I N	Agenc	y Name		STON-SALEN	OLICE	IN	INCIDENT/INVESTIGATION							OCA 2437357						
C	ORI	NC	NC 034					REPORT								Date / Time Reported S M T W크 F S Month Day Yr Time				
D E			ncident(s			│ Att │ At Found │ S M T W ff F S Month Day Yr Time								10 17 2024 Time 10 17 2024 16:40 Hrs. Last Known Secure S M T W T F S Month Day Yr Time Time S M T W T F S Month Day Yr Time Time S M T W T F S Month Day Yr Time Time S M T W T F S Month Day Yr Time S M T W T T T M T T M T T M T T M T T M T T M T T M T T M T T M T M T T M T T M T T M T T M T T M T T M T T M T T M T T M T T M T M T T M T						
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A T	#3	Crime I	ncident	Trespassi	ng			☐ Att Premise Type						on-sa	Victim Residence Type					
A									Com					- · · ·		_			□Multi Fam	ily
MO			d or Com MITTED										Forcible ☐ Yes ☐ No	X N/A	We	apon / Too	ols			
	# of V	ictims		Person		Business				Inju	•	☐ None		finor [] Loss o	f Tee			hol Use:	
V	1			ciety Governm igious L.E. Off			inancial Institution		know		-	roken Bone ternal 🔲		Severe	Lacera Other				□ Unknows □ N/A	a
I C		Victim/		Name (Last, First,		<u>, </u>		Victim of DOB /					3 / Age	Race Sex Relationship Reside				esident Statu	1S	
T I	V1		DA	ΓA OMITTED			Crime #								10 Offen		☐ Resident ☐ Non-Resid	en		
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	Employer Name/Address DATA OM Employer Name/Address								(TTED											
		_	me/Addi	ress	ATA OMITTED							Business Phone								
,	VYR Make Model Style						Color		Lic	c/Lis				Vin						
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Status Codes	(Chec	k "OJ"	= Stolen column i	R = Recovered frecovered for other	D = er jur	Damaged isdiction)	Z = Seized	B =	Burn	ed C=	Cou	ınterfeit / F	orged	F = Foun	d					
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ID	Office:	r) <i>ERS</i> /	ON R	R. (15633)		Officer Sig	Officer Signature Supervisor Signature WACONER S. D. (15802)													
ID			Signatur		Case Status							WAGU	GONĔR, S. D. (15802)							
Status	1		-			☐ Inact	☐ Further Investigation ☐ Inactive ☐ Closed/Cleared ☐ Closed/Leads Exhausted ☐ Closed/Leads Exhausted ☐ Death of Offender ☐ Prosecution Declined									Page 1	d —			