I N	Agenc	y Name		STON-SALEN	IN	INCIDENT/INVESTIGATION							OCA 2438919						
C ·	ORI	NG				02102		REPORT							Date / Time Reported SMIWTFS Month Day Yr Time				
D E	10		NC 034			│ Att │ At Found │ S M ff ff F S │ Month Day Yr Time								10 29 2024 10:24 Hrs.					
N T	#1	Jillic II	icident(s	, Trespassi	ng				Com	Month 10	Ι			lime :24 Hrs			Day Yr 🖰	Time $10:23$ Hrs.	
D .	#2	Crime I	ncident	Trespussi	18				_			f Incident	7 10	7.24 1115	<u> 10</u>		29 2024	Offense Tract	
A	☐ Com 914 Jonestown Rd, Wi														lem No			323	
T A	#3	rime i	ncident				☐ Att Premise Type ☐ Com							Victim Residence Type ☐ Single Family ☐ Multi Family					
МО			d or Com								Forcible Yes	X N/A	We	eapon / Tools					
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															lcohol Use:			
* 7	2 Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknow															_			
V I		Victim/		Name (Last, First,			ity U Othe	er/Un	iknow	'n [] In	victim of		S / Age	Race	<u> </u>			
C T	V1 DATA OMITTED																To Offender		
I M			DA.	IA OMITIED								1,						☐ Non-Resident	
141	Home Address DATA OMI									ГТЕD						Home Phone			
	Employer Name/Address DATA OM								TTED							Business Phone			
•	VYR	M	Color Lic/Lis Vin							Vin									
		•																	
O																			
T H																			
E R																			
S																			
I	DATA OMITTED																		
N																			
V O																			
L V																			
E																			
D																			
G	s L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found																		
Status Codes	(Chec	k "OJ"	= Stolen column i	f recovered for other	r jur	isdiction)	Z = Seized	В=	вигп	ied C=	Col	unterieit / F	rorgea	F = Foun	.a				
	Victim # DCI Status Value OJ QTY						Property Description								Mak	ce/Mo		erial Number	
- P - R													Da	ATA OMITTED FOR					
					\dashv												II	NFORMATION	
																		SECURITY	
O P -																		PURPOSES	
Р Е -																	0.1	H M THE EID OT	
R T					\dashv													NLY THE FIRST LVE PROPERTY	
Y ·					\dashv												1 WEI	ITEMS ARE	
-					\dashv												D	ISPLAYED ON	
-																	J	P2C REPORTS	
-	NI1	or of T	abials - C	tolon 0	NT	nho= V-1.1	alas Passer-	d	0										
	Office	r	ehicles S	ID		nder Vehi	cles Recovere Officer Sig		0 re				1	Supervisor					
ID	COX	Κ, M. 1	4. (149.	20)		MCKAUĞHAN, A. M. (14884)									84)				
	Comp	iainant	Signatur	e	1	se Status Case Disposition: ☐ Further Investigation ☐ Unfounded ☐ Lo						□ Loc	ated		☐ Ext	radition Declined			
Status						Inactive ☐ Cleared by Arrest ☐ Refuse to Cooperate Closed/Cleared ☐ Cleared by Arrest by Another Agency							Cooperate						
							Closed			hausted	1			nder \Box				Page 1	