I N	Agenc	y Name		STON-SALEN	OLICE	] IN	INCIDENT/INVESTIGATION							OCA 2434418					
C ·	ORI	NC					REPORT								Date / Time Reported SMTHTFS Month Day Yr Time				
D E	10		NC 034				☐ Att At Found SMT₩TFS Month Day Yr Time							Day   11 Time   125   2024   16:31 Hrs.   Last Known Secure   S M T H T F S   Month Day Yr   Time   15   M T H T F S   15   M					
N T	#1			Missing Pe	rson	!		ı —	Com	Month 09	D			ime 5:31  Hrs			Day Yr 🖵	Time $16:30$ Hrs.	
D.	#2	Crime I	ncident					_	Att Location of Incident Offense Tr										
A T	Colored Incident														lem N		7103 Victim Resider	322	
A	#3								Com	110111100	- J P					- 1		y	
МО			d or Con MITTEI											Forcible Yes	X N/A	We	apon / Tools		
	# of Victims   Type   None   None   Drug/Alcohol Use:															cohol Use:			
	Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow															s Unknown			
V I		Victim/		igious  L.E. Off Name (Last, First,			ity 🔲 Othe	er/Un	know	n 🗆		ternal   Victim of		scious   B / Age	Other Race			□N/A Resident Status	
C T	V1			ΓA OMITTED	Crime #				201	50	rucc	Бел	To Offender						
I M				IA OMITTED					1,			$\mid W \mid$	M		☐ Non-Resident ☐ Unknown				
141	Home Address DATA OMI									TTED						Home Phone			
•	Employer Name/Address DATA (								MITTED						Business Phone				
	VYR	Color Lic/Lis Vin							Vin										
О																			
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I	DATA OMITTED																		
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D																			
Status	S L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found																		
Codes	(Chec		column	f recovered for othe	isdiction)		·												
	# DCI Status Value OJ QTY						Property Description								Mak	ce/Mo		rial Number TA OMITTED	
P - R -					$\dashv$													FOR	
																		FORMATION	
					$\dashv$													SECURITY PURPOSES	
O P -					$\dashv$													FURFUSES	
E - R					$\neg$												ON	LY THE FIRST	
T Y																		VE PROPERTY	
					_													ITEMS ARE SPLAYED ON	
-					-													2C REPORTS	
-																			
			ehicles S	tolen 0		nber Vehic	cles Recovere		0					C	C:				
ID	Office PHI	Officer Sig	Officer Signature Supervisor Signature MCKAUGHAN, A. M. (14884)										4)						
	Comp	lainant	Signatur	e	Case Status	Case Disposition:						ated		□ Extr	adition Declined				
Status						Inact	☐ Further Investigation     ☐ Unfounded     ☐ Located     ☐ Extradi       ☐ Inactive     ☐ Cleared by Arrest     ☐ Refuse to Cooperate       ☐ Closed/Cleared     ☐ Cleared by Arrest by Another Agency												
							☐ Closed			hausted				nder $\Box$				Page 1	