I N	Agenc	y Name		STON-SALEN	OLICE] IN	INCIDENT/INVESTIGATION							OCA 2483976				
C	ORI	NC	NC 034				REPORT							Date / Time Reported SMTHTFS Month Day Yr Time				
D E			ncident(s				Att At Found SMTWTFS Month Day Yr Time							Last Known Secure SMTWTFS. Last Known Secure SMTWTFS.				
N T	#1			All Other F	raua	l		Month Day Yr Time Month Day Yr								Time 17:55 Hrs.		
D	#2	Crime I	ncident					☐ Att Location of Incident Offense								Offense Tract 313		
A T	#3 Crime Incident Crime Incident Att Premise Type															Victim Resider		
A								Com						☐ Single Family ☐ Multi Family				
МО			d or Com										Forcible Yes No	X N/A	We	apon / Tools		
V	# of V	ictims	l	□ Person	_	Business				Injury	☐ None		_	Loss o			cohol Use:	
	1															_		
I C		Victim/		Name (Last, First,			<u> </u>	Victim of DOB /				3 / Age	Race Sex Relationship Resident Statu			Resident Status		
T I	V1		DA	ΓA OMITTED							Crime #		54	ן ו	_		Non-Resident ☐ Non-Resident	
M	Home	Addre	288				1					В	F Hon	RU ne Phone	Unknown			
				ATA OMI	OMITTED													
	Emplo	oyer Na	ıme/Addı	ress	D.	ATA OMI	TA OMITTED						Business Phone					
1	VYR	M	Model	Color		Lic	/Lis			Vin	•							
O 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 frecovered for other	D = I r juri	Damaged isdiction)	Z = Seized	B =	Burn	C = C	Counterfeit / I	Forged	F = Found	il 				
	Victim # DCI Status Value OJ QTY						Property Description							Mak	e/Mo		rial Number	
- P - R _													DA	TA OMITTED FOR				
					+											IN	FORMATION	
																	SECURITY	
O P .																	PURPOSES	
E ·																ON	LY THE FIRST	
T																TWEL	VE PROPERTY	
Υ .																	ITEMS ARE	
																	SPLAYED ON	
-																P.	2C REPORTS	
_	Numb	er of V	ehicles S	tolen 0	Nun	nber Vehic	cles Recovere	d	0									
ID	Office:		DER J	C (15741)		Officer Sig	Officer Signature Supervisor Signature ALEXANDER, J. C. (15741)											
עו	1 6								se Status Case Disposition:									
Status						☐ Further ☐ Inact ☐X Closed ☐ Closed	red			l by A	rrest by Ano	Refuse ther Ag	gency	ooperate	Page 1			