| | | | | | | | - | | | | | | , | | | | | |
|--|---|----------|-----------|-------------------|------|-----------|----------------------------------|-----------------------|-----------------|--------|--------------------|----------------------------|-----------------|---|-------------|--------------------------|--------------------|--|
| I N | Agenc | y Name | | STON-SALE | M P | OLICE | INCIDENT/INVESTIGATION REPORT | | | | | | | OCA 2446119 | | | | |
| C · | ORI | | ,, 1 | | | | | | | | | | | Date / Time Reported S M I W T F S Month Day Yr Time | | | | |
| I D | | NC | NC 034 | 40200 | | | | | | | | 12 24 2024 06:52 Hrs | | | | | | |
| E N | | Crime II | ncident(s | | | | 🗆 Att | At Fou Month | | Day Yr | <u> </u> | r F S .me | Last K Month | nown Se | ecure Yr | SM <u>T</u> WTFS Time | | |
| T . | #1 | | | Discharging I | Fire | arm | | X Com | 12 | | <u>24 2024</u> | | 52 Hrs | | 24 | | 06:51 Hrs | |
| D | $ \Box = 4$ Crime Incident | | | | | | | | | | | | | | 01 | | Offense Tract | |
| A T | Crime Incident Att Premise Type | | | | | | | | | | | | i-saiem | NC 271 | | m Resid | 221 ence Type | |
| A | #3 | | lieidelit | | | | \Box Com | 1 renns | c 1 y | pe | | | | | | nily □Multi Family | | |
| | How A | Attacke | d or Con | mitted | | | | | | | | | Forcible | | Weapor | n / Tools | | |
| MO | DATA OMITTED | | | | | | | | | | | | | | | | | |
| | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | Alcohol Use: | | |
| | 1 | | 🛛 So | ciety 🔲 Governn | nent | 🗆 F | inancial Institu | | | | Broken Bones | | Severe | | | | es □Unknown | |
| V I | | liating/ | | ligious 🔲 L.E. Of | | | uty 🗌 Othe | er/Unknov | ^{/n} [| | nternal U | | | Other M | | | | |
| Ċ | | | | | | | | | | | | | | | | ationshij Offende | | |
| T I | V1 | | DA | FA OMITTED | | | | | | | 1, | | | | | | □ Non-Residen | |
| M · | Home | Addre | SS | | | | | | | | 1, | | | | Home Pl | hone | Unknown | |
| | | | | | | D | ATA OMI | ΓTED | | | | | | | | | | |
| | Emplo | oyer Na | me/Add | ress | | D | ATA OMI | ITED | | | | | | 1 | Business | s Phone | | |
| | VYR | M | ake | Model | S | tyle | Color | Color Lic/Lis Vin | | | | | | | | | | |
| | | | | | | - | | | | | | | | | | | | |
| H 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 = | = Co | ounterfeit / Fo | orged | F = Foun | d | | | | |
| Codes | es (Check "OJ" column if recovered for other jurisdiction) | | | | | | | | | | | | | | | | | |
| | # | | | | | | Property Description | | | | | | | Make | Model | | Serial Number | |
| | | | | | | | | | | | | | | | | D | ATA OMITTED FOR | |
| | | | | | | | | | | | | | | | | I | NFORMATION | |
| P- R | | | | | | | | | | | | | | | | _ | SECURITY | |
| 0 | | | | | | | | | | | | | | | | | PURPOSES | |
| P - | | | | | | | | | | | | | | | | | | |
| E- R | | | | | | | | | | | | | | | | 0 | NLY THE FIRST | |
| T - | | | | | | | | | | | | | | | | TWE | LVE PROPERTY | |
| Y · | | | | | | | | | | | | | | | | | ITEMS ARE | |
| - | | | | | | | | | | | | | | | | Ι | DISPLAYED ON | |
| - | | | | | | | | | | _ | | | | | | | P2C REPORTS | |
| _ | | | | | | | | | | | | | | | | | | |
| | Numb | er of V | ehicles S | tolen 0 | Nu | mber Vehi | cles Recovere | d 0 | | | | | | | | | | |
| ID | Officer FLA | | | | D# | | Officer Signature Supervise | | | | | | | or Signature $M = (15863)$ | | | | |
| ID | FLANAGAN, T. W. (16217) RINC Complainant Signature Case Status Case Disposition: | | | | | | | | | | | | | G, M. B. (15863) | | | | |
| Status | - 0.mp | | | | | | ☐ Further ☐ Inact ☐ Closed | Investigative | tion | | Unfound | led by Arre | | Refuse t | to Coope | | tradition Declined | |
| | | | | | | | | | hausted | | \square Death of | | | Prosecu | | clined | Page 1 | |