
	Victim #	DCI	Status	Value	OJ	QTY		1 2	Descript	ion					/Model		Serial Number
	1	1 77 4 1 ELECTRICAL BOX										i	METAL		D	ATA OMITTED	
																I	FOR NFORMATION
P- R																	SECURITY
0																	PURPOSES
Р ⁻ Е -																	
R																	NLY THE FIRST
T Y ·																TWE	LVE PROPERTY
																I	ITEMS ARE
-																	P2C REPORTS
-																	
_			ehicles S			mber Vehi	cles Recovere	-						<u>a:</u>			
ID	Office GAN		V-LACI	II KEY, M. K. (16)# 304))	Officer Sig	Officer Signature Supervisor Signature GEDDINGS, H. L. (14851)									
Status			Signatur				_X Inact	Further Investigation Unfounded L						ccated ☐ Extradition Declined ☐ Refuse to Cooperate			
									hausted		\square Death of			Prosecu		clined	Page 1