							.					-					
I N	Agenc	y Name		STON-SALE	M P	POLICE	INCIDENT/INVESTIGATION					N	OCA 2426424				
C · I	ORI						REPORT						Date / Time Reported S M T W F F S Month Day Yr Time				
D		NC	NC 034	40200									07 25 2024 13:35 Hrs.				
E N		Crime I	ncident(s)				🗆 Att	At Four Month	nd SI Dav Yi		TFS ime	Last K	nown Secu	re Yr	SMTW∃FS Time	
T .	#1			Trespass	ing			X Com	07	25 202		35 Hrs				<u>13:34 </u> Hrs.	
D	D #2 Crime Incident \Box Att Location of Incident													07106		Offense Tract	
A T	Crime Insident														Pasida	114	
A	#3	Jinne I	licidein					Att Premise Type					Victim Residence Type □ Single Family □ Multi Family				
	How A	Attacke	d or Con	mitted								Forcible		Weapon /		<u>, </u>	
MO	D	ATA O	MITTEI)								□ Yes [□ No	X N/A	•			
	# of V	ictims	Туре	□ Person	L.A.	Business			Injur	y X None	Mi		Loss of	Teeth I	Drug/A	lcohol Use:	
	Society ☐ Government ☐ Financial Institute ☐ Broken Bones ☐ Severe														re Lacerations Yes Unknown		
V	² ☐ Religious ☐ L.E. Officer Line of Duty ☐ Other/Unknown ☐ Internal ☐ Unconscious													/lajor	X No		
I C	Victim/Business Name (Last, First, Middle) Victim of DOB / Age Crime #														onship fender	Resident Status	
T I	V1		DA	FA OMITTED												□ Non-Residen	
M ·		A 11						1,									
	Home	Addre	SS			D	ATA OMITTED						Home Phone				
	Emplo	oyer Na	me/Add	ress		D	ATA OMITTED						Business Phone				
	VYR	L M	ake	Model	1.6	tyle						Vin					
	VIK	IVI	акс	Widder		tyle	Color		C/L15			V III					
E R S I N V O L V E D		DATA OMITTED															
Status	L = Le	ost S	= Stolen	R = Recovered	D =	Damaged	Z = Seized	B = Burr	ned C =	Counterfeit /]	Forged	F = Found	d				
Codes	(Chec	k "OJ"	column i	if recovered for oth	er ju	risdiction)											
- - P -	Victim #						Property Description						Make	Model		erial Number	
															DA	TA OMITTED	
															IN	FOR FORMATION	
																SECURITY	
R O																PURPOSES	
P																	
E- R															ON	ILY THE FIRST	
Т														1	TWEL	VE PROPERTY	
Y -																ITEMS ARE	
-																ISPLAYED ON	
-						┝──┝									P	2C REPORTS	
-	Numb	er of V	ehicles S	tolen 0	No	mber Vahia	cles Recovere	d 0									
	Office	-		II	D#	mber veille	Officer Sig					Supervisor	Signatur	e			
ID	FIEI	LDS, I	<u>I. O. (1.</u>	5835)								ŴAGO	NĔR, F	К. В. (156	555)		
	Compl	laınant	Signatur	e				Case Status Case Disposition: ☐ Further Investigation ☐ Unfounded ☐ Lo						cated			
Status							Inact	☐ Cleared by Arrest					Refuse to Cooperate				
							Closed		hausted			est by Ano der		ency ation Declir	ned	Page 1	