I.	Agency Name INCIDENT/INVESTIGATION OCA																	
Ν	Agene	y i vain		STON-SALE	M F	POLICE	INCIDENT/INVESTIGATION REPORT							2434297				
C · I	ORI			40200										Date / Time Reported SM W TFS Month Day Yr Time				
D			NC 034											09	24	2024	4 19:27 Hrs.	
E N	#1		ncident(s	, ,			Att At Found Month Day Yr Time							Last Kr Month	own Sec Day	ure Yr	SM <u></u> TWTFS Time	
T.				Assault-non Ag	gra	vated Ass	ault	X Com	09			19:27 H	Irs.	09	24		<u>19:26</u> Hrs. Offense Tract	
D	Com 200 S Stratford Pd Wington salar																321	
A T	#3 Crime Incident															n Reside	nce Type	
А	#3							Com			-				□ Sing	gle Fami	ly ∏Multi Family	
МО			d or Con									Forcib	le		Weapon	/ Tools		
MO	DATA OMITTED																	
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																	
	1			ciety 🔲 Governmigious 🔲 L.E. O			nancial Institu				roken Bones	□ Sev	ere L	aceratio	ns	_	es Unknown	
V I	,	Victim/		Name (Last, First				er/Unknov			ternal □ U	DOB / Age		Other M Race S		tionship		
C T	V1										Crime #	U	19	ituee 5	To C	ffender	🛛 Resident	
I			DA	FA OMITTED							1,			B	7 1K	RU	□ Non-Residen □ Unknown	
M ·	Home	Addre	ss			D								H	Iome Pho	one		
	F 1		(4.11				ATA OMI											
	Emplo	oyer Na	ume/Add	ress		D	ATA OMI							usiness	Phone			
	VYR	M	ake	Model	S	tyle	Color	Li	c/Lis			Vin						
H E R S I N V O L V E D		DATA OMITTED																
Status				R = Recovered			Z = Seized	B = Buri	ned C =	= Co	unterfeit / For	ged F = F	ound					
Codes	Victim		column	if recovered for oth	ier 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	0		mber Vehic	cles Recovere	d 0										
ID	Office LAN			L. (16061)	D#		Officer Sig		sor S	or Signature ERVILLE, T. J. (16036)								
ID.			ER, J. Signatur				Case Status	Case Status Case Disposition:										
~	r		J				☐ Further	□ Further Investigation □ Unfounded □ Lo						Extradition Declined				
Status								nactive Cleared by Arrest [osed/Cleared Arrest by Arres						Refuse to Cooperate nother Agency				
							Closed	/Leads Ex	hausted		\square Death of O				ion Decl	ined	Page 1	