I N	Agenc	y Name		VSTON-SALEN] IN	INCIDENT/INVESTIGATION							OCA 2414173						
C	ORI	NC	NC 034				REPORT							Date / Time Reported SMIWTFS Month Day Yr Time					
D E			ncident(s			X Att At Found SMIWIFS Month Day Yr Time							17 17 17 17 17 17 17 17						
N T	#1			50b Order Vio												Time 17:51 Hrs.			
D	#2	Crime I	ncident			_	Att Location of Incident Offens									Offense Tract 124			
A T	#3	Crime I	ncident						Com Att	Premise 7		nes mu	ı Ka,	winston-	saien		/ictim Reside		
A									Com							_		ly □Multi Family	
МО			d or Con MITTEI											Forcible Yes No	X N/A	We	apon / Tools		
V	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																		
	I ☐ Society ☐ Government ☐ Financial Institute ☐ Broken Bones ☐ Severe Lacerations ☐ Yes ☐ Unknown ☐ Religious ☐ L.E. Officer Line of Duty ☐ Other/Unknown ☐ Internal ☐ Unconscious ☐ Other Major ☒ No ☐ N/A															_			
I C		Victim/	Business	Name (Last, First,	Middl	e)			Victim of DO					B / Age	Race		Relationship To Offender	Resident Status	
T I	V1		DA	ΓA OMITTED		$\begin{bmatrix} I & I & I \\ I & I \end{bmatrix}$						37	$\mid w \mid$	$_{F}$	To Official	☐ Non-Resident			
M	Home	Addre	ess		· ·							\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		ne Phone	Unknown				
	F1-	N	/		ATA OMI	ITTED							D : N						
		oyer Na	ıme/Addı		ATA OMITTED								Business Phone						
·	VYR	M	ake	Model	Sty	le	Color		Lic	:/Lis				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 frecovered for other	D = D r juris	Damaged sdiction)	Z = Seized	B =	Burn	ed C = 0	Count	erfeit / F	orged	F = Found	il 				
	Victim # DCI Status Value OJ QTY						Property Description								Mak	e/Mo		erial Number	
- P - R _		 											DA	ATA OMITTED FOR					
					+												II	NFORMATION	
																		SECURITY	
O P .					_													PURPOSES	
E ·					+												Oi	NLY THE FIRST	
T																	TWEI	VE PROPERTY	
Υ .																		ITEMS ARE	
					_													ISPLAYED ON P2C REPORTS	
					+													2C REPORTS	
-	Numb	er of V	ehicles S	tolen 0	Num	ber Vehic	cles Recovere	d	0										
ID	Office	r /ARD	MI	ID (16275)	Officer Sig	Officer Signature Supervisor Signature BRUNER, K. M. (15921)													
עו	BOVARD, M. J. (16275) Complainant Signature Case														, , , , , , , , , , , , , , , , , , , ,				
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	tive /Clea	ıred				by Ar	Test by Ano	Refuse ther Ag	gency	ooperate Г	Page 1	