			Agency Name INCIDENT/INIVESTIGATION OCA														
I N	Agenc	y Nam		STON-SALE	M P	OLICE	INCIDENT/INVESTIGATION REPORT							OCA 2444093 Date / Time Reported S M T W T F S Month Day Yr Time			
C · I	ORI					02102											
D		NC	NC 034	40200								12   08   2024   05:41 Hrs.					
E N		Crime I	ncident(s				Att At Found S M T W T F S Month Day Yr Time						TFS ime	Last Known Secure A T W T F S Month Day Yr Time			
T .	#1			Vandali	sm			X Con	12		08 2024		:41  Hrs			2024	05:40 Hrs.
D	D #2 Crime Incident $\Box$ Att Location of Incident														C 271		Offense Tract 312
A T	Image: Complexity of the comple													aiem N			ence Type
A	#3		nerdent											☐ Single Family ☐ Multi Family			
	How A	Attacke	d or Con	mitted									Forcible		Weapor	n / Tools	
MO	DATA OMITTED																
	# of Victims Type Person X Business Injury None Minor Loss of Teeth Drug/Alcohol Use:															Alcohol Use:	
	1		□ So	ciety 🔲 Governn	nent	🗆 F	inancial Instit			_	Broken Bone		□ Severe	Laceratio			
V I		Victim		ligious □ L.E. Of Name (Last, First,			uty 🗌 Othe	er/Unknov	vn		Internal			Other N			
С	V1	v ictiiii/			whu	uie)					Victim of Crime #	DOB	/ Age	Race S		ationship Offender	
T I	V I		DA	FA OMITTED							1,						Non-Residen
M·	Home	e Addre	ss								-,				Home P	hone	Unknown
	DATA OMITTED																
	Empl	oyer Na	ame/Add	ress		D	ATA OMI	ΓTED						1	Busines	s Phone	
	VYR	M	ake	Model	S	tyle	Color	L	c/Lis				Vin				
E R S I N V O L V E D		DATA OMITTED															
Status	L = L	ost S	= Stolen	R = Recovered	D =	Damaged	Z = Seized	B = Bur	ned (	$C = C_{i}$	ounterfeit / F	orged	F = Found	d			
Codes																	
-	#	DCI	Status	Value	OJ	QTY		Property	/ Descr	iptior	1			Make	/Model		erial Number
	1	1 35 4 1 GLASS DOOR													D.	ATA OMITTED FOR	
																T	NFORMATION
P- R																	SECURITY
0																	PURPOSES
Р' Е-																	
R																	NLY THE FIRST
T Y ·																TWE	LVE PROPERTY
																Г	ITEMS ARE
-																	P2C REPORTS
-																	
			ehicles S	9		mber Vehi	cles Recovere										
ID	Office TAY		B. T. (.		D#		Officer Sig	Officer Signature Supervisor Signature <i>MCCARTHY, D. J. (15427)</i>									
iD.			Signatur					Case Status Case Disposition:									
Status							Inact	□ Further Investigation □ Unfounded □ Lo						□ Refuse to Cooperate			
									hauste	d	Death o			Prosecu		clined	Page 1