| I N | Agenc | y Name | | STON-SALE | POLICE | | | | | | | | OCA 2147444 | | | | | |
|--|---|--------------|-----------|---------------------------------------|------------|-------------------|---------------------------------|---|-------|-------|--------------------------|--------|----------------------------|--|--------------|-------------|-------------------------------|--|
| C · I | ORI | | | | | | REPORT | | | | | | | Date / Time Reported S M T W T F = S Month Day Yr Time | | | | |
| D | | | NC 034 | | | ** | ** Contains Restricted Names ** | | | | | | 09 04 2021 16:23 Hrs. | | | | | |
| E N | #1 | | ncident(s | | | | 7. | Att At Found SMTWTFS Month Day Yr Time | | | | | | | nown h Da | y Yr | SMTWTF ₋ S Time | |
| T. | | | ncident | Assault-non Ag | gra | vated Ass | sault | | | | 04 202. of Incident | 1 10 | 5:23 Hrs | 09 | 04 | 2021 | 16:23 Hrs. Offense Tract | |
| D A | $\begin{array}{c c c c c c c c c c c c c c c c c c c $ | | | | | | | | | | | | | | | | | |
| Т | #3 Crime Incident Att Premise Type | | | | | | | | | | | | | | | tim Reside | | |
| A | | | | | | | | Com | | | | | | ☐ Single Family ☐ Multi Family | | | | |
| МО | How Attacked or Committed For DATA OMITTED | | | | | | | | | | | | | e Weapon / Tools | | | | |
| | # of Victims Type Person Business Injury None Minor Loss of Teeth Drug/Alcohol Use: | | | | | | | | | | | | | | | | | |
| | 1 | | | ciety 🔲 Governn igious 🔲 L.E. Of | | | inancial Instit | | 0.000 | . — | Broken Bone | | Severe | Lacerat | | | es Unknown | |
| V I | 1 | Victim/ | | Name (Last, First, | | | | | Own | | Internal Victim of | | B / Age | Race | <u> </u> | elationship | | |
| C T | V1 | | | | | * | | | | | Crime # | | | | T | o Offender | Resident | |
| Ι | DATA OMITTED | | | | | | | | | | | | | | | | □ Non-Resident | |
| M · | Home | Addre | ss | | | D | ATA OMI | TTFD | | | | | | | Home Phone | | | |
| | Emplo | oyer Na | ume/Addi | ress | | | ATA OMITTED | | | | | | | Business Phone | | | | |
| | VYR | M | ake | Model | Color | Color Lic/Lis Vin | | | | | | | | | | | | |
| | | - | | | | | | | | | | | | | | | | |
| T H E R S I N V O L V E D | | DATA OMITTED | | | | | | | | | | | | | | | | |
| Status Codes | L = L | ost S | = Stolen | R = Recovered if recovered for oth | D = | Damaged | Z = Seized | $\mathbf{B} = \mathbf{B}$ | urned | C = C | ounterfeit / F | Forged | F = Found | d | | | | |
| Coues | Victim | | | | | | | | | | | | | | | | | |
| | # DCI Status Value OJ QTY | | | | | | Property Description | | | | | | | Mak | e/Mode | | erial Number ATA OMITTED | |
| - | | | | | | | | | | | | | | | | | FOR | |
| Р. | | | | | | | | | | | | | | | | I | NFORMATION | |
| R | | | | | | | | | | | | | | | | | SECURITY | |
| О Р- | | | | | | | | | | | | | | | | | PURPOSES | |
| Е- | | | | | | | | | | | | | | | | 0 | U V THE EDOT | |
| R. T. | | | | | | | | | | | | | | ONLY THE FIRST TWELVE PROPERTY | | | | |
| Y · | | | | | | | | | | | | | | ITEMS ARE | | | | |
| - | | | | | | | | | | | | | | | | Γ | DISPLAYED ON | |
| - | | | | | | | | | | | | | | | | | P2C REPORTS | |
| - | | | | | | | - | | | | | | | | | | | |
| | Numb | | ehicles S | - | Nu D# | mber Vehi | cles Recovere | - | | | | | Supervisor | Signatu | re | | | |
| ID | STIL | DHAM | | (16072) | ∠ π | | | Officer Signature Supervisor Signatur ARNDT, V. A. | | | | | | | | | | |
| Status | Compl | ainant | Signature | 2 | | | ☐ Furthe ☐ Inac | □ Inactive □ Cleared by Arrest □ Cleared by Arrest by A | | | | | | Decated Extradition Declined Refuse to Cooperate nother Agency | | | | |
| | | | | | | | Closed | | | usted | Death o | | | Prosec | | eclined | Page 1 | |