							.					F				
I N	Agenc	y Name		STON-SALE	M P	OLICE	INCIDENT/INVESTIGATION					N	OCA 2439623			
C ·	ORI		,, 11			02102	REPORT						Date / Time Reported S M T W T F S Month Day Yr Time			
I D		NC	NC 034	40200									11 03 2024 14:58 Hrs.			
E N		Crime I	ncident(s)			Att At Found SM T W T F S Month Day Yr Time						Last Known Secure Month Day Yr Time			
T .	#1			Trespass	ing			X Com	11	$03^{-} 202^{-}$		58 Hrs				14:57 Hrs.
D	D #2 Crime Incident \Box Att Location of Incident													10.071		Offense Tract
A T																412
A	#3	Jinne I	licidein										Victim Residence Type ☐ Single Family ☐ Multi Family			
	How A	Attacke	d or Con	mitted								Forcible		Weapon	•	<u>, </u>
MO	D	ATA O	MITTEI)								□ Yes [□ No	X N/A			
	# of Victims Type Person X Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															Alcohol Use:
	2 Society Government Financial Institute Broken Bones Severe														-	es 🗖 Unknown
V	□ Religious □ L.E. Officer Line of Duty □ Other/Unknown □ Internal □ Unconscious														XN	
I C		Victim/	Business	Name (Last, First	Mid	dle)				Victim of Crime #	DOB	/ Age	Race S		tionship Offender	
T I	V1		DA	FA OMITTED											,	Non-Residen
M ·		Addre					1,									Unknown
	Home	e Addre	SS			D	ATA OMITTED						Home Phone			
	Emplo	oyer Na	me/Add	ress		D	ATA OMITTED						Business Phone			
	VYR	L M	ake	Model	1 6	tyle						Vin				
	VIK	IVI	акс	Widder		tyle	Color		C/L15			v III				
E R S I N V O L V E D		DATA OMITTED														
Status	$L = L_0$	ost S	= Stolen	R = Recovered	D =	Damaged	Z = Seized	B = Bur	ned C =	Counterfeit / F	Forged	F = Found	d			
Codes	(Chec Victim		column i	if recovered for oth	er ju	risdiction)										
-	victim #	DCI	Status	Value	OJ	QTY		Property	Descripti	ion			Make	/Model		erial Number
															D	ATA OMITTED
																FOR NFORMATION
P -																SECURITY
R O																PURPOSES
P ·																
E- R															O	NLY THE FIRST
Т															TWEI	VE PROPERTY
Y -																ITEMS ARE
-																DISPLAYED ON
-]	P2C REPORTS
-	Numb	or of V	ehicles S	tolen 0	NT	mber Vah	cles Recovere	d 0								
	Officer		enicles S	0	Nu D#	muer venic	Officer Sig					Supervisor	Signatur	e		
ID	ANL	DERSO		R. (15633)								MATH	EŴS, C	C. K. (15	5509)	
Status	Compl	laınant	Signatur	e									Refuse to Cooperate			
							Closed		hausted	□ Cleared				ency tion Dec	lined	Page 1