| I N | Agenc | y Ivanie | | STON-SALE | M F | POLICE | INCIDENT/INVESTIGATION REPORT | | | | | | 2422724 Date / Time Reported SMTHTFS | | | | |
|--|--|---------------------------|---------------------|---|-------|-------------|--|---|------------------|----------------------|-----------------------|---------------|---|--------------------------------|-------------------------------|--------------------------|--|
| C · I | ORI | | | | | | | | | | | | | | | | |
| D | | | NC 034 | | | | | | | | | | 06 26 2024 11:33 Hrs. | | | | |
| E N | #1 | | ncident(s | | | | | 🗆 Att | At Foun Month | d SM Day Yr | 1 <u>-</u> W T Tin | F S ne | Last K Month | nown Sea 1 Day | ure Yr | SM <u></u> TWTFS Time | |
| Т | C | | | ıg Threats -inti | mid | ation, No | n Physical | | 06 | 25 2024 | 4 18:0 | 00 Hrs | 06 | 25 | | 17:00 Hrs. | |
| D | $=$ ± 2 | | | | | | | | | | | | | | | Offense Tract | |
| A T | Crime Insident | | | | | | | | | | | | | | | nce Type | |
| А | #3 | | | | | | | \Box Com | | | | | | ly <mark>□</mark> Multi Family | | | |
| | How A | Attacke | d or Con | nmitted | | | | | | | | orcible | | Weapon | / Tools | | |
| MO | D | ATA O | MITTEI |) | | | | | | | | ∃Yes []No | A N/A | | | | |
| | # of Victims Type A Person ☐ Business Injury None ☐ Minor ☐ Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | lcohol Use: | |
| | I Society Government Financial Institute Broken Bones Sever I Religious L.E. Officer Line of Duty Other/Unknown Internal Unconscious | | | | | | | | | | | | | | re Lacerations Yes Unknown | | |
| V I | | liating/ | | ligious 🔲 L.E. Of Name (Last, First, | | | ity 🗌 Othe | er/Unknov | ^{/n} | Internal | | | Other M | | | | |
| Ċ | V1 | v icuiti/ | | | witu | ule) | | | | Victim of Crime # | DOB / | Age 47 | Race S | | tionship Offender | 🛛 Resident | |
| T I | V I | | DA | FA OMITTED | | | | | | 1, | | - | B | M 1A | AQ | □ Non-Residen | |
| M· | Home Address | | | | | | | | | | | | | Home Ph | ~ | Unknown | |
| | | | | | | D | ATA OMI | ГTED | | | | | | | | | |
| | Emplo | oyer Na | ume/Add | ress | | D | ATA OMI | TA OMITTED | | | | | Business Phone | | | | |
| | VYR | M | ake | Model | S | tyle | Color | Li | c/Lis | | \ | /in | | | | | |
| | | | | | | | | | | | | | | | | | |
| H E R S I N V O L V E D | | DATA OMITTED | | | | | | | | | | | | | | | |
| Status | | | | R = Recovered | | | Z = Seized | B = Burr | ned $C = 0$ | Counterfeit / F | orged | F = Found | 1 | | | | |
| Codes | Victim | k "OJ" | column | if recovered for oth | er ju | risdiction) | | | | | | | | | | | |
| - | # | # DCI Status Value OJ QTY | | | | | Property Description | | | | | | Make | /Model | | erial Number | |
| | | | | | | | | | | | | | | | DF | FOR | |
| | | | | | | | | | | | | | | | IN | FORMATION | |
| P- R | | | | | | | | | | | | | | | | SECURITY | |
| 0 | | | | | | | | | | | | | | | | PURPOSES | |
| Р' Е- | | | | | | | | | | | | | | | | | |
| R | | | | | | | | | | | | | | | | ILY THE FIRST | |
| T Y · | | | | | | | | | | | | | | | TWEL | VE PROPERTY | |
| | | | | | | | | | | | | | | | D | ITEMS ARE | |
| - | | | | | | - | | | | | | | | | | 2C REPORTS | |
| - | | | | | | | | | | | | | | | | | |
| - | Numb | er of V | ehicles S | tolen 0 | Nu | mber Vehic | cles Recovere | d 0 | | | | I | | | | | |
| ID | Officer | | W7 / 1 | | D# | | Officer Sig | Officer Signature Supervisor Signature GEDDINGS, H. L. (14851) | | | | | | | | | |
| ID | | | . W. (1 Signatur | | | | Case Status | 8 | | Case Dispos | | GEDDI | 1VUS, I | п. L. (1 | 4031) | | |
| | mpi | | -o-utur | | | | □ Further Investigation □ Unfounded □ Lo | | | | | | Extradition Declined | | | | |
| Status | | | | | | | | □ Inactive □ Cleared by Arrest □ Closed/Cleared □ Cleared by Arrest by Ar | | | | | □ Refuse to Cooperate | | | | |
| | | | | | | | Closed | | hausted | Death o | | | | tion Decl | lined | Page 1 | |