| I N | Agenc | y Name | | STON-SALE | M P | OLICE | INCIDENT/INVESTIGATION | | | | | | N | OCA 2433841 | | | |
|------------------------------|---|--------------------------|----------------------------|----------------------|-------|-------------|--|---|-----------------|-------------|--------------------|-------------------|----------------------|---|-----------------------|-----------------------|-------------------------------|
| C · I | ORI | | | | | | REPORT | | | | | | | Date / Time Reported SMTWTFS Month Day Yr Time | | | |
| D | | NC. | NC 034 | 40200 | | | | | | | | | | 09 | 21 | 202 | 4 07:52 Hrs. |
| E N | #1 | Crime I | ncident(s | | | | | Att | At Fou Month | | Dav Yr | TW | TF <u>-</u> S Lme | Last H Mont | Known S h Day | Secure Yr | SMTWTF ₋ S Time |
| T . | | | | Assault-non Ag | grav | vated Ass | ault | X Com | 09 | | <u>21 2024</u> | | 52 Hrs | | | 2024 | 07:51 Hrs. |
| D | Crime Incident | | | | | | | | | | | | | | | , | Offense Tract |
| A T | | 'rime I | ncident | | | | | Com | Premise | | | wins | ston-sale | mNC | | | 324 ence Type |
| A | #3 | | liviuviii | | | | | | | | | | | ☐ Single Family ☐ Multi Family | | | |
| | How A | Attacke | d or Con | mitted | | | | | | | | | Forcible | | Weapo | on / Tools | |
| MO | D | ATA O | MITTEI |) | | | | | | | | | □ Yes [□ No | X N/A | | | |
| | # of Victims Type Rerson Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | Alcohol Use: | |
| | 1 | | | ciety 🔲 Governm | | | nancial Institu | | | | roken Bones | | | e Lacerations Yes Unknown | | | |
| V I | | ligtim/ | | ligious L.E. O | | | ity 🗌 Othe | er/Unknov | | <u> </u> Ir | nternal U | | | Other Race | | | |
| Ċ | | | | | | | | | | | | | | | Sex Re | ationship Offender | Resident |
| T I | V I | | DA | FA OMITTED | | | | | | | 1, | | | W | M . | 1SE | Non-Residen |
| M· | Home | Addre | SS | | | | | | | | -, | | | | Home I | | Unknown |
| | | | | | | D | ATA OMI | ſTED | | | | | | | | | |
| | Emplo | oyer Na | me/Add | ress | | D | ATA OMITTED | | | | | | | Business Phone | | | |
| | VYR | M | ake | Model | S | tyle | Color Lic/Lis Vin | | | | | | Vin | | | | |
| | | | | | | | | | | | | | | | | | |
| T H E R S I N V O L V E D | | DATA OMITTED | | | | | | | | | | | | | | | |
| Status | $L = L_{c}$ | ost S | = Stolen | R = Recovered | D_= | Damaged | Z = Seized | B = Bur | ned C = | = Co | unterfeit / Fo | orged | F = Found | 1 | | | |
| Codes | Victim | k "OJ" | column | if recovered for oth | er ju | risdiction) | | | | | | | | | | | |
| | # | # DCI Status Value OJ QT | | | | QTY | Y Property Description | | | | | | | Mak | e/Model | | erial Number |
| | | | | | | | | | | | | | | | | D. | FOR |
| | | | | | | | | | | | | | | | | I | NFORMATION |
| P- R | | | | | | | | | | | | | | | | | SECURITY |
| 0 | | | | | | | | | | | | | | | | | PURPOSES |
| Р' Е- | | | | | | | | | | | | | | | | | |
| R | | | | | | | | | | | | | | | | | NLY THE FIRST |
| T Y · | | | | | | | | | | | | | | | | TWE | LVE PROPERTY |
| | | | | | | | | | | | | | | | | T | ITEMS ARE |
| - | | | | | | | | | | — | | | | | | | P2C REPORTS |
| - | | | | | | | | | | | | | | | | | |
| - | Numb | er of V | ehicles S | tolen 0 | Nu | mber Vehic | eles Recovere | d 0 | | | | | I | | | | |
| ID | Difficer ID# Officer Signature ID# | | | | | | | | | | | 5 | Supervisor | Signatu | re P M | (15204) | |
| ID | | | <i>L. (149</i> Signatur | | | | Case Status | s | | | Case Disposit | tion [.] | ĴAMER | SON, | <i>D</i> . <i>М</i> . | (13380) | 1 |
| | Comp | | ~ | - | | | □ Further Investigation □ Unfounded □ Lo | | | | | | | Extradition Declined | | | |
| Status | | | | | | | | X Inactive □ Cleared by Arrest □ Cleared by Arrest ↓ □ Cleared by Arrest by | | | | | | Refuse to Cooperate nother Agency | | | |
| | | | | | | | Closed | | hausted | | \square Death of | | | | ution De | eclined | Page 1 |