| | | | | | | | • | | | | | | | | | | | |
|--|--|--------------|----------------------|----------------------|-------|------------------------|--|---|------------------|-------------|---------------|-----------------|---|-------------------------|--|---------------------------|--|--|
| I N | Agenc | y Name | | STON-SALE | OLICE | INCIDENT/INVESTIGATION | | | | | | OCA 2258580 | | | | | | |
| C · I | ORI | | ,, 11 | | | 02102 | REPORT | | | | | | Date / Time Reported S H T W T F S Month Day Yr Time | | | | | |
| D | | NC | NC 034 | 40200 | | | | | | | | | 12 05 2022 08:57 Hrs. | | | | | |
| E N | #1 | Crime I | ncident(s | | | | | 🗆 Att | At Four Month | nd Sav | 5 ⊉ T V Yr | VTFS Time | Last K Month | nown Secur Day | e la | S∰TWTFS Time | | |
| T . | | | | Trespass | ing | | | X Com | 12 | 05 20 | 022 0 | 8:57 Hrs | | 05 2 | 0221 | 08:56 Hrs. | | |
| D | $ = \frac{1}{2} \begin{bmatrix} \text{Crime Incident} \\ \text{Crime Incident} \end{bmatrix} = \frac{1}{2} \begin{bmatrix} \text{Crime Incident} \\ \text{Location of Incident} \\ \text{Location of Incident} \end{bmatrix} $ | | | | | | | | | | | | | | | Offense Tract | | |
| A T | | | | | | | | | | | | | | Victim R | esider | 324 | | |
| A | #3 | | | | | | | | | | | | ☐ Single Family ☐ Multi Family | | | | | |
| | How A | Attacke | d or Con | mitted | | | | | | | | Forcible | | Weapon / T | ools | <u> </u> | | |
| MO | D. | ATA O | MITTEL |) | | | | | | | | ☐ Yes □ No | X N/A | | | | | |
| | # of Victims Type Person X Business Injury None Minor Loss of | | | | | | | | | | | | | | | cohol Use: | | |
| | 2 Society Government Financial Institute Broken Bones Sever | | | | | | | | | | | | | | $\square Cher Major \qquad \square Yes \square Unknown \\ \square Other Major \qquad \square No \square N/A$ | | | |
| V I | 2 ☐ Religious ☐ L.E. Officer Line of Duty ☐ Other/Unknown ☐ Internal ☐ Unconscious ☐ ☐ Victim/Business Name (Last, First, Middle) ☐ Victim of ☐ DOB / Age ☐ ☐ ☐ | | | | | | | | | | | | | | No No | □N/A Resident Status | | |
| Ċ | V1 | v ictiiii/ | | | witu | ule) | | | | Crime # | | B / Age | Race S | Sex Relation To Offe | | Resident Status | | |
| T I | V I | | DA | FA OMITTED | | | | | | 1, | | | | | | □ Non-Residen | | |
| M· | Home | Addre | SS | | | | | | | | | | | Home Phone | | | | |
| | | | | | | D | ATA OMITTED | | | | | | | | | | | |
| | Emplo | oyer Na | ume/Add | ress | | D | ATA OMITTED | | | | | | Business Phone | | | | | |
| | VYR | M | ake | Model | S | tyle | Color | Li | c/Lis | | | Vin | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| H E R S I N V O L V E D | | DATA OMITTED | | | | | | | | | | | | | | | | |
| Status Codes | L = L | ost S | = Stolen | R = Recovered | D_= | Damaged | Z = Seized | B = Bur | ned C = | Counterfeit | / Forged | 1 F = Foun | d | | | | | |
| Codes | Victim | | | if recovered for oth | | Ĺ | | | | | | | | | | | | |
| | # | DCI | Status | Value | OJ | QTY | | Property | Descripti | on | | | Make | /Model | | rial Number TA OMITTED | | |
| | | | | | | | | | | | | | | | DI | FOR | | |
| | | | | | | | | | | | | | | | IN | FORMATION | | |
| P- R | | | | | | | | | | | | | | | | SECURITY | | |
| 0 | | | | | | | | | | | | | | | | PURPOSES | | |
| Р' Е- | | | | | | | | | | | | | | | | | | |
| R | | | | | | | | | | | | | | | | LY THE FIRST | | |
| T Y · | | | | | | | | | | | | | | 1 | | VE PROPERTY | | |
| | | | | | | | | | | | | | | | | ITEMS ARE | | |
| - | | | | | | | | | | | | | | | | 2C REPORTS | | |
| - | | | | | | | | | | | | | | | 1 | | | |
| - | Numb | er of V | ehicles S | tolen 0 | Nu | mber Vehic | cles Recovere | d 0 | | | | | | | | | | |
| ID | Office | | S C I | | D# | | Officer Sig | Officer Signature Supervisor Signature HAGAN, R. M. (15280) | | | | | | | | | | |
| ID | | | S, C. J. Signatur | <u>(15385)</u> e | | | Case Status | 8 | | Case Dis | position | | 1 v, K. M | . (15280) | | | | |
| Status | - o.np | | | | | | \square Further Investigation \square Unfounded \square Lo | | | | | | □ Refuse to Cooperate | | | | | |
| | | | | | | | | | hausted | | th of Off | | | tion Decline | ed | Page 1 | | |