| | | | | | | | _ | | | | | | | | |
|--|---|---|-----------------|----------------------|--------|------------------------|---|--------------------|----------|-------------------|-------------------|---------------|---|----------------------|-------------------------------------|
| I N | Agenc | y Name | | STON-SALE | OLICE | INCIDENT/INVESTIGATION | | | | | OCA 2423465 | | | | |
| C · | ORI | | ,, 11 | STON SILL | | OLICL | REPORT | | | | | | Date / Time Reported S M T W T F S Month Day Yr Time | | |
| I D | | NC | NC 034 | 40200 | | | | | | | | | 07 01 2024 17:47 Hrs. | | |
| E N | | rime Iı | ncident(s |) | | | Att At Found SH TW TFS Month Day Yr Time | | | | | | Last Kn Month | own Secure Day Yr | SMTWTF _{-S} Time |
| T . | #1 | | | Trespass | ing | | | X Com | 07 | 01^{-} 20 | 024 1 | 7:47 Hrs | | 29 202 | |
| D | #2 Crime Incident | | | | | | | | | | | | | 1 | Offense Tract |
| A T | Crime Incident - Desmiss Type | | | | | | | | | | | | | Victim Resi | 111 idence Type |
| A | #3 | | licident | | | | | | | | | | | | mily ⊓Multi Family |
| | How A | ttacke | d or Con | mitted | | | | | | | | Forcible | 1 | Weapon / Too | |
| MO | D | ATA O | MITTEI |) | | | | | | | | □ Yes □ No | X N/A | | |
| | # of Victims Type Person X Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | |
| | 2 | | 🗆 So | ciety 🔲 Governr | nent | \Box F | inancial Institu | | |] Broken Bo | ones | □ Severe | Laceratio | ns 🗆 | Yes Unknown |
| V I | | 7 / | | ligious 🔲 L.E. O | | | aty 🗌 Othe | er/Unknov | /n [|] Internal [| | | Other M Race S | <u> </u> | No N/A |
| С | | | | | | | | | | | | | | | hip Resident Status er DResident |
| T I | V1 | | DA | ΓΑ OMITTED | | | | | | 1, | | | | | □ Non-Residen |
| M · | Home | Addre | | | | | | | | 1, | | | | ome Phone | Unknown |
| | Home Address DATA OMITTED | | | | | | | | | | | | | ionie i none | |
| | Emplo | oyer Na | me/Add | ress | | D. | ATA OMI | | | | | В | usiness Phone | e | |
| | VYR | M | ake | Model | S | tyle | Color | Li | c/Lis | | | Vin | | | |
| | | | | | | 5 | | | | | | | | | |
| H E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | |
| Status | L = Lo | ost S | = Stolen | R = Recovered | D_= | Damaged | Z = Seized | B = Burr | ned C = | Counterfeit | / Forged | F = Four | nd | | |
| Codes | (Chec Victim | k "OJ" | column | if recovered for oth | ier ju | risdiction) | | | | | | | | | |
| | # | DCI | Status | Value | OJ | QTY | | Property | Descript | ion | | | Make/ | | Serial Number DATA OMITTED |
| P · | | | | | | | | | | | | | | | FOR |
| | | | | | | | | | | | | | | | INFORMATION |
| | | | | | | | | | | | | | | | SECURITY |
| R O | | | | | | | | | | | | | | | PURPOSES |
| Р. | | | | | | | | | | | | | | | |
| E- R | | | | | | | | | | | | | | | ONLY THE FIRST |
| T - | | | | | | | | | | | | | | TW | ELVE PROPERTY |
| Y | | | | | | | | | | | | | | | ITEMS ARE |
| - | | | | | | | | | | | | | | | DISPLAYED ON |
| - | | | | | | | | | | | | | | | P2C REPORTS |
| - | | | | | | | | | | | | | | | |
| - | Numb | Number of Vehicles Stolen 0 Number Vehicles Recovered 0 | | | | | | | | | | | | | |
| | Officer | | | I | D# | | Officer Sig | | | | | Supervisor | r Signature | | |
| ID | | | <u>r. M. (1</u> | / | | | | | | | •.• | WAGC | ONER, S. D. (15802) | | |
| Status | Compl | aınant | Signatur | e | | | Case Status | · Investiga ive | tion | Case Disp Unfo | unded red by A | □ Loc |] Refuse to | o Cooperate | Extradition Declined |
| | | | | | | | | | hausted | | | | | ion Declined | Page 1 |