I N	Agenc	y Name		STON-SALEN	] IN	ICIDENT/INVESTIGATION						OCA 2437404									
C ·	ORI	NG				02102	-	REPORT							Date / Time Reported SMTWTFS Month Day Yr Time						
D E			NC 034		Att   At Found   SMTWTFS   Month Day Yr Time								10   18   2024  02:42 Hrs.								
N T	#1	Jillic II	icident(s	) Drug Violai	tions	7			Com	Month 10	D			lime 2:42  Hrs				r '—	Time 02:41		
D .	#2	Crime I	ncident	27118 7101111		,			_			Incident	<del>1</del>   U2	42   1115	<u> 10</u>		0   20.		Offense T		
A		~ · ·						_	Com				ı Av/e	e Sixteent	h St,	1.	7' .' B		112		
T A	#3	rime i	ncident		☐ Att Premise Type ☐ Com							Victim Residence Type ☐ Single Family ☐ Multi Family									
МО			d or Com		Forcible Yes						Weapon / Tools										
	# of Victims   Type   Person   Business   Injury   None   Minor   Loss of Teeth   Drug/Alcohol Use:															e:					
	1		X So	ciety   Governm	ent	□ F:	inancial Instit				-	oken Bone	es	Severe	Lacera	ions		-	□Unl		
V I		Victim/		igious L.E. Off			ity 🔲 Othe	er/Un	know	n _		ternal  Victim of		scious   Age	Other	r Major No N/A Sex Relationship Resident Status					
C T	Crime #													3 / 11gc	race	БСА	To Offen	der	☐ Resid	lent	
I M			DA	IA OMITTED					1,							□ Non-l					
IVI ·	Home Address DATA OMIT									TTED						Home Phone					
•	Employer Name/Address DATA OMI														Business Phone						
•	VYR Make Model Style						Color Lic/Lis Vin							Vin							
O T H E R S I N V O L V E D	DATA OMITTED																				
Status Codes																					
	Victim # DCI Status Value OJ QTY						Property Description								Mak	ake/Model Serial Number				ner	
	# 35. Same , and 5. VII							110							11141	DATA OMITTED					
P -					_													TNII	FOR	FION	
					$\dashv$														FORMAT SECURIT		
R O					$\dashv$														PURPOS		
Р <sup>-</sup> Е -																					
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-																			C REPO		
	Numb		ehicles S	tolen 0		nber Vehi	cles Recovere		0				-	Superviser	Signat	ıre					
ID			AN, L.	T. (16273)	Officer Sig	Officer Signature Supervise CHU.							or Signature E, V. N. (15139)								
	Complainant Signature Case State									S Case Disposition:						,					
Status							☐ Inact	ive /Clea	ıred			Cleared	by Ai	Loc rest rest by And	] Refuse other Ag	gency	ooperate	_	Page		