|  |  |                           |                       |                      |       |             | <b>.</b>                                 |   |                  |              |             | -                      |   |            |                       |                               |
|--|--|---------------------------|-----------------------|----------------------|-------|-------------|--|---|------------------|--------------|-------------|------------------------|---|------------|-----------------------|-------------------------------|
| I<br>N   | Agenc  | y Name                    |                       | STON-SALE            | M P   | OLICE       | INCIDENT/INVESTIGATION<br>REPORT         |   |                  |              |             |                        | OCA<br>2435841<br>Date / Time Reported SMTWTFS<br>Month Day Yr Time |            |                       |                               |
| C ·<br>I   | ORI  |                           |                       |                      |       |             |  |   |                  |              |             |                        |   |            |                       |                               |
| D  |  | NC                        | NC 034                | 40200                |       |             |  |   |                  |              |             |                        | 10  | 05         | 202                   | 4  22:10 Hrs.                 |
| E<br>N   |  | Crime I                   | ncident(s             | )                    |       |             |  | 🗆 Att   | At Four<br>Month | nd S         | M T V<br>Yr | VTF <u>-</u> S<br>Time | Last K  | nown Se    | cure<br>Yr            | SMTWTF <sub>-</sub> S<br>Time |
| T .  | #1   |                           |                       | Assault-non Ag       | gra   | vated Ass   | ault                                     | X Com   | 10               | 05   20      | 024   2     | 2:10  Hrs              | 1   |            |                       | 22:09 Hrs.                    |
| D  | b #2 Crime Incident  |                           |                       |                      |       |             |  |   |                  |              |             |                        |   |            |                       | Offense Tract                 |
| A<br>T   | Crime Insident   |                           |                       |                      |       |             |  |   |                  |              |             |                        |   |            | m Reside              | 222<br>ence Type              |
| A  | #3   | June 1                    | neruent               |                      |       |             |  |   |                  |              |             |                        |   |            |                       | ily ∏Multi Family             |
|  | How A  | Attacke                   | d or Con              | nmitted              |       |             |  |   |                  |              |             | Forcible               |   | Weapon     | -                     |                               |
| MO   | D  | ATA O                     | MITTEI                | )                    |       |             |  |   |                  |              |             | ☐ Yes [<br>□ No        | X N/A   |            |                       |                               |
|  | # of Victims Type None XMinor □Loss of Teeth Drug/Alcohol Use: |                           |                       |                      |       |             |  |   |                  |              |             |                        |   |            |                       | lcohol Use:                   |
|  | 1  |                           |                       | ciety 🔲 Governm      | nent  | 🗆 Fi        | nancial Institu                          |   |                  | ] Broken Bo  | ones        | □ Severe               | Lacerati  | ons        | $\Box^{Y}$            | es □ <sup>Unknown</sup>       |
| V<br>I   |  |                           |                       | ligious L.E. O       |       |             | ity 🗌 Othe                               | er/Unknov   | /n [             | ] Internal [ |             |                        | Other M   |            | N N                   |                               |
| Ċ  |  |                           |                       |                      |       |             |  |   |                  |              |             |                        |   |            | ationship<br>Offender |                               |
| T<br>I   | V1   |                           | DA                    | ΓΑ OMITTED           |       |             |  |   |                  | 1,           |             | 02                     | B   | $F \mid L$ | RU,2R                 | Non-Residen                   |
| M·   | Home   | Addre                     | -55                   |                      |       |             |  |   |                  | 1,           |             |                        |   | Home Ph    |                       | Unknown                       |
|  | DATA OMITTED   |                           |                       |                      |       |             |  |   |                  |              |             |                        |   | rionic ri  | lone                  |                               |
|  | Emplo  | oyer Na                   | me/Add                | ress                 |       | D           | ATA OMITTED                              |   |                  |              |             |                        | Business Phone  |            |                       |                               |
|  | VYR  | M                         | ake                   | Model                | S     | tyle        | Color   Lic/Lis   Vin                    |   |                  |              |             |                        |   |            |                       |                               |
|  |  |                           |                       |                      |       |             |  |   |                  |              |             |                        |   |            |                       |                               |
| H<br>E<br>R<br>S<br>I<br>N<br>V<br>O<br>L<br>V<br>E<br>D |  | DATA OMITTED              |                       |                      |       |             |  |   |                  |              |             |                        |   |            |                       |                               |
| Status   |  |                           |                       | R = Recovered        |       |             | Z = Seized                               | B = Buri  | ned C =          | Counterfeit  | / Forged    | l F = Found            | d   |            |                       |                               |
| Codes  | (Chec<br>Victim  |                           | column                | if recovered for oth | er ju | risdiction) |  |   |                  |              |             |                        |   |            |                       |                               |
|  | #  | # DCI Status Value OJ QTY |                       |                      |       | QTY         | Property Description                     |   |                  |              |             |                        | Make  | Model      |                       | erial Number                  |
|  |  |                           |                       |                      |       |             |  |   |                  |              |             |                        |   |            | D                     | FOR                           |
|  |  |                           |                       |                      |       |             |  |   |                  |              |             |                        |   |            | II                    | NFORMATION                    |
| P-<br>R  |  |                           |                       |                      |       |             |  |   |                  |              |             |                        |   |            |                       | SECURITY                      |
| 0  |  |                           |                       |                      |       |             |  |   |                  |              |             |                        |   |            |                       | PURPOSES                      |
| Р'<br>Е-   |  |                           |                       |                      |       |             |  |   |                  |              |             |                        |   |            |                       |                               |
| R  |  |                           |                       |                      |       |             |  |   |                  |              |             |                        |   |            |                       | NLY THE FIRST                 |
| T<br>Y ·   |  |                           |                       |                      |       |             |  |   |                  |              |             |                        |   |            | TWEI                  | LVE PROPERTY                  |
|  |  |                           |                       |                      |       |             |  |   |                  |              |             |                        |   |            |                       | ITEMS ARE                     |
| -  |  |                           |                       |                      |       |             |  |   |                  |              |             |                        |   |            |                       | P2C REPORTS                   |
| -  |  |                           |                       |                      |       |             |  |   |                  |              |             |                        |   |            |                       |                               |
| -  | Numb   | er of V                   | ehicles S             | tolen 0              | Nu    | mber Vehic  | eles Recovere                            | d 0   |                  |              |             | 1                      |   |            |                       |                               |
| ID   | Officer  |                           |                       |                      | D#    |             | Officer Sig                              | Officer Signature Supervisor Signature CROKE, B. K. (15602) |                  |              |             |                        |   |            |                       |                               |
| ID   |  |                           | C. C. (1)<br>Signatur |                      |       |             | Case Status                              | s   |                  | Case Disp    | osition     |                        | с, Б. К   | . (1300    | <i>2)</i>             |                               |
| Status   | - o.mp   |                           |                       |                      |       |             | □ Further Investigation □ Unfounded □ Lo |   |                  |              |             |                        | Cated Extradition Declined<br>Refuse to Cooperate                   |            |                       |                               |
|  |  |                           |                       |                      |       |             | Closed                                   |   | hausted          |              |             |                        |   | ition Dec  | lined                 | Page 1                        |