| I N | Agenc | y Name | | STON-SALE | M P | OLICE | INCIDENT/INVESTIGATION | | | | | | | OCA 2438596 | | | | |
|------------------------------------|--|---------------------------|--------------------|-----------------------------|------|------------------|--|---|-----------------|-------|-------------------------|---------------|-----------------|---|--|-----------------------|-----------------------------------|--|
| C · I | ORI | | | | | | REPORT | | | | | | | Date / Time Reported SMTWTFS Month Day Yr Time | | | | |
| D | | | NC 034 | | | | | | | | | | | 10 | 26 | 5 202 | 24 2 <u>3</u> :48 Hrs. | |
| E N | #1 | | ncident(s | , | | | | □ Att | At Fou Month | | Day Yr | T W T Time | F S | Last I Mont | Known S h Day | Secure / Yr | SMTWTF£ Time | |
| Т | | | | Assault-non Ag | grav | vated Ass | ault | Com | 10 L ocertic | | | 23:48 | Hrs | 10 | 26 | 2024 | 23:47 Hrs. | |
| D | Com 1008 Managenet St. Wington galam | | | | | | | | | | | | | | | 3 | Offense Tract 321 | |
| A T | — — | | | | | | | | | | | | | | | | lence Type | |
| A | #3 | | | | | | | Com | | | | | | | □S | ingle Far | nily <mark>∏</mark> Multi Family | |
| МО | | | d or Con MITTEI | | | | | | | | | | rcible Yes [| X N/A | Weapo | on / Tools | 5 | |
| | | | | | | | | | | | | | | | | Alashal Lass | | |
| | | icums | | X Person ciety □ Governm | | Business □ Fi | nancial Institu | ute | | | □ None roken Bones | Minor | | | Loss of Teeth Drug/Alcohol Use: Lacerations Yes Unknown | | | |
| v | 2 Religious L.E. Officer Line of Duty Other/Unknown Internal Unconscious | | | | | | | | | | | | | | \Box Other Major \boxtimes No \Box N/A | | | |
| I C | Victim/Business Name (Last, First, Middle) V1 | | | | | | | | | | | | | | | elationshi Offende | p Resident Status r X Resident | |
| Т | V1 | | DA | FA OMITTED | | | | | | | | | 30 | | | | Non-Residen | |
| I M· | | | | | | | | | | | 1, | | | B | | 1VO,2F | Unknown | |
| | Home Address DATA OMITTED | | | | | | | | | | | | | | Home | Phone | | |
| | Emplo | oyer Na | me/Add | ress | | D | ATA OMITTED | | | | | | | Business Phone | | | | |
| | VYR | M | ake | Model | S | tyle | Color | Li | c/Lis | | | Vi | n | | | | | |
| | | | | | | | | | | | | | | | | | | |
| T H E R S I N V O L V E D | | DATA OMITTED | | | | | | | | | | | | | | | | |
| Status Codes | L = Lo | ost S | = Stolen | R = Recovered | D_= | Damaged | Z = Seized | B = Burr | ned C = | = Coi | unterfeit / For | rged F | = Foun | d | | | | |
| Coues | Victim | | | | | Í | | | | | | | | | | | | |
| | # | # DCI Status Value OJ QTY | | | | | Property Description | | | | | | | Mak | e/Mode | | Serial Number | |
| - | | | | | | | | | | | | | | | | | FOR | |
| Р. | | | | | | | | | | | | | | | |] | INFORMATION | |
| R | | | | | | | | | | | | | | | | | SECURITY | |
| О Р- | | | | | | | | | | | | | | | | | PURPOSES | |
| E - | | | | | | | | | | | | | | | | | NLY THE FIRST | |
| R T | | | | | | | | | | | | | | | | | LVE PROPERTY | |
| Y · | | | | | | | | | | | | | | | | 1.01 | ITEMS ARE | |
| - | | | | | | | | | | | | | | | |] | DISPLAYED ON | |
| - | | | | | | | | | | | | | | | | | P2C REPORTS | |
| _ | | | | | | | | | | | | | | | | | | |
| | | | ehicles S | | | mber Vehic | cles Recovere | | | | | l e | omic- | Ciam-1 | 1*0 | | | |
| ID | Officer SPA | | D. L. (. | | D# | | Officer Signature Supervisor Signature VEAL, L. A. (15628) | | | | | | | | | | | |
| Status | Compl | ainant | Signatur | e | | | Further | Case Status Case Disposition: □ Further Investigation □ Unfounded □ Le □ Inactive □ Cleared by Arrest □ Closed/Cleared □ Cleared by Arrest by A | | | | | | Decated Refuse to Cooperate | | | | |
| | | | | | | | Closed | | hausted | | \square Death of | | | | ency cution D | eclined | Page 1 | |