I N	Agenc	y Name		STON-SALEN	IN	INCIDENT/INVESTIGATION							OCA 2438956							
C .	ORI	NC			1	REPORT								Date / Time Reported S M W T F S Month Day Yr Time						
D E	NC NC 0340200 Crime Incident(s)									Att At Found SMIWIFS Month Day Yr Time							10 29 2024 14:55 Hrs. Last Known Secure SM T W T F S Month Day Yr Time			
N T	#1			, Trespassi	ng			ı —	Com	Month 10 I	Da			ime 1:55 Hrs				Time 14:54 Hrs.		
D.	#2	Crime I	ncident	1	<u> </u>				Att	Location	of I	ncident						Offense Tract		
A T	Colors Institute														lem N		7127 Victim Resid	314		
A	#3	Jime 1	nerdent					☐ Att Premise Type ☐ Com						☐ Single Family ☐ Multi Family						
МО			d or Com						•					Forcible Yes	X N/A	We	apon / Tools			
	No No															Alaahal Haar				
	# of Victims Type Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: Society Government Financial Institute Broken Bones Severe Lacerations Yes Unknown Version Version																			
V	2			igious 🔲 L.E. Off			ity 🔲 Othe	er/Un	know	n _				scious	Other	Majo	r 🖂 N	lo □N/A		
I C		Victim/	Business	Name (Last, First,	Victim of Crime #					DOE	3 / Age 33	Race		Relationshi To Offende						
T I	V1		DA	ΓA OMITTED					1,			$\mid B \mid$	$_F$		☐ Non-Resident					
М -	Home Address DATA OMI															Home Phone				
	Employer Name/Address DATA ON														Business Phone					
	VYR	M	Model							Vin	n									
O T H E R S I N V O L V E D	DATA OMITTED																			
Status Codes	(Chec	k "OJ"	= Stolen column	R = Recovered frecovered for other	D = I r juri	Damaged sdiction)	Z = Seized	B =	Burn	ed $C = 0$	Cour	nterfeit / F	orged	F = Found	i 					
	Victim # DCI Status Value OJ QTY						Property Description								Mak	e/Mo	del S	Serial Number		
- - P - R													D	ATA OMITTED FOR						
]	NFORMATION		
					_													SECURITY		
O P -																		PURPOSES		
Ē -					_									-				NLY THE FIRST		
R T					-													LVE PROPERTY		
Y																	1112	ITEMS ARE		
]	DISPLAYED ON		
																		P2C REPORTS		
-	Num¹-	or of 17	ahialaa S	tolon 0	Nisse	abor Wak!	alas Dagays	d	0											
	Office		ehicles S	tolen 0		iber venic	cles Recovere Officer Sig		e e				ı	Supervisor	Signati	ıre				
ID	BIEI			LEAC.									5710)							
	Comp	lainant	Signatur	e	Case Status	Investigation Unfounded Located							□ Ex	tradition Declined						
Status							☐ Inact	☐ Inactive ☐ Cleared by Arrest☐ Closed/Cleared ☐ Cleared by Arrest by						rest \[\] rest by Ano	☐ Refuse to Cooperate					