I N	Agenc	y Name		STON-SALEN	CIDENT/INVESTIGATION						OCA 2439394								
I C	ORI	NC				1	REPORT						Date / Time Reported SMTWTES Month Day Yr Time						
D E	NC NC 0340200 Crime Incident(s)									☐ Att At Found SMTWTFS Month Day Yr Time						last Known Secure SMTWTFS Month Day Yr Time Time 21.32 Hrs.			
N T	#1			Trespassi	ng			ı —	Com	Month	ı I			ime !:32 Hrs			Day Yr 9 D1 2024	Time	
D	#2	Crime I	ncident	tion Of City/sou		Att			Incident				7 27	105	Offense Tract 223				
A T	#3	Crime I	ncident	tion Of City/cou	ice		☐ Att Premise Type						em IVC	Victim Residence Type					
A									Com									ily ∏Multi Family	
МО			d or Com								Forcible Yes No	X N/A	We	apon / Tools					
	# of V	ictims		Person		Business				Inju	•	None			Loss o			Alcohol Use:	
V	1			ciety Governm igious L.E. Of			inancial Instit utv □ Othe		ıknow	- 1	_	roken Bone nternal 🔲		Severe	Lacera Other		1 —	es Unknown O N/A	
I	1	/ictim/		Name (Last, First,					Victim of		3 / Age	Race	.	Relationship	Resident Status				
C T	V1		DA	ΓΑ OMITTED					Crime #					To Offender	Resident Non-Resident				
I M ·		A 11										1,2					Dl	Unknown	
	Home Address DATA OMI									ГТЕD						Home Phone			
	Employer Name/Address DATA OMI									TTED					Business Phone				
•	VYR	M	ake	Model	St	yle	Color		Lic	c/Lis				Vin					
T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes																			
	Victim #	DCI	Property Description								Mal	ce/Mo	odel S	erial Number					
- - P - R	π	# DCI Status Value OJ QTY Property Description									11141	10, 1, 10		ATA OMITTED					
																	Т	FOR NFORMATION	
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0																		PURPOSES	
Р ⁻ Е -																			
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Y ·						+											1 ** L	ITEMS ARE	
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	Office		ehicles S	ID		mber Vehi	cles Recovere Officer Sig		0 re				I	Supervisor	Signat	ure			
ID	ANDERSON, B. R. (15633)											·		(0)	~.511ut				
Status	Complainant Signature Case State Further Inac															ooperate	tradition Declined		
						hausted				rest by Ander				Page 1					