I N	Agenc	y Name		STON-SALEN] IN	INCIDENT/INVESTIGATION							OCA 2440925						
I C	ORI	NC	NC 034				1	REPORT								Date / Time Reported SMTWTFS Month Day Yr Time			
D E			ncident(s			Att At Found SMTWTFS Month Day Yr Time							11 13 2024 00:57 Hrs. Last Known Secure SMTFFFS Month Day Yr Time						
N T	#1			Trespassi	ng			IX	- 1	Month 11	D			lime 0:57 Hrs			Day Yr	Time 00:56 Hrs.	
D	#2	Crime I	ncident									Incident	4 1	Vinston s	alam l	VC 3	7102	Offense Tract 312	
A T	#3	Crime I	ncident						Com Att	Premise			AV, V	Vinston-s	aiem 1		Victim Reside		
A						°	Com					- "I		_		ily □Multi Family			
МО			d or Com MITTED											Forcible ☐ Yes ☐ No	X N/A	We	apon / Tools		
	# of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use:																		
V	Religious L.E. Officer Line of Duty Other/Unknown Internal Unconscious Other Major No N/A															es Unknown			
I C	Victim/Business Name (Last, First, Middle) Victim of DOB / Age														Race	<u> </u>	Relationship	Resident Status	
T I	V1		DA	ΓA OMITTED						Crime #					To Offender	Resident ☐ Non-Resident			
M ·	Home	Addre	ss									1,				Hon	ne Phone	Unknown	
	Employer Name/Address DATA ON Employer Name/Address								(TTED										
	•	oyer Na	me/Addi		TA OMITTED							Business Phone							
	VYR	M	ake	Model	Sty	/le	Color		Lic	:/Lis				Vin					
T H E R S I N V O L V E D	DATA OMITTED																		
Status Codes	(Chec	k "OJ"	= Stolen column i	R = Recovered for other	D = E r juri:	Damaged sdiction)	Z = Seized	B =	Burn	ed C=	Cot	ınterfeit / F	Forged	F = Foun	d				
	Victim # DCI Status Value OJ QTY						Property Description								Mak	e/Mo		erial Number	
- P - R _		 											D.	ATA OMITTED FOR					
																	I	NFORMATION	
																		SECURITY	
O P					_													PURPOSES	
E - R																	0	NLY THE FIRST	
Т																	TWE	LVE PROPERTY	
Υ -																		ITEMS ARE	
-																		P2C REPORTS	
-																	<u> </u>		
	Number of Vehicles Stolen 0 Number Vehicles Recovered 0																		
ID	Office:		Y, J. D.	(16087) ID		Officer Sig	Officer Signature Supervisor Signature MCCARTHY, D. J. (15427)												
			Signatur		Case Status	ase Status Case Disposition:													
Status							☐ Further ☐ Inact ☐ Closed ☐ Closed	ive /Clea	red				by Ail by Ai	Loc rest rest by Ander	Refuse other Ag	ency	ooperate F	Page 1	