| I N | Agenc | y Name | | STON-SALEN | OLICE | IN | INCIDENT/INVESTIGATION | | | | | | | OCA 2430475 | | | | | |
|--------------------------------------------------------------------|------------------------------------|-----------------|----------------------|--------------------------------------|-------------------|--------------------|-------------------------------------|---------------|------------------|---------------------|---------|--------------|----------------------------|-----------------------------|----------------------|------------------------------------------------|----------------------|-------------------------------|--|
| C . | ORI | NC | | | | | 1 | REPORT | | | | | | | | Date / Time Reported SMTWTFS Month Day Yr Time | | | |
| D E | 10 | | NC 034 | | | ☐ Att At Found | | | | | | | 08 26 2024 11:34 Hrs. | | | | | | |
| N T | #1 | | ioraem(o | , Trespassi | _ | | | | | | | | | | Time | | | | |
| D. | #2 | Crime I | ncident | 1 | 0 | | | | Att | Location | of l | Incident | | • | | | | Offense Tract | |
| A T | | 'rime I | ncident | | | | | _ | Com | 930 N Premise | | | Av, V | Vinston-se | alem 1 | | 7101 Victim Resid | 112 | |
| A | #3 | inne i | nerdent | | | | | | Com | Trennse | 1 y P | | | | | | | ily □Multi Family | |
| МО | | | d or Com | | | | | | • | | | | | Forcible Yes | X N/A | We | apon / Tools | | |
| | | | | | | | | | | | | | | | | Machal Haar | | | |
| | Table | | | | | | | | | | | | | | | | | | |
| V I | I | 7 / | | igious L.E. Off | | | ıty 🔲 Othe | er/Un | know | n 🗆 | | ernal 🔲 | | scious [| Other | Majo | | | |
| Ċ | V1 | / ictim/ | | Name (Last, First, | Victim of Crime # | | | | | DOF | 3 / Age | Race | Sex | Relationship To Offender | Resident | | | | |
| T I | V 1 | | DA | ΓA OMITTED | | | | | 1, | | | | | | ☐ Non-Resident | | | | |
| М - | Home Address DATA OMI' | | | | | | | | | PTFD | | | | | Home Phone | | | | |
| | Employer Name/Address DATA OM | | | | | | | | | | | | | | | Business Phone | | | |
| | VYR | M | Model | | | | | | | Vin | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| O T H E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | |
| Status Codes | (Chec | ost S k "OJ" | = Stolen column i | R = Recovered if recovered for other | D = l r juri | Damaged isdiction) | Z = Seized | B = | Burn | ed $C = 0$ | Cou | nterfeit / F | orged | F = Foun | .d | | | | |
| | Victim # DCI Status Value OJ QT | | | | | | Property Description | | | | | | | | Mak | ce/Mc | odel S | erial Number | |
| - - P - R | | | | | | | | | | | | | D | ATA OMITTED FOR | | | | | |
| | | | | | _ | | | | | | | | | | | | I | NFORMATION | |
| | | | | | \dashv | | | | | | | | | | | | | SECURITY | |
| O P - | | | | | | | | | | | | | | | | | | PURPOSES | |
| Р Е - | | | | | _ | | | | | | | | | | | | | MI WELLE ELDOT | |
| R T | | | | | _ | | | | | | | | | | | | | NLY THE FIRST LVE PROPERTY | |
| Y | | | | | \dashv | | | | | | | | | | | | 1,17 | ITEMS ARE | |
| | | | | | \dashv | | | | | | | | | | | | I | DISPLAYED ON | |
| - | | | | | | | | | | | _ | | | | | | | P2C REPORTS | |
| - | | | | | \Box | \Box T | | | | | | | | | | | | | |
| | Numb | | ehicles S | tolen 0 | | nber Vehi | cles Recovere Officer Sig | | 0 | | | | - | Cupomiss | Cionat | uro | | | |
| ID | JON | Officer Sig | natur | .0 | | | | | Supervisor (0) | or Signature | | | | | | | | | |
| | Complainant Signature Case Stat | | | | | | | | | S Case Disposition: | | | | | | | | tradition Darling 1 | |
| Status | | | | | | | ☐ Further ☐ Inact ☐ Closed ☐ Closed | tive /Clea | ıred | |] | | by Ai | Test by Ander |] Refuse other Ag | gency | Cooperate | Page 1 | |