| I N | Agenc | y Name | | STON-SALEN |] IN | INCIDENT/INVESTIGATION | | | | | | | OCA 2438241 | | | | | | |
|---|--|-----------------|-----------------------------|---------------------------------------|------------------|------------------------------------|----------------------------|---------------------------------------|------|----------|----------------------|---|-------------------|------------------------|--|----------------------------|-----------------|-----------------------|--|
| C I | ORI | NC | NC 034 | 10200 | | | 1 | REPORT | | | | | | | Date / Time Reported S M T W T F S Month Day Yr Time | | | | |
| D E | | rime I | | | ☐ Att | | | | | | | Day IF Time 10 24 2024 II:48 Hrs. Last Known Secure S M T M F F S Month Day Yr Time | | | | | | | |
| N T | #1 | | | Trespassi | ng | | | | Com | Month 10 | D | | | ime !:48 Hrs | | | | Time 11:47 Hrs. | |
| D | #2 | Crime I | ncident | | | Att Location of Incident Offense 7 | | | | | | | | | Offense Tract 412 | | | | |
| A T | #3 | Crime I | ncident | | | | Com Att | · · · · · · · · · · · · · · · · · · · | | | | | saiem | Victim Residence Type | | | | | |
| A | | | | | | | | | Com | | | | | | | _ | | ily ∏Multi Family | |
| МО | | | d or Com | | | | | | | | | | Forcible Yes No | X N/A | We | apon / Tools | | | |
| | # of Victims Type | | | | | | | | | | | | | | | | | | |
| V | 2 | | | ciety ☐ Governm ligious ☐ L.E. Off | | _ | | | know | . – | - | roken Bone ternal 🔲 | | ☐ Severe | Lacera Other | | . – | es □Unknown O□N/A | |
| I C | 1 | Victim/ | Business | Name (Last, First, | lle) | | | | | _ | Victim of Crime # | | 3 / Age | Race | Sex | Relationship To Offende | Resident Status | | |
| T I | V1 | | DA | ΓΑ OMITTED | 1, | | | | | | | | | 10 Official | ☐ Non-Resident | | | | |
| M | Home | Addre | SS | | <u> </u> | | | | | | | Home Phone Unknown | | | | | | | |
| | DATA OMI | | | | | | | | | | | | | | | D : D | | | |
| | • | | | | TA OMITTED | | | | | | | Business Phone | | | | | | | |
| | VYR | M | ake | Model | Sty | yle | Color | | Lic | c/Lis | | | | Vin | | | | | |
| T H E R S I N V O L V E D | DATA OMITTED | | | | | | | | | | | | | | | | | | |
| Status Codes | L = Lo (Chec | ost S k "OJ" | = Stolen column i | R = Recovered if recovered for other | D = I er juri | Damaged isdiction) | Z = Seized | B = | Burn | ed C= | Cou | ınterfeit / F | orged | F = Foun | d | | | | |
| | Victim # DCI Status Value OJ QTY | | | | | | Property Description | | | | | | | | Mak | ce/Mo | odel S | Serial Number | |
| - P - R _ | | | | | | | | | | | | | D | ATA OMITTED | | | | | |
| | | | | | | | | | | | | | | | | | I | FOR NFORMATION | |
| | | | | | | | | | | | | | | | | | | SECURITY | |
| O P . | | | | | | | | | | | | | | | | | | PURPOSES | |
| E · | | | | | _ | | | | | | | | | | | | 0 | NLY THE FIRST | |
| R T | | | | | \dashv | | | | | | | | | | | | | LVE PROPERTY | |
| Y | | | | | | | | | | | | | | | | | | ITEMS ARE | |
| | | | | | | | | | | | | | | | | | | DISPLAYED ON | |
| | | | | | _ | | | | | | | | | | | | | P2C REPORTS | |
| - | Numb | er of V | ehicles S | tolen 0 | Nun | nher Vehic | cles Recovere | d | 0 | | | | | | | | | | |
| | Officer ID# Officer Signature Supervisor Signature | | | | | | | | | | | | | | | | | | |
| ID | | | . <i>M. (1</i> Signature | | | Case Status | | | | | | | WAGC | WAGONER, S. D. (15802) | | | | | |
| Status | Comp | amall | Signatul (| ~ | | | ☐ Further ☐ Inact ☐ Closed | Further Investigation | | | | | | | Cooperate | Page 1 | | | |